

- For public health purposes, such as contagious disease reporting, investigation or surveillance, and notices to and from the Federal Food and Drug Administration regarding drugs or medical devices.
- To facilitate organ and tissue donation.
- For specialized governmental functions, including the military and veterans, national security, criminal corrections and public benefit purposes.
- For Worker's Compensation or similar programs, as permitted by law.
- To assist in a disaster relief effort so that your family can be notified about your condition, status, and location.
- For research purposes, under certain circumstances, if you are enrolled in a research study.
- For public health activities.
- To avert a serious threat to your health and safety or the health and safety of the public or another person.
- As required by Federal or State Law.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.
- For health oversight activities including, for example, audits, investigations, and licensure.
- For lawsuits and disputes, we may disclose medical information about you in response to a valid court or administrative order, or in response to a valid court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful process, or in the course of defending ourselves.
- For law enforcement purposes when asked to do so by law enforcement officials.
- To Coroners, Medical Examiners, Funeral Directors, as necessary to assist them to carry out their duties.

➤ To correctional institutions or law enforcement officials with respect to inmates.

WRITTEN AUTHORIZATION Except as described above, we will disclose your medical information only with your prior written authorization. You may revoke that authorization, in writing, at any time unless we have taken action relying on your prior authorization or if you signed the authorization as a condition of obtaining insurance coverage.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU. You have the following rights regarding medical information we maintain about you:

To Inspect and Copy. You have the right to inspect and copy medical information about your care, except for psychotherapy notes and other mental health records under certain circumstances. To inspect and copy your medical information, you must submit your request in writing to the Medical Records Department at the address given at the end of this Notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy medical information in certain very limited circumstances. If you are denied access to medical information, in most cases, you may request that the denial be reviewed. Another licensed healthcare professional will review your request and the denial. We will comply with the outcome of the review.

To Amend. If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep your information. You must request an amendment in writing to the Medical Records Department, and must provide a reason for your request. We may deny

your request for an amendment if it is not in writing or does not include a reason to support the request, or for other reasons contained in federal law. If we deny your request, you may submit a written statement disagreeing the denial. We will keep your statement on file and distribute it with all future disclosures of the information to which it relates.

To An Accounting of Disclosures. Except for uses and disclosures of medical information of treatment, payment, and health care operations, you have the right to know who has accessed your confidential healthcare information and for what purpose by requesting an "accounting of disclosures." This is a list of the disclosures of medical information about you, with exceptions permitted by law. The accounting will include: the date of each disclosure, the name of the entity or person to whom the disclosure was made and that person's address (if known), and a brief description of the information disclosed together with the purpose of the disclosure. To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example: on paper, electronically). The first list you request within a 12-month period will be free. We may charge you for additional lists. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use of disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your

care or the payment of your care, like a family member or friend. We are not required to agree to your request to restrict or limit our use or disclosure of information for our own treatment, payment or healthcare operations. If we do agree, we will comply with your request unless the information is need to provide you emergency treatment. To request restrictions, you must make your request in writing to the PHA Privacy Officer. In your request, you must tell us (1) whether you want to limit our use, disclosure or both; and (2) to whom you want the limits to apply.

Right to Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail. All reasonable requests will be granted. Contact the Privacy Officer if you require such confidential communications.

Right to a Paper Copy of this Notice You have the right to a paper copy of this notice by requesting a paper copy from the Privacy Officer in writing.

COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with HCFC or with the Secretary of the Department of Health and Human Services, 200 Independence Avenue, Washington D.C. 20201. To file a complaint with HCFC, contact the Corporate Compliance and Privacy Officer at the following address: KHP, 1232 Race Road, #303 Baltimore, Maryland 21237

All complaints must be submitted in writing. All complaints will be investigated. You will not be penalized for filing a complaint. You may contact our Privacy Officer at (410) 687-0808 for further questions you may have about this Notice or your medical information.

Effective Date: April 14, 2003