

# Your Information. Your Rights. Our Responsibilities.



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.

## Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

## Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. If you would like, we also can send this information in either paper or electronic form to another person you identify in your request. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your medical record
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

- We may say "no" to your request, but we'll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.
- Ask us to limit what we use or share
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated
- You can complain if you feel we have violated your rights by contacting us using the information on the top of page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

### In these cases we never share your information unless you give us written permission:

- Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes
- In the case of fundraising:
- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### Treat you

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

### Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

### Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### Do research

We can use or share your information for health research.

## Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

### Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Discrimination is Against the Law

University of Maryland Medical System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. University of Maryland Medical System does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

University of Maryland Medical System:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact UMMS Corporate Compliance Department.

If you believe that University of Maryland Medical System has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

UMMS Corporate Compliance Department  
110 S. Paca Street  
Baltimore, MD 21201  
410-328-4141 (phone) 443-462-5994 (fax)  
[compliance@umm.edu](mailto:compliance@umm.edu)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, UMMS Corporate Compliance Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW; Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Health Information Exchange

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 applicable 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 to whom you have been referred 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](http://www.crisphealth.org).

## Maryland Law

If federal privacy law and Maryland law conflict and the Maryland law is more protective of your information or provides you with greater access to your information, then we will follow the Maryland law.

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

## Who Is Covered by this Notice

This notice applies to the University of Maryland Medical System (UMMS) affiliated covered entity. This generally includes health care providers within the University of Maryland Medical System. For a current list of members of the affiliated covered entity, please visit [www.umms.org/aboutus/ACE](http://www.umms.org/aboutus/ACE).

This notice also applies to members of the medical staff who provide medical services at University of Maryland Medical System facilities. Federal privacy laws refers to the University of Maryland Medical System and its medical staff as an "organized health care arrangement." We may share your health information within the organized health care arrangement for our joint treatment, payment, and health care operations activities.

## Confidentiality of Substance Use Disorder Patient Records

Certain University of Maryland Medical System facilities, units, and staff specialize in providing substance use disorder treatment (Programs). The confidentiality of substance use disorder patient records maintained by these Programs is protected by special Federal law and regulations, in addition to HIPAA. Generally, such a Program may not say to a person outside the Program that a patient attends the Program, or disclose any information identifying a patient as having or having had a substance use disorder Unless:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations governing substance use disorder patient records by a Program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations:

U.S. Attorney's Office for the District of Maryland  
36 S. Charles Street, 4th Floor  
Baltimore, MD 21201  
410-209-4800

For opioid treatment programs (previously known as methadone programs), you also can contact:

SAMHSA Center for Substance Abuse Treatment  
5600 Fishers Lane, Rockville, MD 20857  
(240) 276-1660

Federal law and regulations do not protect any information about a crime committed by a patient either at the Program or against any person who works for the Program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

## Other Particularly Sensitive Conditions

Certain other types of health information may have additional protection under Maryland law. For example, health information about HIV/AIDS and mental health information is treated differently than other types of health information under Maryland law. These categories of information generally will not be disclosed without your consent.

## Effective Date

The effective date of this Notice is March 1, 2018.

## For More Information:

UMMS Privacy Officer  
110 S. Paca Street  
Baltimore, MD 21201  
410-328-4141  
[privacy@umm.edu](mailto:privacy@umm.edu)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 410-328-4141.

注意：如果使用繁體中文，可以免費獲得語言援助服務。請致電 410-328-4141。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 410-328-4141 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 410-328-4141.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 410-328-4141.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 410-328-4141.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 410-328-4141.

ጎኩረት:- አማርኛ ተናጋሪ ከሆኑ በገ ጭንቆ እርዳታ ያገኛሉ።አብዎ 410-328-4141 ላይ ይደውሉ።

Dè dè nià kè ye dyèdè gbo: ɔ jù kè nì [Bàsɔ̀̀-wùdù-po-nyò] jù ní, nì, à wuúdu kà kò dọ̀ po-poò bɛ̀n nì gbo kpáa. Dá 410-328-4141.

Nti: O buru na asu Ibo, asusu aka oasu n'efu, defu, aka. Call 410-328-4141.

AKIYESI: Bi o ba nso Yoruba, akanse isè iranlowo ede, niofè, wa fun o. Pe 410-328-4141.

توجہ: اگر آپ کی زبان اردو ہے تو آپ کو زبان میں مدد کی خدمات مفت میں دستیاب ہیں۔ 410-328-4141 پر کال کریں۔

توجہ: اگر یہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما تماس بگیرد 410-328-4141 فراهم می باشد. با.

ATANSYON: Si w pale kreyòl ayisyen, gen sèvis ed pou lang ki disponib gratis pou ou. Rele 410-328-4141.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 410-328-4141.