

## How We May Use and Disclose Medical Information About You

The following sections describe different ways we may use and disclose your medical 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 medical information about you to provide you with medical treatment or services. 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. We may also share medical information about you with other Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE) personnel or non-Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE) 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, or transportation.

**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 medical information about you for our operations. These uses and disclosures are made to enhance quality of care and for medical staff activities, health-sciences education and other teaching programs, and general business activities. For example, we may disclose information to doctors, nurses, technicians, medical and other students, and other Johns Hopkins personnel for performance improvement and educational purposes or we may share information with corporate security to maintain the safety of our facilities.

**Health information exchange.** We may share information that we obtain or create about you with other health care providers or other health care entities, such as your health plan or health insurer, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. For example, information about your past medical care and current medical conditions and medications can be available to us or to your non-Johns Hopkins primary care physician or hospital, if they participate in the HIE as well.

Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions.

The Chesapeake Regional Information System for Our Patients, Inc. (CRISP), is a regional Internet-based HIE in which we participate. We may share 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.

Your hospital or health care provider may also participate in other HIEs, including HIEs that allow your provider to share your information directly through our electronic medical record system. You may choose to opt-out of these other HIEs by calling 1-855-389-6928.

**Fundraising activities.** We may contact you to provide information about Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE)-sponsored activities, including fundraising programs and events to support research, education or patient care. For this purpose, we may use your contact information, such as your name, address, phone number, the dates on which and the department from which you received treatment or services, your treating physician's name, your treatment outcome and your health insurance status. 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.** We conduct 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. We may use and disclose medical information about our patients for research purposes under specific rules determined by the confidentiality provisions of applicable law. In some instances, federal law allows us to use your medical information for research without your authorization,

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.

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

- To tell you about, or recommend, possible treatment alternatives
- To inform you of benefits or services we may provide
- In the event of a disaster, to organizations assisting in a disaster-relief effort so that your family can be notified of 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 or 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 billing, software maintenance and legal services
- Unless you say no, to anyone involved in your 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.** We 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 Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE)

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 of medical information.** Other uses and disclosures of medical information not covered by this Notice will be made only with your written authorization. Most uses and disclosures of psychotherapy notes and most uses and disclosures for marketing purposes fall within this category and require your authorization before we may use your medical information for these purposes. Additionally, with certain limited exceptions, we are not allowed to sell or receive anything of value in exchange for your medical information without

your written authorization. If you provide us authorization to use or disclose medical 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 Medical Information About You**

The records of your medical information are the property of Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE). You have the following rights, however, regarding medical 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 medical and billing records or any other of our records that are used by us to make decisions about you. You have the right to request that we send a copy of your medical or billing records to a third party. You are required to submit your request in writing to your caregiver or the medical records department. 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.

**Right to request an amendment.** If you feel that 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 the information is kept by or for Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE) in your medical and billing records or any other of our records that are used by us to make decisions about you.

You are required to submit your request in writing to the office listed 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 medical 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 medical information (i) was not created by Hopkins

ElderPlus/Program of All-Inclusive Care for the Elderly (PACE) (unless the person or entity that created the medical information is no longer available to respond to your request); (ii) is not part of the medical and billing records kept by or for Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE); (iii) is not part of the information which 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 medical 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 to the office listed 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 medical

information we use or disclose about you for treatment, payment or health care operations.

To request a restriction, you must tell your caregivers or contact the Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE) contact person 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 or permitted by law to disclose it. We are allowed to end the restriction if we inform you that we plan to do so. If you request that we not disclose certain medical information to your health insurer and that medical information relates to a health care product or service for which we, otherwise, have received payment from you or on your behalf, and in full, then we must agree to that request.

**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. 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 billing will be handled. 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 medical information has been “breached,” which means that your medical 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 will be available by contacting the Privacy Office as identified at the end of this Notice, or you 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 our 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 website, [hopkinsmedicine.org/patientprivacy](http://hopkinsmedicine.org/patientprivacy). In addition, at any time you may request a copy of the Notice currently in effect.

**Use of unsecure electronic communications.** If you choose to communicate with us or any of your Johns Hopkins providers via unsecure electronic communication, such as regular e-mail or text message, we may respond to you in the same manner in which the communication was received and to the same e-mail address or account from which you sent your original communication. Before using any unsecure electronic communication to correspond with us, note that there are certain risks, such as interception by others, misaddressed/misdirected messages, shared accounts, messages forwarded to others, or messages stored on unsecured, portable electronic devices. By choosing to correspond with us via unsecure electronic communication, you are acknowledging and agreeing to accept these risks.

Additionally, you should understand that use of email is not intended to be a substitute for professional medical advice, diagnosis or treatment. Email communications should never be used in a medical emergency.

### **Questions or Complaints**

If you believe that 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. Please contact the Johns Hopkins Privacy Office 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.***

**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)

### **The entity 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

### **Non-Discrimination Notice**

Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE) 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 1-410-614-4685. (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-410-614-4685 (ATS : 711).



**NOTICE OF  
PRIVACY PRACTICES  
FOR HOPKINS ELDERPLUS/PROGRAM OF  
ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)**

*Effective Date: November 1, 2018*

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.

**Our Pledge Regarding Your Health Information**

Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE)

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.

**Definition of Terms**

When we say “Provider”, “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 patient and/or member of the Plan. When we say “health information,” we include information that identifies you and tells about your past, present or future physical or mental health or condition and the provision of healthcare to you. This also includes information about payment for health care services, such as your billing or claims 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 Hopkins ElderPlus/Program of All-Inclusive Care for the Elderly (PACE).