

**Advanced Medical Management
Multi-Specialty HealthCare
Baltimore Work Rehab, LLC
Harford Co. Ambulatory Surgery Center
MRImages
Pain Management
MDDC, LLC
MED, LLC**

Advanced Medical Management

We have an organizational and ethical responsibility to respect patient's rights, provide considerate and respectful care, affirm patient's rights to make decisions, assist and inform patients regarding their care, illness, marketing practices and admission and discharge practices. We adhere to a code of ethical behavior and policies and related to conflict of interest. The care a patient receives depends on the patient him/herself. In addition to patient rights, a patient has certain responsibilities as well. These responsibilities are presented to you, the patient, in the spirit of mutual trust and respect.

Patient Rights

And

Responsibilities

Our facilities and medical staff have adopted the following list of patients' rights and responsibilities.

The Patient Has The Right To:

- Receive service(s) without regard to age, race, color, sex, sexual orientation, marital status, national origin, culture, economic, educational or religious background or the source of payment for care.
- Be informed of the services available at the center.
- Be informed of the provisions for off-hour emergency coverage. Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and non-physicians who will participate in the care.
- Receive information from his/her physician about his/her illness, course of treatment and prospects for recovery in terms that he/she can understand.
- Receive as much information about any proposed treatment or procedure that he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
- Participate actively in decisions regarding his/her medical treatment including the right to refuse treatment to the extent permitted by law and to be fully informed

- Have pain assessed and managed as part of the treatment process.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely with consideration, respect and dignity. The patient has the right to be advised as to the reason for the presence of any individual involved in their care.
- Be provided information/explanation concerning how their health information is used and disclosed.
- Confidential treatment of all records and communications pertaining to his/her care. Written permission shall be obtained before medical records can be made available to anyone not directly concerned with your care.
- Reasonable responses to any reasonable requests he/she may make for service.
- Leave the center even against the advice of physicians.
- Be informed regarding patient billing practices, charges for services, eligibility for third-party reimbursements and when applicable, the available of reduced cost care.
- Receive a copy of his/her account statement upon request.
- Voice grievances and recommend changes in policies and services to the Center's staff, Privacy/Ethics Officer or the Maryland State Department of Health without fear of reprisal.
- Patient Responsibilities
- The patient must provide accurate and complete information concerning his/her present condition or complaints, past medical history and other matters about his/her health.
- The patient is responsible for following the treatment plan established by his/her physician, including the Instructions of nurses and other health professionals as they carry out the physician's orders.
- The patient is responsible for familiarizing him/herself with his/her insurance policy

- coverage and for assuring that the financial obligations toward his/her care and treatment are fulfilled as promptly as possible.
- The patient is responsible for following facility policies and procedures.
- The patient is responsible for being considerate of the rights of other patients and facility personnel.
- The patient is responsible for being respectful of his/her personal property, other person's personal property in the facility and property of the facility.
- The patient is responsible for providing complete and accurate information including his/her full name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer when it is necessary.
- The patient is responsible for keeping appointments, being on time for appointments and calling as soon as possible if he/she cannot keep his/her appointments.
- The patient is responsible for abiding by all the rules and regulations of this healthcare facility.

Grievance Policy

To make a suggestion to the organization and/or express grievances about any aspect of your experience with the Center, please contact the

Compliance Officer at:

410-933-5678 Ext 6010

HCASC: 410-538-700 0 ext 113

Or write to:

**Advanced Medical Management
9601 Pulaski Park Drive Suite 416**

Baltimore, MD 21220

ATTN: Compliance

OR

MD Dept of Health and Mental Hygiene

ATTN: Marilyn Johnson

Spring Grove Hospital Center

Blane Bryant Bldg

55 Wade Avenue

Catonsville, MD 21228

1-800-492-6005

www.dhmdh.org/ohcq

OR Contact CMS directly at:

www.cms.hhs.gov/center/ombudsman.asp

There will be no retaliation for filing a complaint.

**Advanced Medical Management
Multi-Specialty HealthCare
Baltimore Work Rehab, LLC
Harford Co. Ambulatory Surgery Center
MRImages
Pain Management
MDDC, LLC
MED, LLC**

Understanding your health record and information:

By better understanding what is in your record, how your health information is used and your health information rights, we hope this information will assist you in making more informed decisions when authorizing disclosure to others.

Each time you visit your physician or other health care provider, a record of your visit or encounter is made.

Typically, this record contains diagnosis, treatment and a plan for future care or treatment.

This information often referred to as your health or medical record, serves as:

- a basis for planning your care and treatment,
- a means of communicating amongst the many health professionals who contribute to your care,
- a legal documentation describing the care you received,
- a means by which you or a third-party payer can verify that services billed were actually provided,
- a source of information for public health officials charged with improving the health of the nation,
- a source of data for medical research,
- a source of data for the facility planning and marketing and,
- as a tool with which we can access and continually work to improve the care we render and the outcomes we achieve.

Your Health Information Rights:

Although your health record is the physical property of AMM, the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information. This includes the right to:

- obtain a paper copy of the notice of information practices
- restrict certain uses and disclosures of your information.
- Upon request, you can inspect and obtain a copy (paper or electronic) of your health record,
- obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or at alternative locations,
- revoke your authorization to use or disclose health information except to the extent that action has already been taken or for the use of treatment, payment or healthcare operations.
- restrict disclosures to a health plan concerning treatment for which the individual has paid out-of-pocket, in full.

Our Responsibilities:

AMM is required to maintain the privacy of your private health information (PHI), provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have

to communicate health information by alternative means or at alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the changes in our facility.

We will not use or disclose your health information without your authorization, except as describe in this notice.

Examples of Disclosures for Treatment, Payment and Health Operations:

We will use your health information for treatment:

For Example: Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team, and record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We may also provide your physician or any subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you are discharged from this center.

We will use your health information for reminders and for follow-up phone calls.

For Example: A member of our nursing or physician staff may call you prior to or after your visit to obtain additional health information, give you instructions about your visit or inquire about your recovery. A member of the billing office may call prior to or after a visit to discuss your financial obligations.

We will use your health information for payment.

For Example: A bill may be sent to you or to a third-party payer. The information obtained identifies you as well as your diagnosis, procedures and supplies used.

We will use your health information for regular health operations.

For Example: Members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Working with Associated Businesses:

There are some services provided to our organization through associated businesses. Examples include physician services radiology, laboratory, pathology and a transcription services we use when compiling your health record. When these services are contracted, we may disclose your information to them so they can perform their function effectively. In order to protect your health information, however, we require these businesses to sign a business associate agreement, in which they agree to protect the security and privacy of your private health information. This law effects the business associate as well as any subcontractor the business associate may contract with.

Directory:

Unless you notify us that you object, we will use your name, Location in the facility and general condition for directory purposes. This information may be provided to people who ask for you by name.

Marketing:

Authorization is required for uses and disclosures of PHI for marketing and/or fundraising purposes and disclosures that constitute a sale of PHI.

PRIVACY NOTICE

Notification:

We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location and general condition.

Communication with Family:

Health professions, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related your care.

Communications & Effective Treatment:

This office reserves the right to contact you with appointment reminders or information about treatment alternatives and other health-related benefits that may be appropriate to you.

Food & Drug Administration (FDA):

We may disclose to the FDA, health information relative to adverse events with respect to food, supplements, products, Product defects or post-marking surveillance information to enable product recalls, repairs or replacements.

Workers Compensation:

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health:

As required by law, we may disclose your health information to public or legal authorities charged with preventing or controlling disease, injury or disability.

Correctional Institution:

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals.

Law Enforcement:

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, in the event that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

HITECH Act/Breach Notification:

Any impermissible use or disclosure of PHI is presumed to be a breach, with a subsequent requirement to provide a breach notification, unless the covered entity or business associate demonstrates that there is low probability that the PHI has been compromised. The covered entity must maintain documentation sufficient to meet the burden of proof that the disclosure did not constitute a breach.

For More Information or to report a problem:

Please contact the Compliance Officer at: 410-933-5678 ext. 6010. If you believe that your privacy rights have been violated you may file a complaint with the compliance officer at the address listed on this page, or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

**Advanced Medical Management
9601 Pulaski Park Drive Suite 416
Baltimore, MD 21220**