Johns Hopkins Notice of Privacy Practices for Health Care Providers

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:
April 14, 2003

JOHNS HOPKINS
MEDICINE

Our pledge regarding your medical information

Johns Hopkins is committed to protecting medical information about you. We create a record of the care and services you receive at Johns Hopkins for use in your care and treatment.

This Notice tells you about the ways in which we may use and disclose medical 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 medical information is protected;
- give you this Notice describing our legal duties and privacy practices with respect to your medical information; and
- follow the terms of the Notice that is currently in effect.

Definition of terms

When we say "you" in this Notice, this refers to the patient or research participant who is the subject of the health information. When we say "we," "our" or "us," this refers to one or more of the Johns Hopkins organizations listed inside the back cover of this Notice. When we say "medical 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, medical staff, trainees, students, volunteers and business associates of the Johns Hopkins organizations listed inside the back cover of this Notice.

How we may use and disclose medical information about you

The following sections describe different ways that we may use and disclose your medical 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. Johns Hopkins abides 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 medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, students or other personnel involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the hospital's food service if you have diabetes so that we can arrange for appropriate meals. We may also share medical information about you with other Johns Hopkins personnel or non-Johns Hopkins health care providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and X-rays. We also may disclose medical information about you to people outside Johns Hopkins who may be involved in your continuing medical care after you leave Johns Hopkins, such as other health care providers, transport companies, community agencies and family members.

Payment. We may use and disclose medical information about you so that the treatment and services you receive at Johns Hopkins or from others, such as an ambulance company, may be billed to you and payment collected from you, an insurance company or another third party. For example, we may need to give information to your health plan about surgery you received at Johns Hopkins so your health plan will pay us or reimburse you for the surgery. We may also tell your health

plan about a proposed treatment to determine whether your plan will cover the treatment.

Health care operations. We may use and disclose medical information about you for Johns Hopkins operations. These uses and disclosures are made for quality of care and medical staff activities, Johns Hopkins health-sciences education and other teaching programs. Your medical information also may be used or disclosed to comply with law and regulation, accreditation purposes, patients' claims, grievances or lawsuits, health care contracting relating to our operations, legal services, business planning and development, business management and administration, the sale of all or part of Johns Hopkins to another organization, underwriting and other insurance activities and to operate the Johns Hopkins organizations. For example, we may review medical information to find ways to improve treatment and services to our patients. We also may disclose information to doctors, nurses, technicians, medical and other students, and other Johns Hopkins personnel for performance improvement and educational purposes.

Appointment reminders. We may contact you to remind you that you have an appointment at Johns Hopkins.

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 Johns Hopkins-sponsored activities, including fund-raising programs and events. We would only use contact information, such as your name, address, phone number and the dates you received treatment or services at Johns Hopkins. Your written consent is required if we want to use your medical 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 support research, teaching or patient care at Johns Hopkins related to your specific treatment.

News-gathering activities. A member of your health care team may contact you or one of your family members to discuss whether or not you want to participate in a story for Hopkins' publications or external news media. News reporters often seek interviews with patients injured in accidents or experiencing particular medical conditions or procedures. For example, a reporter working on a story about a new cancer therapy may ask whether any of the patients undergoing that therapy might be willing to be interviewed. Your written consent is required if we want to use any of your medical information for these kinds of news-gathering purposes.

Hospital directory. If you are hospitalized, we may include certain limited information about you in the hospital directory—the list of patients currently hospitalized. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. This information may include your name, location in the hospital, your general condition (e.g., fair, serious, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, such as ministers or rabbis, even if they don't ask for you by name. If you object to this information being included in the hospital directory, you must tell your caregivers or contact the Johns Hopkins Privacy Officer as explained at the end of this Notice.

Individuals involved in your care or payment for your care. Unless you say no, we may release medical information to anyone involved in your medical 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. Unless you say no, we may also tell your family or friends about your general condition and that you are in the hospital.

Disaster-relief efforts. We may disclose medical 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 medical information for this purpose, we will not make the disclosure unless we must to respond to the emergency.

Research and related activities. Johns Hopkins conducts research to improve the health of people throughout the world. All research projects conducted by Johns Hopkins must be approved through a special review process to protect patient safety, welfare and confidentiality. Your medical information may be important to further research efforts and the development of new knowledge. We may use and disclose medical information about our patients 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 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. Federal law also allows researchers to look at your health information when preparing research studies or if they wish to use this information for research after you have died.

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 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. If you are an organ, eye or tissue donor, 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 child 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;
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
- reporting to the employer findings concerning a work-relat-

ed illness or injury or workplace-related medical surveillance; and

- notifying the appropriate government authority as authorized or required by law if we believe a patient has been the victim of abuse, neglect or domestic violence.

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;
- about a death suspected to be the result of criminal conduct;
- about criminal conduct at Johns Hopkins; and
- in case of a medical emergency, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, medical examiners and funeral directors. In most circumstances, we may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. 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.

Your rights regarding medical information about you

Your medical information is the property of Johns Hopkins. 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 medical information.

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 medical information we have 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 Johns Hopkins.

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 take out 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 Johns Hopkins (unless the person or entity that created the health information is no longer available to respond to your request);
- is not part of the medical and billing records kept by or for Johns Hopkins;
- 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 medical information since April 14, 2003.

This list will not include disclosures made:

- to carry out treatment, billing 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 those who request your information through the hospital directory;
- 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" (see page 5)

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 tell your caregivers or contact the Johns Hopkins Privacy Officer as explained 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 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. 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 billing will be handled. We will not require you to explain why you want this special way of communicating. 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 medical 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 will be available throughout Johns Hopkins, or by contacting the Johns Hopkins Privacy Officer as explained at the end of this notice, or you 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 Johns Hopkins' privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on the Johns Hopkins Web site, **http://www.hopkinsmedicine.org/patientcare.html**. In addition, 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 billing 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 Web site, **http://www.hopkinsmedicine.org/patientcare.html**, from the Johns Hopkins Privacy Officer as listed at the end of this Notice, and from departments that handle medical records.

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

Other uses of medical information

Other uses and disclosures of medical 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.

This notice is effective April 14, 2003, and replaces earlier versions.

Organizations that will follow this Notice include at least the following:

The Johns Hopkins Hospital

Johns Hopkins Bayview Medical Center

Howard County General Hospital

Johns Hopkins Community Physicians

Johns Hopkins Pharmaquip

Johns Hopkins Home Health Services

Johns Hopkins Pediatrics at Home

Ophthalmology Associates

The Center for Ambulatory Services

Howard County Neonatal Services

Frederick County Neonatal Services

Johns Hopkins Emergency Medical Services

The Designated Health Care Components of The Johns Hopkins University

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