



NOTICE OF PRIVACY PRACTICES

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.

Background

The purpose of this notice (“Notice”) is to inform you of how your health information will be handled as a result of privacy regulations required under a new federal law, the Health Insurance Portability and Accountability Act of 1996 (also known by its acronym, “HIPAA”). This law protects information about you or your medical condition that identifies you as a patient (sometimes referred to as “protected health information” or “PHI”). This Notice describes the privacy practices that will be followed by Maryland General Health System, its member organizations, and affiliates listed below (collectively, “Maryland General Health Systems” or “MGHS”), and others who are permitted to use or disclose your protected health information, as well as Maryland General Health Systems’ legal obligations regarding the use or disclosure of your protected health information and your rights with respect to Maryland General Health Systems’ use and disclosure of such information.

Understanding Your Health Record & Health Information

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- tool in educating health professionals
- source of data for medical research
- source of information for public health officials charged with improving the health of the nation
- source of data for facility planning and marketing
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve



Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

Maryland General Health Systems This Notice applies to the following health care organizations:

- Maryland General Hospital, Inc.
- Maryland General Care
- Maryland General Clinical Practice Group, Inc.
- Maryland General Medical Alliance, Inc.
- Maryland General Professional Practices

The System, the members of its Medical Staff, and other health care providers affiliated with the System typically work together in a clinically integrated setting to provide you with health care. In such settings, the federal Privacy Rule permits the use of a single Notice to describe how the System, Medical Staff members, and other health care providers affiliated with the System will use or disclose your health information. This Notice applies only to care provided to you through programs and facilities of Maryland General Health Systems, Inc.

Our Responsibilities. This organization is required to:

- maintain the privacy of your protected health information;
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you; and
- abide by the terms of this Notice.

We reserve the right to change this Notice and to make the revised Notice effective for all protected health information currently in our possession as well as any PHI we receive in the future. We will post a copy of the current Notice in the facilities of each member of the Maryland General Health Systems. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to a participating entity for treatment or health care services you will be offered a copy of the current Notice. Unless and until changes to the Notice are made, MGHS is required by law to comply with this Notice of Privacy Practices. You will be able to tell when changes have been made to the Notice of Privacy Practices by referring to the upper right hand corner of the Notice, which will include the revision date of that Notice.



How We Use And Disclose Your PHI

Use And Disclosure Of PHI For Treatment, Payment And Health Care Operations. We are permitted by law to use or disclose your PHI for treatment, payment and our health care operations. Some examples of the ways in which we may use and disclose PHI for these purposes are described below. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by Maryland General Health Systems.

Use and Disclosure of PHI for Treatment

Protected health information obtained or created by a nurse, physician, or other member of your health care team will be recorded in your medical record and used to determine the course of treatment that should work best for you. Your physician may document a course of treatment in your record along with his or her expectations about your response to the treatment. Members of your health care team will then record the actions they carried out in relation to your care along with their observations of your response to treatment. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital.

Use and Disclosure of PHI for Payment

A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Use and Disclosure of PHI in support of our Health Care Operations

Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use protected health information to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

We may also use and disclose your PHI for:

- Training purposes, to provide training and education to medical school students who treat patients at our facilities;
- Appointment reminders, to contact you as a reminder that you have an appointment. This may be done via an automated calling system.
- Health-Related benefits and services, to inform you about alternative treatments or other health-related benefits and services that we provide which may be of interest to you, including communications about the entities that participate in the Maryland General Health Systems.



- Fundraising, to contact you as part of a fund-raising effort. We may disclose your name and address and the dates you received services to a foundation that is affiliated with us, or to a third party business associate so that either party may contact you on our behalf.

Business Associates. We may also disclose your PHI to third party “business associates” that perform various activities (e.g., billing, insurance, accounting and medical transcription services) for or on behalf of MGHS. Other examples include physician services in the emergency department and radiology, performance of certain laboratory tests, as well as a copy service we use to make duplicate copies of your health record. Our business associates may use, disclose, receive, or create PHI during the course of providing services to us. However, whenever an arrangement between MGHS and a business associate involves the use or disclosure of your PHI, we will have a written agreement with the business associate that is intended to protect the privacy of your PHI, which will require the business associate to appropriately safeguard your protected health information in accordance with this Notice and HIPAA regulations.

Preemption of Maryland Law: The federal health care Privacy Regulations generally do not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which we will be required to operate.

Uses And Disclosures Of Protected Health Information Requiring An Opportunity For You To Agree Or Object. We may use or disclose your PHI without your authorization in limited circumstances when you are informed in advance of the use and disclosure and you have the opportunity to agree, object, or limit the use or disclosure. Unless you advise us of your objection to these uses, we will assume that the use of your PHI, as described in this section of the Notice, is acceptable to you. The types of uses or disclosures that require us to provide you with an opportunity to agree or object are set forth below.

Directory: Unless you notify us that you object, we will list your name, location in the facility, general condition, and religious affiliation in our directory. Your location and condition may also be released to people who ask for you by name. Your religion may be given to a member of the clergy, such as a priest or rabbi. This is so your family, friends and clergy can visit you at our facilities and generally know how you are doing. If you do not want us to list this information in our directory and provide it to clergy or others, you must tell us that you object.

Notification: We may use or disclose protected health information to notify, identify, or locate a family member, personal representative, or another person responsible for your care, to inform them of your health status, condition, or death. We may disclose your protected health information to a public or private entity authorized by law to assist in disaster relief efforts. If you are able and available to agree or object, we will give you the opportunity to object prior to making this



notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, protected health information relevant to that person's involvement in your care or payment related to your care. These disclosures will be limited to the protected health information that is directly relevant to the individual's involvement in your care or payment for your care.

Other Permitted And Required Uses And Disclosures That May Be Made Without Your Authorization, Or Without An Opportunity For You To Object. In certain circumstances, we may use or disclose your protected health information without your authorization or agreement. Some of the types of uses or disclosures that may be made without your permission are listed below, but not every use or disclosure of this type is listed.

Required by Law. We will disclose your protected health information to the extent state, federal, or local law requires us to do so.

Research: In the absence of an authorization, we may disclose PHI to researchers:

- if the research has been approved by an Institutional Review Board or a Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. This might be used, for example, to conduct records research, when researchers are unable to use de-identified information and it is not practicable to obtain research participants' authorization; or
- if we have received representations from the researcher, either in writing or orally, that the use or disclosure of the PHI is solely to prepare a research protocol or for similar purposes preparatory to research, that the researcher will not remove any PHI from MGHS, and that PHI for which access is sought is necessary for the research purpose. This provision might be used, for example, to design a research study or to assess the feasibility of conducting a study; or
- if we have received representations from the researcher, either in writing or orally, that the use or disclosure being sought is solely for research on the PHI of decedents, that the PHI being sought is necessary for the research, and, at the request of MGHS, documentation of the death of the individuals about whom information is being sought.

Coroners, Medical Examiners and Funeral Directors: We may release PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also



disclose protected health information about patients of Maryland General Health Systems to funeral directors, as necessary to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of facilitating tissue donation and transplant.

Food and Drug Administration (FDA) Reporting: We may disclose your protected health information to non-governmental entities subject to FDA regulation regarding the quality, safety, and effectiveness of FDA-regulated products and activities. For example, reporting reactions to medications or problems with medical devices, and providing notice of drug or medical device recalls.

Workers Compensation: We may disclose your protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law that provide benefits for work-related injuries or illnesses.

Public Health: As required by law, we may disclose your protected health information to public health authorities for purposes related to: (i) preventing or controlling disease, injury, or disability; (ii) reporting and prevention of abuse, neglect, or domestic violence; or (iii) providing notice to a person who may be at risk for contracting or spreading a disease or condition and reporting disease or infection exposure.

Correctional Institution: Under certain circumstances, we may disclose an individual's PHI to a correctional institution or a law enforcement official having lawful custody of such inmate or other individual.

Law Enforcement: We may disclose your protected health information under limited circumstances for law enforcement purposes such as:

- identifying or locating a suspect, fugitive, material witness or missing person;
- responding to a court order, subpoena, warrant, summons or similar process;
- responding to a request for information about the victim of a crime;
- responding to a request for information about a death we believe may be the result of criminal conduct;
- responding to a request for information about criminal conduct on the premises of Maryland General Health Systems; or



- in emergency circumstances to report a crime.

Health Oversight Activities: Federal law makes provision for your protected health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Judicial and Administrative Proceedings: We may disclose your protected health information in the course of any administrative or judicial proceeding, in response to a court or administrative order. In response to a subpoena, discovery request, or other process by someone else involved in the dispute, we may produce the information provided that efforts have been made to tell you about the request for your protected health information or to obtain an order protecting the information requested. We will only disclose the amount and type of information that is expressly required or authorized by the request.

Public Safety: We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

National Security and Intelligence Activities: We may disclose protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, or other specialized government functions. For example, protecting the President, certain other governmental persons or foreign heads of state.

Uses And Disclosures Of Protected Health Information Based Upon Your Written Authorization. We may make other uses and disclosures of your PHI not covered by this Notice. Unless otherwise permitted or required by law, these uses and disclosures will be made only with your written authorization. For example, most uses and disclosures of PHI for the purpose of research will require your written permission, except as otherwise described in this Notice or as permitted by law.

If you give permission to use or disclose PHI about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose PHI as had been permitted by your written authorization. However, we are unable to take back any disclosures we have already made with your permission.



Your Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the PHI contained within your health record belongs to you. You have the following rights with respect to your protected health information.

The Right To Request Restrictions Of Our Use And Disclosure. You have the right to request that we restrict the use or disclosure of protected health information about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a medication prescribed to you. However, Maryland General Health Systems is not required to agree to the restrictions that you may request. If we agree, we will comply with your request unless the information is needed to provide you emergency treatment, or as otherwise permitted by law. We will notify you if we do not agree to a requested restriction.

To request restrictions, you must make your request in writing to our Chief Privacy Officer, whose contact information can be found at the end of this notice. In your request, you must tell us:

- what information you want to limit,
- whether you want to limit our use, disclosure or both, and
- to whom you want the limits to apply – for example, disclosures to your spouse.

The Right To Request Alternative Means Of Communication. You have the right to request that we communicate with you about medical matters in a certain way or at an alternate location. For example, you may ask that we only contact you at your office or only by mail. If your request is reasonable, we will accommodate it. To request alternative means or locations for confidential communications, you must make your request in writing to our Chief Privacy Officer, whose contact information can be found at the end of this Notice. Your request must specify how or where you wish to be contacted.

The Right To Inspect And Copy Your Health Record. You have the right to inspect and obtain a copy protected health information that may be used to make decisions about your care. This information includes medical records, but does not include psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or protected health information that is subject to a law prohibiting your access to such information.

To inspect and obtain a copy of protected health information, you must submit your request in writing to the Health Information Management Department, Attn: Correspondence. If you request a



copy of the information, we may charge you a reasonable fee for the costs of copying, mailing or other costs associated with your request.

We may deny your request to inspect and obtain a copy in certain limited circumstances. If you are denied access to protected health information, you may be able to request a review of that decision. Depending on the circumstances, the decision to deny access may or may not be reviewable. If you make such a request, we will notify you as to whether the decision is reviewable. If reviewable, another health care professional chosen by Maryland General will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

The Right To Amend Your Health Record. You have a right to request that MGHS amend your health information if you believe that it is incorrect or incomplete. You have the right to request an amendment for so long as MGHS keeps the information.

To request an amendment, your request must be made in writing and submitted to the Health Information Management Department: Attn: Correspondence. In addition, we will require you to provide us with a reason for your request.

We may deny your request for amendment if it is not in writing. We may also deny your request if it does not include a reason to support the request. In addition, we may deny your request, in whole or in part, if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the protected health information kept by the Maryland General Health Systems;
- is not part of the information which you would be permitted to inspect and obtain a copy; or
- is accurate and complete.

If your request to amend your medical information is denied, you may file a statement of disagreement with us. You also have a right to a copy of our rebuttal statement, if we choose to prepare one.

The Right To An Accounting Of Disclosures. You have a right to receive an accounting of the disclosures of your protected health information made by Maryland General Health Systems. However, MGHS does not have to account for the disclosures made:



- for the purpose of treatment or payment;
- in support of health care operations;
- to you, with your authorization;
- so that we could include you in our directory listing, or notify or communicate with your family members or others involved in your care; or
- in support of national security and intelligence activities.

To request an accounting of disclosures, you must submit your request in writing to our Chief Privacy Officer, whose contact information can be found at the end of this notice. Your request must state a time period not longer than six years, and the time period cannot extend to dates before April 14, 2003. The first accounting you request within a 12 month period will be free. For additional requests, we may charge you for the costs of providing the accounting.

The Right To A Paper Copy Of This Notice. You have a right to a paper copy of this Notice of Privacy Practices. Paper copies are available at any patient care area of Maryland General Health Systems.

An electronic copy of this notice is posted on the Internet at www.marylandgeneral.org

Complaints. If you believe your privacy rights have been violated, you can file a complaint with the Chief Privacy Officer at:

Chief Privacy Officer
Maryland General Health System
827 Linden Avenue
Baltimore, MD 21201
410-225-8310
Complaints may also be made to:
Office of the Secretary, Department of Health and Human Services
200 Independence Ave. SW
Washington, D.C. 20201

There will be no retaliation for filing a complaint.

For More Information. If you have questions and would like additional information, you may contact the Chief Privacy Officer at the address and telephone number listed above.



UPDATE TO NOTICE OF PRIVACY PRACTICES

Revised March 2011

We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide health information exchange. As a participant in CRISP, we may share and exchange information that we obtain or create about you for treatment and public health purposes, as permitted by law. This exchange of health information can provide faster access to critical information about your medical condition, improve the coordination of your health care, and assist health care providers and public health officials in making more informed treatment decisions.

You have the right to “opt-out” of CRISP, which will prevent health care providers from accessing some of the information available through the exchange. However, even if you opt-out, a certain amount of your health information will remain in the exchange. Specifically, health care providers who participate in CRISP may continue to access certain diagnostic information related to tests, procedures, etc. that have been ordered for you (e.g., imaging reports and lab results), and they may send this information to other health providers that you have been referred to for evaluation or treatment through CRISP’s secure messaging services.

You may opt-out of CRISP by calling 1-877-952-7477, or by submitting a completed Opt-Out Form to CRISP by mail, fax, or through their website at www.crisphealth.org.

Pursuant to the Health Information Technology for Economic and Clinical Health Act, (the HITECH Act), effective February 18, 2010, you have the following additional rights with respect to your protected health information.

Restrictions on Disclosures

You may request that use or disclosure of your health information to a health plan (e.g. an insurer such as Blue Cross and Blue Shield or Medicare) if such information relates to services for which you paid out-of-pocket (i.e., received no payment from an insurer).

Requests for Information in Electronic Format

You have the right to obtain copies of your health information in electronic format.

Fundraising Activities

The Health Insurance Portability and Accountability Act (HIPAA) rules permit hospitals to use certain types of health information for purposes of sending fundraising communications to individuals.

Previously, HIPAA required the hospitals to inform the individual of their right to opt-out of receiving such information and make *reasonable efforts* to honor any opt-out request.

Now, under HITECH, in addition to notifying individuals of their "opt out" right, hospitals *must honor such opt-out request*. Hospitals must treat an opt-out request as the individual's revocation of authorization to use their information for fundraising communications. Unless otherwise specified, such should be interpreted as applying to *all* fundraising communications and not just the most recent communication sent.

Marketing Activities

The HIPAA rules require hospitals to obtain an individual's authorization to use or disclose their health information for marketing. Marketing is defined as a communication that encourages the use of a product or service, *unless*, the communication is made for one of the following three reasons:

1. To describe a health related product or service provided by the hospital making the communication,
2. For treatment of the individual, or
3. For case management/care coordination of the individual or to recommend to, the individual, alternative treatments, therapies, providers or care settings.

Now, under HITECH, *if the hospital receives payment* for making one of the above three communications, *such communication is considered marketing*; and therefore subject to the authorization requirement addressed above. Again, there are some exceptions to this rule. Even if payment is received for one of the above three communications, it still will not be considered marketing if:

- The communication describes only a drug or biologic that is currently being prescribed for the recipient of the communication and any related payment is reasonable;
- The communication is made by the hospital and the individuals' authorization is obtained; or
- The communication is made by a business associate on the hospital's behalf and in accordance with the business associate agreement with the hospital.

