



## **Notice of Privacy Practices Effective as of May 1, 2022**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **Your Medical Record**

Richcroft, Inc. maintains a file for each of its supported individuals in which information is recorded that is relevant to making decisions about your health. That information may consist of medical test results, surveys or questionnaires you have completed about yourself, notes made by a health care professional, and other relevant health care information. Your Medical Record consists of all the information contained in that file.

### **Our Obligations to You**

We are required by law to maintain the privacy of your Medical Record as described below. Our obligation extends to using or disclosing information in your Medical Record that identifies or could be used to identify you. Our legal obligations do not apply to uses and disclosures of that information if there is no reasonable basis to believe that the information could be used to identify you.

We are required to provide you with this notice explaining exactly what our legal duties are and what practices we follow to ensure compliance with those legal duties.

We are required to abide by all the practices set forth in this Notice. However, we reserve the right to change any of these practices in the future. If we do make such changes, the changes will apply to all information in your Medical Record. We will mail any revised Notices with our invoices and post them on our website ([www.richcroft.org](http://www.richcroft.org)). You may also obtain a copy of our current Notice of Privacy Practices by visiting our web site, or calling Lisa Ackerman, Director of Quality Assurance, at 410-316-9536 and requesting a copy. You are entitled to receive a paper copy of this notice even if you have agreed to receive the notice electronically.

### **Your Individual Rights**

You have the following rights with regard to the information in your Medical Record.

#### **Right to request restrictions on use and disclosure of information in your Medical Record**

Although, as noted above, our right to use and disclose information in your Medical Record is restricted by law in many circumstances, you have the right to request other restrictions on how

we use the information in your Medical Record. You may also request that we restrict to whom we will disclose that information.

We are *not required* to agree to any restriction you may request and we are *not allowed* to agree to any restriction that is not permitted by law. However, we pledge to give due consideration to all requests and, if we do agree to a request, we are generally required to abide by that agreement. There are some exceptions to the general rule. For example, we are not required to abide by an agreement not to disclose if disclosure is necessary in an emergency situation to treat you.

Our agreement to a restriction not to use or disclose information in your Medical Record may be revoked by you pursuant to a written request that the restriction be terminated. The restriction may also be terminated if you and we agree to terminate it, either in writing or orally. Finally, we may terminate the agreement by informing you that we are doing so. However, if you do not agree with us that the restriction should be terminated, the restriction *will continue to apply* to any information that was in your Medical Record prior to receiving notice of termination from us.

If you wish to take advantage of your right to request a restriction on the use or disclosure of information in your Medical Record, please submit a written request to Lisa Ackerman, Executive Plaza IV, 11350 McCormick Rd, Suite 700, Hunt Valley, MD 21031

## **Your Individual Rights**

You have the following rights with regard to the information in your Medical Record.

### **Right to request special confidential communications**

You have a right to request that we communicate with you about information in your Medical Record in a manner that differs from the manner we would normally employ or at a location other than that to which we normally address such communications. For example, you might request that, with respect to particular health care services you receive, we communicate with you only in writing and that any such communication be sent to a location other than your home address. We will accommodate all reasonable requests.

If you would like us to consider special handling of our communications with you about information in your Medical Record, please submit a written request to (name or office and address of person responsible for handling such requests). Your request should set forth exactly how you would like us to handle such communications. If the nature of your request is such that it prevents communication of the information to the person normally responsible for payment, your request should also specify how payment will be made.

### **Right to inspect and copy health information**

Except for certain specified information (including psychotherapy notes and information prepared in anticipation of, or for use in, a judicial proceeding, you have a right to access the

information in your Medical Record to inspect it and, if you wish, to copy it. The information you have a right to inspect and copy includes both health-related and payment information.

If you wish to exercise your right to obtain access to such information, please submit a written request to Lisa Ackerman, Executive Plaza IV, 11350 McCormick Rd; Suite 700, Hunt Valley, MD 21031. We will normally respond to your request within 30 days of receipt unless the information to which you request access is located off site, in which case, it may take us up to 60 days to respond. If for some reason we are unable to respond within the time frames just stated, we will, prior to the expiration of the 30-day or 60-day period, notify you in writing why we are unable to respond and the date by which we will respond. In no case will our response be given later than 30 days after the expiration of the date that it would have been due had we not given notice.

In almost all cases, we will grant your request and you will be so notified in writing. In rare cases, we may deny your request, or we may deny your request with respect to only some of the information in your Medical Record. If your request is denied, you will be notified in writing why we denied the request. That same notice will also explain to you your rights to request a review of that denial and how to exercise those rights. Finally, we will also advise you how you may make a complaint to us or to the Secretary of the Department of Health and Human Services. If your request is denied only in part, we will provide you with access to the remaining information in your Medical Record.

### **Right to amend information contained in your Medical Record**

You have a right to request that we amend information contained in your Medical Record. If you wish to make such a request please submit your request in writing to Lisa Ackerman, Executive Plaza IV, 11350 McCormick Rd; Suite 700, Hunt Valley, MD 21031. Your written request must contain the reasons why you believe an amendment is necessary. We will respond to your request within 60 days after receipt unless we notify you in writing prior to the expiration of the 60-day period why we are unable to respond within that time frame and specify the date on which we will respond, which will not be later than 90 days after receipt of your request.

If we agree to your request for amendment, we will notify you in writing of that fact and the procedures that you and we will need to follow to accomplish the amendment. We may deny your request for a variety of reasons including our determination that the information contained in your Medical Record is complete and accurate. If we deny your request, we will notify you in writing of the reason for the denial, and of additional rights you may exercise regarding our denial, including your right to file a complaint with us or the Secretary of Health and Human Services and how to go about filing such a complaint.

### **Right to an accounting of disclosures of information in your Medical Record**

You have a right to receive an accounting of most disclosures that we may make of information in your Medical Record. Some disclosures that we may make are excepted from your right to an accounting, including (but not limited to):

- disclosures we make to assist in your treatment and to obtain payment for that treatment;
- disclosures we make to assist us in our health care operations;
- disclosures we make pursuant to a written authorization that we have received from you;
- disclosures that we make directly to you;
- disclosure to persons involved in your care; and
- disclosures that we made prior to April 14, 2003.

The accounting will list the name and (if available) address of the person or entity to whom we made the disclosure, a short description of the information disclosed and the purpose of the disclosure, and the date(s) of the disclosure(s). The accounting will cover the six-year period prior to the date of your request, unless you request an accounting for a shorter period.

If you wish to receive an accounting of disclosures, please submit a written request to Lisa Ackerman, Executive Plaza IV, 11350 McCormick Rd, Suite 700, Hunt Valley, MD 21031. Your request must state the period you wish to be covered by the accounting. For example, you might request an accounting of all disclosures we made from July 1, 2020, until June 30, 2021. We will normally provide the accounting to you without charge. However, if you make a request for more than one accounting in any 12-month period, you will be required to reimburse us for our reasonable costs in making any accounting after the first. If your request for an accounting would subject you to paying this fee, we will notify you of that fact before we begin the processes required to provide that accounting so that you may withdraw the request if you do not wish to incur the fee.

We will respond to your request for an accounting within 60 days after receipt unless we notify you in writing prior to the expiration of the 60-day period why we are unable to respond within that time frame and specify the date on which we will respond, which will not be later than 90 days after receipt of your request.

## **Right to be notified of a breach of your protected health information**

### **How we may use and disclose information in your Medical Record**

Although in many instances, including for the use and disclosure of psychotherapy notes, marketing, and the sale of protected health information, we are required to obtain your written authorization prior to using or disclosing information in your Medical Record, there are a number of situations in which we may use or disclose that information without your authorization. Those situations are briefly described in this section. Other than under the circumstances described below, we will disclose information in your Medical Record only with your written authorization. Moreover, even if you have given us your authorization, you are normally free to revoke it at any time.

#### **Use or disclosure for the purpose of treating you**

We may, without your authorization, use information in your Medical Record to make decisions about how to best treat you. We may also disclose information in your Medical Record, without your authorization, to another provider who is participating in your treatment for the same reason. For example, a nurse on our staff may use information in your Medical Record to make certain you are given prescribed medications or we may disclose information in your Medical Record to a physician who is not on our staff but to whom we have referred you for specialized treatment.

#### **Use or disclosure to obtain payment for your treatment**

We may use or disclose information in your Medical Record in order to obtain reimbursement for treatment we have provided. For example, when your treatment is wholly or partially covered by insurance, the insurance company will require us to disclose the type of treatment we provided in order that they can determine the amount of reimbursement to which we are entitled. In certain situations, the insurance company may also require that we check with them prior to providing a particular treatment to make certain that is covered under your policy.

#### **Use or disclosure for our normal business operations**

We may use or disclose information in your Medical Record in the course of our normal health care operations. For example, your information might be disclosed to a third party and used in a peer review analysis of our health care providers, or it might be used to assist in the training of our staff.

#### **Disclosure to certain individuals and disaster relief agencies**

We may, without your authorization, also disclose information in your Medical Record to a member of your family, other relative, close personal friend, or any other person you identify to the extent the information directly relates to that person's involvement with your current care or

payment for that care. Similarly, we may, without your authorization, use or disclose information in your Medical Record to notify, or to assist us in notifying, a member of your family, your personal representative, or another person responsible for your care, of your location, general condition, or in the unfortunate event of your death, as well as to identify or locate the person to be notified. Finally, we may, without your authorization, use or disclose information in your Medical Record to an entity authorized by law or charter to assist in disaster relief efforts, for the purpose of enabling the agency to notify individuals responsible for your care of your location, general condition, or death. Before using and disclosing this information for such purposes, we will give you the opportunity to agree or object to the disclosure of any part or all of this information, unless an emergency situation or your incapacity precludes us from doing so. If you are incapacitated or an emergency situation precludes us from giving you the opportunity to agree or object to this disclosure, we will make the disclosure decision in our professional judgment.

### **Uses and disclosures required by law**

We may, without your authorization, use or disclose information in your Medical Record to the extent that the use or disclosure is required by law. For example, we may disclose such information if ordered to do so by a court.

### **Disclosures for public health activities**

We may, without your authorization, disclose information in your Medical Record:

- to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability ( or to an official of a foreign government agency that is acting in collaboration with, and at the direction of, such a public health authority). For example, we might disclose information in your Medical Record to the Centers for Disease Control and Prevention in order to assist their efforts to limit the spread of infectious disease;
- to a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect;
- to a person who, in accordance with regulations published by the Food and Drug Administration (FDA), is responsible for an FDA-regulated product or activity, provided that the information we disclose is related to the quality, safety, or effectiveness of such product or activity;
- to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if the disclosure is necessary to the conduct of a public health intervention or investigation, but only to the extent that we have been authorized by law to do so;

- to your employer (in which case we will give you notice of the disclosure) if we have been retained by the employer to provide health care to you and:
- the purpose of the disclosure is either: To conduct an evaluation relating to medical surveillance of the workplace; or to evaluate whether you have a work-related illness or injury;
- the information disclosed consists of findings about a work-related illness or injury or a workplace-related medical surveillance;
- the employer needs the information disclosed in order to comply with its obligations under the Occupational Safety and Health Act or the federal Mine Safety and Health Act (or state law having a similar purpose) to record such illness or injury or to carry out responsibilities for workplace medical surveillance.

### **Disclosures about adult victims of abuse, neglect or domestic violence**

If you are an adult, we may, without your authorization, disclose information from your Medical Record to a government authority authorized by law to receive reports about the abuse, neglect, or domestic violence to the extent the disclosure is required by law and the information disclosed is limited to that required. Before we make such a disclosure, we will endeavor to obtain your agreement. However, even in the absence of your agreement, we may disclose the information if we are expressly authorized to do so by law and, in our professional opinion, disclosure is necessary to prevent further harm to you or other individuals. Further, if you are unable to agree because you are incapacitated, we may, without your authorization, disclose information from your Medical Record to a law enforcement or other public official authorized to receive the report if that official informs us that the information for which disclosure is sought is not intended to be used against you and that the failure to immediately disclose would materially and adversely jeopardize an enforcement activity.

If we make such a disclosure, we will inform you of the disclosure unless, in our professional opinion, doing so would place you at risk for serious physical or emotional harm.

### **Uses and disclosures for health oversight agencies**

We may, without your authorization, disclose information from your Medical Record to a health oversight agency authorized to conduct audits and investigations related to the integrity of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with governmental regulatory programs and civil rights laws affecting the delivery of health care.

### **Disclosures for law enforcement purposes**

We may, without your authorization, disclose information from your Medical Record to a law enforcement official:

- when disclosure is required by a law;

- when disclosure is required by legal process, such as a court or administrative order or subpoena;
- in order to identify or locate a suspect, fugitive, material witness, or missing person;
- if you have been the victim of a crime and agree to the disclosure;
- if you have been the victim of a crime and are unable to agree to disclosure because of an emergency situation or you are incapacitated, if:
  - in our professional opinion, disclosure is in your best interest; and
  - the law enforcement official states:
    - the information is needed to determine whether someone other than you has violated the law;
    - the information requested is not intended to be used against you; and
    - law enforcement activity would be materially and adversely affected by waiting until you agree;
    - if we suspect your death resulted from a criminal act; or
    - if the information is evidence of a crime that occurred on our premises.

### **Disclosures concerning reporting crime in emergencies**

If we are providing health care to you in response to a medical emergency, we may, without your authorization, disclose information in your Medical Record to a law enforcement official if the disclosure appears necessary to alert law enforcement officials to:

- the commission of a crime and the nature of that crime;
- the location of the crime or of the victim(s) of the crime; and
- the identity, description, and location of the perpetrator of such crime.

### **Disclosures for judicial and administrative proceedings**

We may, without your authorization, disclose information in your Medical Record to persons other than law enforcement officials if we are ordered to do so by a court or administrative tribunal. In certain circumstances, we may, without your authorization, also disclose information in your Medical Record to parties to legal proceedings pursuant to a subpoena or other lawful process, even though such disclosure is not ordered by the court or administrative tribunal. Such disclosures may not be made unless the party seeking the information has notified you of that



fact or has given us satisfactory assurances that the information provided will not be further disclosed except for the purposes of the litigation.

### **Uses and disclosures related to decedents**

At the time of your death, we may disclose information in your Medical Record (including psychotherapy notes) to a coroner or medical examiner for purposes of identification, determination of cause of death, or enabling those officials to perform other duties imposed on them by law. Even prior to your death, we may disclose information in your Medical Record to a funeral director to enable him to perform his duties.

### **Uses and disclosures for organ donation purposes**

We may, without your authorization, disclose information in your Medical Record to organizations engaged in facilitating organ, eye, or tissue donation and transplantation.

### **Uses and disclosures to avert serious threat to health or safety**

We may, without your authorization, disclose information in your Medical Record if we believe that the disclosure is necessary to prevent or abate a serious and imminent threat to the health or safety of a person or the public, and the information is disclosed to a person or persons reasonably able to prevent or lessen the threat. We may also disclose information from your Medical Record to enable law enforcement authorities to take you into custody if you have admitted to us that you took part in a violent crime and we believe that serious physical harm to an individual may have resulted or if it appears to us that you have escaped from a correctional institution or other lawful custody.

### **Uses and Disclosures for Specialized Government Functions**

#### **Disclosure for national security and intelligence activities**

We may, without your authorization, disclose information in your Medical Record to federal officials who are engaged in national security or other lawful intelligence activities and to personnel engaged in the protection of the President of the United States and other officials for whom similar protection is provided.

#### **Disclosures regarding persons in custody**

If you are an inmate in a correctional institution or in other lawful custody, we may, without your authorization, disclose information in your Medical Record to the correctional institution or other lawful custodian, if the information is necessary:

- to provide you with health care;
- to ensure your health and safety, or that of other inmates or persons in custody, or employees of your custodian; or

- for the administration and maintenance of the safety, security, and good order of the correctional institution or other custodian.

**Disclosures for workers' compensation**

We may, without your authorization, disclose information in your Medical Record to the extent that disclosure is authorized by, and necessary to comply with, laws relating to workers' compensation.

**Complaint Procedures**

You have a right to file a complaint with us or with the Department of Health and Human Services if you believe your rights to medical record privacy have been violated. To file a complaint with us, simply submit it in writing to (name or office and address of person responsible for handling complaints). In your complaint, be sure to specify which of our policies or procedures you believe have not been followed or how else you believe we have not provided you with the privacy to which you are entitled under the law.

We pledge to respond to all complaints that are filed, except those that are obviously intended as harassment. You will not be retaliated against because you filed a complaint.

**Acknowledgement of Receipt of Richcroft, Inc.'s Notice of Privacy Practices**

I acknowledge that I have received a copy of Richcroft, Inc.'s Notice of Privacy Practices.

\_\_\_\_\_  
Name of Supported Individual/Personal Representative  
(Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supported Individual/Personal Representative