Your Information.
Your Rights.
Our Responsibilities.

Your Rights

You have the right to:

- ☐ Get a copy of your paper or electronic medical record
- ☐ Correct your paper or electronic medical record
- ☐ Request confidential communication
- ☐ Ask us to limit the information we share
- ☐ Get a list of those with whom we've shared your information
- ☐ Get a copy of this privacy notice
- ☐ Choose someone to act for you
- ☐ File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- ☐ Tell family and friends about your condition
- ☐ Provide disaster relief
- ☐ Include you in a departmental directory
- ☐ Provide mental health care
- ☐ Market our services and sell your information
  Raise funds

Our Uses & Disclosures

We may use and share your information as we:

- ☐ Treat you
- ☐ Run our organization
- ☐ Bill for your services
- ☐ Help with public health and safety issues
- ☐ Do research
- ☐ Comply with the law
- ☐ Respond to organ and tissue donation requests
- ☐ Work with a medical examiner or funeral director
- ☐ Address workers' compensation, law enforcement, and other government requests
- ☐ Respond to lawsuits and legal actions

How to Make a Request

If you have questions about our privacy practices or want to make a request for any of the above, contact the staff person who is working with you, or our Privacy Official at the address listed above. We ask that you use the DHHS Client Request Form for requests that must be made in writing. You can obtain the form from any DHHS office or by contacting our Privacy Officer.

Effective Date: This notice is effective on January 23, 2017.

MONTGOMERY COUNTY 17 76 MARYLAND

DHHS
MONTGOMERY COUNTY
Department of Health and Human Services