

## **Johns Hopkins Notice of Privacy Practices for Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE)**

**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.**

**Effective Date:**

**May 1, 2004**

### **Our pledge regarding your medical information**

The health plan covered by this Notice is committed to protecting health information about you. This Notice tells you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

### **We are required by law to:**

- make sure that your health information is protected;
- give you this Notice describing our legal duties and privacy practices with respect to your health information; and
- follow the terms of the Notice that is currently in effect.

### **Definition of terms**

When we say “Plan,” “we,” “our” or “us,” this refers to Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE). When we say “you” in this Notice, this refers to the member of the Plan. When we say “health information,” this includes information that identifies you and tells about your past, present or future physical or mental health or condition. This also includes information about payment for health care services, such as your billing records.

### **Who will follow this Notice?**

The privacy practices described in this Notice will be followed by all health care professionals, employees, and business associates of the plan.

### **How we may use and disclose medical information about you**

The following sections describe different ways that we may use and disclose your health information. For each category of uses or disclosures we will describe them and give some examples. Some information, such as certain drug and alcohol information, HIV information and mental health information, is entitled to special restrictions. We abide by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories.

**Treatment.** We may use or disclose medical information about you for treatment purposes. For example, we may use or disclose your health information to coordinate or manage your health care with your doctors, nurses, technicians, students or other personnel involved in taking care of you.

**Payment.** We may use and disclose health information about you for purposes related to payment for health care services. For example, we may use your health information to settle claims, to reimburse health care providers for services provided to you or give it to another health plan to coordinate benefits.

**Health care operations.** We may use and disclose health information about you for Plan operations. For example, we may use or disclose your health information for quality assessment and improvement activities; for case management and care coordination; to comply with law and regulation; for accreditation purposes; for patients’ claims, grievances or lawsuits; for health care contracting relating to our operations; for legal or auditing activities, business planning and development, business management and general administration; for underwriting and other insurance activities and to operate the Plan.

**Appointment reminders.** We may contact you to remind you that you have an appointment with a provider.

**Treatment alternatives.** We may contact you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-related benefits and services.** We may contact you about benefits or services that we provide.

**Fund-raising activities.** We may contact you to provide information about Plan-sponsored activities, including fund-raising programs and events. We would use only contact information, such as your name, address, phone number and the dates of service to do this. Your written authorization is required if we want to use your health information, such as the department where you were seen or the name of the physician you saw, in order to contact you about making a charitable contribution to Plan-related foundations to support research, teaching or patient care.

**News-gathering activities.** We may contact you or one of your family members to discuss whether or not you want to participate in a news story for Plan-related publications or external news media. For example, a reporter may be doing a story on care management programs. If you had participated in such a program, we might ask if you would be willing to talk to the reporter. Your written authorization is required if we want to use or disclose any of your health information for these kinds of purposes.

**Individuals involved in your care or payment for your care.** Unless you say no, we may release health information to anyone who you identify is involved in your health care, such as a friend, family member, personal representative or any individual you identify. We may also give information to someone who helps pay for your care.

**Disaster-relief efforts.** We may disclose health information about you to an organization assisting in a disaster-relief effort so that your family can be notified about your condition, status and location. If you do not want us to disclose your health information for this purpose, we will not make the disclosure unless we must to respond to the emergency.

**Research and related activities.** Plan-related organizations conduct research to improve the health of people throughout the world. All research projects must be approved through a special review process to protect patient safety, welfare and confidentiality. Your health information may be important to further research efforts and the development of new knowledge. We may use and disclose health information about our enrollees for research purposes under specific rules determined by the confidentiality provisions of federal and state law.

Researchers may contact you regarding your interest in participating in certain research studies after receiving your permission or approval of the contact from a special review board. Enrollment in those studies can only occur after you have been informed about the study, had an opportunity to ask questions and indicated your willingness to participate by signing a consent form.

In some instances, federal law allows us to use your medical information for research without your consent, provided we get approval from a special review board. These studies will not affect your eligibility benefits, treatment or welfare, and your medical information will continue to be protected. For example, a research study may involve a chart review to compare the outcomes of patients who received different types of treatment.

In addition, federal law allows us to create a “limited data set”—a limited amount of health information from which almost all identifying health information, such as your name, address, Social Security number and medical record number, has been removed—and share it with those who have signed a contract promising to use it only for research, health oversight and health care operations purposes and to protect its privacy.

**As required by law.** We will disclose medical information about you when required to do so by federal or state law.

**To avert a serious threat to health or safety.** We may use and disclose medical information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to help stop or reduce the threat.

**Organ, eye and tissue donation.** We may release medical information to organizations that handle organ, eye or tissue procurement or transplantation, or to an organ-, eye- or tissue-donation bank, as necessary to help with organ, eye or tissue procurement, transplantation or donation.

**Military.** If you are a member of the armed forces, we may release medical information about you to military authorities as authorized or required by law. We may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.

**Workers' compensation.** We may disclose medical information about you for workers' compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

**Public-health disclosures.** We may disclose medical information about you for public-health purposes. These purposes generally include the following:

- preventing or controlling disease (such as cancer and tuberculosis), injury or disability;
- reporting vital events such as births and deaths;
- reporting suspicions of child abuse or neglect;
- reporting suspicions of vulnerable adult abuse or neglect;
- reporting adverse events or surveillance related to food, medications or defects or problems with products;
- notifying persons of recalls, repairs or replacements of products they may be using; and,
- reporting to the employer findings concerning a work-related illness or injury or workplace-related medical surveillance.

**Health-oversight activities.** We may disclose medical information to governmental, licensing, auditing and accrediting agencies as authorized or required by law.

**Legal proceedings, lawsuits and other legal actions.** We may disclose medical information to courts, attorneys and court employees when we get a court order, subpoena, discovery request, warrant, summons or other lawful instructions from those courts or public bodies and in the course of certain other lawful, judicial or administrative proceedings.

**Law enforcement.** If asked to do so by law enforcement, and as authorized or required by law, we may release medical information:

- to identify or locate a suspect, fugitive, material witness or missing person;
- about a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; and
- about a death suspected to be the result of criminal conduct.

**Medical examiners and funeral directors.** In most circumstances, we may disclose medical information to a medical examiner. We may also disclose medical information to funeral directors as necessary to carry out their duties.

**National-security and intelligence activities.** As authorized or required by law, we may disclose medical information about you to authorized federal officials for intelligence, counterintelligence and other national-security activities.

**Protective services for the U.S. President and others.** As authorized or required by law, we may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the U.S. President, other authorized persons or foreign heads of state.

**Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution as authorized or required by law.

**Plan government programs providing public benefits.** We may disclose your health information relating to eligibility for or enrollment in the Plan to another agency administering a government program providing public benefits, as long as sharing the health information or maintaining the health information in a single or combined data system is required or otherwise authorized by law.

## **Your rights regarding health information about you**

Your medical information is the property of the Plan. You have the following rights, however, regarding medical information we maintain about you:

**Right to inspect and copy.** With certain exceptions (such as psychotherapy notes, information collected for certain legal proceedings, and health information restricted by law), you have the right to inspect and/or receive a copy of your health information that is maintained by us or for us in enrollment, payment, claims settlement and case or medical management record systems, or that is part of a set of records that is otherwise used by us to make a decision about you.

We may require you to submit your request in writing. We may charge you a reasonable fee for copying your records. We may deny access, under certain circumstances, such as if we believe it may endanger you or someone else. You may request that we designate a licensed health care professional to review the denial.

**Right to request an amendment or addendum.** If you feel that health information we have about you in enrollment, payment, claims settlement and case or medical management record systems, or that is part of a set of records that is otherwise used by us to make a decision about you, is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by or for the Plan.

We may require you to submit your request in writing and to explain why the amendment is needed. If we accept your request, we will tell you we agree and we will amend your records. We cannot change what is in the record. We add the supplemental information. With your assistance, we will notify others who have the incorrect or incomplete health information. If we deny your request, we will give you a written explanation of why we did not make the amendment and explain your rights.

We may deny your request if the health information:

- was not created by the Plan (unless the person or entity that created the health information is no longer available to respond to your request);
- is not part of the enrollment, payment, claims settlement and case or medical management record systems maintained by or for us, or part of a set of records that we otherwise use to make decisions about you;
- is not part of the information which you would be permitted to inspect and copy; or
- is determined by us to be accurate and complete.

**Right to an accounting of disclosures.** You have the right to receive a list of the disclosures we have made of your health information since April 14, 2003.

This list will not include disclosures made:

- to carry out treatment, payment and health care operations;
- to you or your personal representative;
- incident to a permitted use or disclosure;
- to parties you authorize to receive your health information;
- to your family members, other relatives or friends who are involved in your care, or who otherwise need to be notified of your location, general condition or death;
- for national security or intelligence purposes;
- to correctional institutions or law enforcement officials; or
- as part of a "limited data set"

You must state the time period for which you want to receive the accounting, which may not be longer than six years and may not begin any sooner than April 14, 2003. The first accounting you request in a 12-month period will be free. We may charge you for responding to any additional requests in that same period.

**Right to request restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care 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 for your care, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member about a surgery you had.

To request a restriction, you must contact the Hopkins ElderPlus contact person as identified at the end of this Notice. In some cases, you may be asked to submit a written request. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to disclose it. We are allowed to end the restriction if we tell you. If we end the restriction, it will only affect health information that was created or received after we notify you.

**Right to request confidential communications.** You have the right to request that we communicate with you about health 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. If you want us to communicate with you in a special way, you will need to give us details about how to contact you, including a valid alternative address. You also will need to give us information as to how payment will be handled. We may ask you to explain how disclosure of all or part of your health information could put you in danger. We will honor reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using any information we have.

**Right to request a disclosure.** You have the right to request that we disclose your health information for reasons not provided in this Notice. For example, you may want your lawyer to have a copy of your medical records. These requests must be provided to us in writing.

**Right to a paper copy of this Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. Copies of this Notice are available throughout Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE) or by contacting the Hopkins ElderPlus contact as identified at the end of this Notice. You also may obtain an electronic copy at the Johns Hopkins Web site, <http://www.hopkinsmedicine.org/patientcare.html>.

#### **Future changes to Johns Hopkins' privacy practices and this Notice**

We reserve the right to change this Notice and the privacy practices of the plan covered by this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. Copies of the current Notice will be available throughout Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE) or by contacting the Hopkins ElderPlus as identified at the end of this Notice. The current Notice will also be posted to the Johns Hopkins Web site, <http://www.hopkinsmedicine.org/patientcare.html>. At any time you may request a copy of the Notice currently in effect.

#### **Our right to check your identity**

For your protection, we may check your identity whenever you have questions about your treatment or payment activities. We will check your identity whenever we get requests to look at, copy or amend your records or to obtain a list of disclosures of your medical information. Forms for each of these requests will be available from the Johns Hopkins Privacy Officer as explained at the end of this Notice, and from the medical records departments of Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE).

### **Questions or complaints**

If you believe that your privacy rights have not been followed as directed by federal regulations and state law, or as explained in this Notice, you may file a written complaint with us. Please send it to the Johns Hopkins Privacy Officer at the address provided below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

If you have any questions or would like further information about this Notice, please contact:

**Johns Hopkins Privacy Officer**  
**600 N. Wolfe Street**  
**Billings 400**  
**Baltimore, MD 21287-1900**  
**Phone: 410-502-7983**  
**Fax: 410-955-0636**  
**E-mail: [hipaa@jhmi.edu](mailto:hipaa@jhmi.edu)**

### **Other uses of medical information**

Other uses and disclosures of health information not covered by this Notice will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. However, uses and disclosures made before your cancellation are not affected by your action. If your cancellation relates to research, researchers are allowed to continue to use the medical information they have gathered before your cancellation if they need it in connection with the research study or follow-up to the study. Also, to the extent that your enrollment in a plan or your eligibility for benefits was conditioned on provision of your consent, in some cases, you may not be able to cancel your permission.

**This Notice is effective May 1, 2004, and replaces earlier versions.**

### **The Plan that will follow this Notice is:**

Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE)  
Contact: Director  
Hopkins ElderPlus  
4940 Eastern Avenue  
Baltimore, Maryland 21224-2780  
Telephone: 410-550-7044  
Fax: 410-550-7045