



## Notice of Privacy Practices for Health Plans

*Effective Date: May 15, 2019*

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **Our Pledge Regarding Your Health Information**

The health plans (Plan) covered by this Notice are committed to protecting the privacy of health information we create or obtain 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 health information. We are required by law to: (i) make sure your health information is protected; (ii) give you this Notice describing our legal duties and privacy practices with respect to your health information; and (iii) follow the terms of the Notice that is currently in effect.

### **Who Will Follow This Notice**

The privacy practices described in this Notice will be followed by all health care professionals and staff of the Plans (including medical, dental, vision and medical flexible spending accounts) listed at the end of this Notice.

### **How We May Use and Disclose Health Information About You**

The following sections describe different ways we may use and disclose your health information. We abide by all applicable 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 health information about you

for treatment purposes. For example, a doctor treating you for a particular condition may need to obtain information from us about prior treatment of a similar or different condition, including the identity of the health care provider who treated you previously.

**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, case management and care coordination, to comply with law and regulation, accreditation purposes, plan members' claims, grievances or lawsuits, health care contracting relating to our operations, legal or auditing activities, business planning and development, business management and general administration, underwriting, obtaining re-insurance and other insurance activities, and to operate the Plan.

**Health information exchange.** We may share information that we obtain or create about you with other health care entities, such as your health care providers, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. For example, information about your participation in a care management program may be shared with your treating providers for care coordination purposes if they participate in the HIE as well. Exchange of health information can provide you with faster access and better coordination of care, and assist entities in making more informed decisions.

The Chesapeake Regional Information System for Our Patients, Inc. (CRISP), is a regional HIE in which we participate. We may receive information about you through CRISP for treatment, payment, health care operations, or research purposes. You may opt out of CRISP and disable access to your health information available through CRISP by contacting CRISP at 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax, or through their website at [crisphealth.org](http://crisphealth.org). Even if you opt-out of CRISP, public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers through CRISP as permitted by law.

We also participate in other HIEs, including an HIE that allow us to share and receive your information through our electronic record system. You may choose to opt-out of these other HIEs by calling 1-800-557-6916.

**Fundraising activities.** We may contact you to provide information about Plan-sponsored activities, including fundraising programs and events to support research, teaching or plan member care. For this purpose, we may use your contact information, such as your name, address, phone number, the dates of service, the hospital or clinic department where you were seen, the name of the physician you saw, the outcome of your treatment, and your health insurance status.

## Notice of Privacy Practices for Health Plans, continued

If we do contact you for fundraising activities, the communication you receive will have instructions on how you may ask for us not to contact you again for such purposes, also known as an “opt-out.”

**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 plan member safety, welfare and confidentiality. We may use and disclose health information about our enrollees for research purposes under specific rules determined by the confidentiality provisions of applicable law. In some instances, federal law allows us to use your health information for research without your authorization, provided we get approval from a special review board. These studies will not affect your eligibility for benefits, treatment or welfare, and your health information will continue to be protected.

**Additional uses and disclosures of your health information.** We may use or disclose your health information without your authorization to the following individuals, or for other purposes permitted or required by law, including:

- To inform you of benefits or services that we provide
- In the event of a disaster, to organizations assisting in a disaster- relief effort so that your family can be notified about your condition and location
- As required by state and federal law
- 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
- To authorized federal officials for intelligence, counterintelligence and other national security activities
- To coroners, medical examiners and funeral directors, as authorized or required by law as necessary for them to carry out their duties
- To the military if you are a member of the armed forces and we are authorized or required to do so by law
- For workers’ compensation or similar programs providing benefits for work-related injuries or illnesses
- To authorized federal officials so they may conduct special investigations or provide protection to the U.S. President or other authorized persons
- If you are an organ donor, to organizations that handle such organ procurement or transplantation, or to an organ bank, as necessary to help with organ procurement, transplantation or donation
- To governmental, licensing, auditing and accrediting agencies
- To a correctional institution as authorized or required by law if you are an inmate or under the custody of law enforcement officials
- To third parties referred to as “business associates” that provide services on our behalf, such as consulting, software maintenance and legal services
- Unless you say no, to anyone involved in your health care, or payment for your care, such as a friend, family member or any individual you identify
- For public health purposes

- To courts and attorneys when we get a court order, subpoena or other lawful instructions from those courts or public bodies or to defend ourselves against a lawsuit brought against us
- To law enforcement officials as authorized or required by law

**Genetic information.** As of September 23, 2013, the Plan may not use or disclose any genetic information for underwriting purposes.

**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.

**Plan sponsor.** We may disclose certain health and payment information about you to the Plan sponsor to obtain premium bids for the Plan or to modify, amend or terminate the Plan. We may release other health information about you to the Plan sponsor for purposes of Plan administration, but only if certain provisions have been added to the Plan to protect the privacy of your health information, and the sponsor agrees to comply with the provisions.

**Other uses or disclosures of health information.** Other uses and disclosures of health information not covered by this Notice will be made only with your written authorization. Most uses and disclosures for marketing purposes fall within this category and require your authorization before we may use your health information for these purposes. Additionally, with certain limited exceptions, as of September 23, 2013, we are not allowed to sell or receive anything of value in exchange for your health information without your written authorization. If you provide us authorization to use or disclose health information about you, you may revoke (withdraw) that authorization, in writing, at any time. However, uses and disclosures made before your withdrawal are not affected by your action, and we cannot take back any disclosures we may have already made with your authorization.

### Your Rights Regarding Health Information About You

The records of your health information are the property of the Plan. You have the following rights, however, regarding health information we maintain about you:

**Right to inspect and copy.** With certain exceptions, 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. You have the right to request that we send a copy of your Plan record to a third party.

You are required to submit your request in writing. We may charge you a reasonable fee for providing you a copy of your records. We may deny access, under certain circumstances. You may request that we designate a licensed health care professional to review the denial. We will comply with the outcome of the review.

## Notice of Privacy Practices for Health Plans, continued

**Right to request an amendment.** If you feel that health 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 the information is kept by or for the Plan 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. You are required to submit your request in writing, as explained at the end of this Notice, with an explanation as to 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 by an addendum. 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: (i) 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); (ii) 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; (iii) is not part of the information that you would be permitted to inspect and copy; or (iv) 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 in the six years prior to your request. This list will not include every disclosure made, including those disclosures made for treatment, payment and health care operations purposes.

You are required to submit your request in writing, as explained at the end of this Notice. You must state the time period for which you want to receive the accounting. The first accounting you request in a 12-month period will be free, and we may charge you for additional requests in that same period.

**Right to request restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. To request a restriction, you must 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 or permitted by law to disclose it. We are allowed to end the restriction if we inform you that we plan to do so.

**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. If you want us to communicate with you in a special way, you will need to give us details about how to contact you. 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 be notified in the event of a breach.** We will notify you if your health information has been “breached,” which means that your health information has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

**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. Copies of this Notice are available from Johns Hopkins HealthCare LLC or by contacting the Privacy Office as explained at the end of this Notice. You also may obtain an electronic copy at the Johns Hopkins website, [hopkinsmedicine.org/patientprivacy](http://hopkinsmedicine.org/patientprivacy).

### **Future Changes To Johns Hopkins’ Privacy Practices and This Notice**

We reserve the right to change this Notice and the privacy practices of the Plans 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. The current Notice will also be posted to the Johns Hopkins website, [hopkinsmedicine.org/patientprivacy](http://hopkinsmedicine.org/patientprivacy). In addition, at any time you may request a copy of the Notice currently in effect.

### **Exercise of Rights, Questions or Complaints**

If you would like to obtain an appropriate request form to (i) inspect and/or receive a copy of your health information, (ii) request an amendment to your health information, (iii) request an accounting of disclosures of your health information or (iv) request a disclosure of your health information, or for other questions, please contact:

#### **Plan Administration**

c/o Johns Hopkins HealthCare LLC  
**Compliance Department**  
7231 Parkway Drive  
Suite 100  
Hanover, MD 21076  
Phone: 410-424-4996

If you believe your privacy rights have not been followed as directed by applicable law or as explained in this Notice, you may file a complaint with us. 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.***

#### **Johns Hopkins Privacy Office**

1812 Ashland Avenue  
Suite 300  
Baltimore, MD 21205  
Phone: 410-614-9900  
Fax: 443-529-1548  
E-mail: [hipaa@jhmi.edu](mailto:hipaa@jhmi.edu)

## Notice of Privacy Practices for Health Plans, continued

### Plans that will follow this Notice include the following:

Broadway Services, Inc. Employee Benefits Plan	Suburban Hospital, Inc. EHP Medical Plan
Howard County General Hospital EHP Medical Plans	Sibley Memorial Hospital EHP Medical Plan
Johns Hopkins Bayview Medical Center Employee Benefits Plan	Johns Hopkins University EHP Classic Plan
Johns Hopkins Bayview Medical Center Represented Employee Benefits Plan	Johns Hopkins University School of Medicine, Bloomberg School of Public Health and Johns Hopkins University School of Nursing Student Health Program
The Johns Hopkins Health System Corporation / The Johns Hopkins Hospital Employee Benefits Plan for Non-Represented Employees	Johns Hopkins Uniformed Services Family Health Plan
The Johns Hopkins Hospital Employee Benefits Plan for Represented Employees	Johns Hopkins Health System Retiree Medical Plan

### Non-Discrimination Notice

Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-422-6957 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-422-6957 (ATS : 711).