



## HIPAA NOTICE OF PRIVACY PRACTICES

*Effective Date: November 1, 2015*

**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.**

If you have any questions about this notice, please contact the LifeBridge HIPAA Privacy Officer at 410-601-1554

**WHO WILL FOLLOW THIS NOTICE.** This notice describes our institution's practices and those of:

- Any health care professional authorized to enter information into your medical records.
- All employees, staff, volunteers, other facility personnel, and personnel who work at your physician's office.
- Sinai Hospital of Baltimore, Inc., Northwest Hospital Center, Inc., Carroll Hospital Center, Inc., Levindale Hebrew Geriatric Center and Hospital, Inc., and LifeBridge Health and Fitness, LLC. All these entities, sites, and locations follow the terms of this notice. In addition, all physician offices and practices that are affiliated with LifeBridge Health follow the terms of this notice. Throughout this document, the term "facility" is used to refer to any of these LifeBridge-affiliated entities where you may receive medical care. In addition, these entities, sites and locations may share medical information with each other and with other LifeBridge Health affiliates for treatment, payment, or facility operations purposes described in this notice.

**OUR PLEDGE REGARDING MEDICAL INFORMATION.** We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the facility, whether made by facility personnel or your personal doctor. If your personal doctor is not affiliated with LifeBridge, she or he may have different policies or notices regarding her or his use and disclosure of your medical information created in the doctor's office or clinic. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you;
- follow the terms of the notice that is currently in effect; and
- notify you if there is a disclosure of your medical information that does not comply with the notice that is then in effect.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.** The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Uses and disclosures that fall into a category not described in this notice will only be made with your authorization. Most uses and disclosures of psychotherapy notes require your authorization.

- **For 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, medical students, volunteers, or other personnel who are involved in taking care of you at the facility. 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 dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments also may share medical information about you in order to 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 the facility who may be involved in your medical care after you leave the facility, such as family members, clergy, or others who provide services that are part of your care.

We participate in Chesapeake Regional Informational System for our Patients, Inc. (CRISP), a statewide electronic health information exchange (HIE). The other CRISP participants and we share information about patients for treatment, payment, or other healthcare operations, as permitted by law. The purpose of CRISP is to provide better coordination of care and assist providers in making more informed treatment decisions. You may opt out and prevent CRISP participants from having the ability to search your information through the HIE; however, even if you opt out, we will send your medical information to the HIE, and our physicians who order diagnostic tests on you will be able to review results that the testing facility provides to CRISP. You may opt out by contacting CRISP on the internet at [www.crisphealth.org](http://www.crisphealth.org) or by phone at 1-877-95-CRISP.

We may participate in health information exchanges or registries to facilitate the secure exchange of your electronic health information between and among several healthcare providers or other health care entities for your treatment, payment or other health care operations purposes. This means we may share information we obtain or create about you with outside entities (such as hospitals, doctors' offices, pharmacies or insurance companies) or we may receive information they create or obtain about you (such as medication history, medical history or insurance information) so each of us can provide better treatment and coordination of your health care services.

- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the facility may be billed to and payment may be collected from you, an insurance company, and/or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- **For Health Care Operations.** We may use and disclose medical information about you for facility operations. These uses and disclosures are necessary to run the facility and make sure that all of our patients receive appropriate care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. We must obtain your permission to disclose your medical information for compensation, including disclosure to a third party that would contact you to promote a product or service.
- **Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for one of the hospitals and its operations. We may disclose medical information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. We only would release contact information, such as your name, address, and phone number and the dates you received treatment or services at the hospital. You have a right to opt out of receiving such fundraising communication by informing us either via email at [hipaaoptout@lifebridgehealth.org](mailto:hipaaoptout@lifebridgehealth.org) or in writing to Database Manager, LifeBridge Health, Department of Development, c/o Sinai Hospital of Baltimore, 2401 W. Belvedere Ave., Baltimore, Md. 21215. **No treatment will in any way be conditioned on any decision you make about fundraising.**
- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at a hospital. This information may include your name, your location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. Unless there is a specific written request from you to the contrary, this 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 a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends, and clergy can visit you in the hospital and generally know how you are doing.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process that evaluates the proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the facility. With very few exceptions, we will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are. If an exception applies, we will ensure that the information is used solely by the researcher, and that the research results will in no way divulge information that would identify you.
- **As Required By Law.** We will disclose medical information about you when required by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **SPECIAL SITUATIONS**

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank, as necessary to facilitate donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury, or disability;
  - to report births and deaths;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this

disclosure if you agree or when required or

authorized by law.

- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, accreditation, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process submitted by someone else involved in the dispute.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - in response to a court order, subpoena, warrant, summons, or similar process;
  - to identify or locate a suspect, fugitive, material witness, or missing person;
  - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - about a death we believe may be the result of criminal conduct;
  - about criminal conduct at the facility; and
  - in emergency circumstances 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.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the facility to funeral directors as necessary to carry out their duties.
- **National Security, Protective Services, and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, protection of U.S. or foreign leaders, and other security-related activities authorized by law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.** You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information. To inspect and obtain a copy of medical information that may be used to make decisions about you, you must submit your request in writing to the facility's Medical Records/Health Information Management Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the facility 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.

- **Right to Amend.** 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 the facility. To request an amendment, your request must be made in writing and submitted to the facility's Medical Records/Health Information Management Department or the Privacy Officer at LifeBridge Health, Inc. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request 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 medical information kept by or for the facility;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment, and health care operations, as those functions are described above. To request this list or accounting of disclosures, you must submit your request in writing to the facility's Medical Records/Health Information Management Department or the Privacy Officer at LifeBridge Health, Inc.. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **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, like a family member or friend, or to your health plan if you fully pay "out-of-pocket" for a

particular service. For example, you could ask that we not use or disclose information about a surgery you had. Except for a request relating to “out-of-pocket” services, ***we are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the facility’s Medical Records/Health Information Management Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **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 can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the facility’s Medical Records/Health Information Management Department or the Privacy Officer at LifeBridge Health, Inc. We will not ask you the reason for your request. We will accommodate all reasonable requests that can be accommodated by our information systems. Your request must specify how or where you wish to be contacted.
- **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. You may obtain a copy of this notice at our website, [www.lifebridgehealth.org](http://www.lifebridgehealth.org). To obtain a paper copy of this notice, please request a copy from the facility’s Medical Records/Health Information Management Department or the LifeBridge Health Privacy Officer.

**CHANGES TO THIS NOTICE.** We reserve the right to change 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 in the facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, you are entitled to receive a copy of the current notice if effect upon request. The first time you register at or are admitted to the facility for treatment or health care services as an inpatient or outpatient, or whenever we make a material change to the notice, we will offer you a copy of the current notice in effect.

**COMPLAINTS.** If you believe your privacy rights have been violated, you may file a complaint with the facility, with the LifeBridge Health Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with the facility, contact the facility’s Medical Records/Health Information Management Department. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**OTHER USES OF MEDICAL INFORMATION.** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you for reasons not discussed in this notice, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are, however, required to retain our records of the care that we provided to you.

Contact Addresses:

LifeBridge Health HIPAA Privacy Officer  
c/o Sinai Hospital of Baltimore  
2401 W. Belvedere Ave.  
Baltimore, Md. 21215

Sinai Hospital of Baltimore  
Medical Records/Health Info. Management Department  
2401 W. Belvedere Ave.  
Baltimore, Md. 21215

Northwest Hospital Center  
Medical Records/Health Info. Management Department  
5401 Old Court Road  
Randallstown, Md. 21133

Levindale Hebrew Geriatric Center & Hospital  
Medical Records/Health Info. Management Department  
2434 W. Belvedere Ave.  
Baltimore, Md. 21215

LifeBridge Health & Fitness, LLC  
1836 Greene Tree Road  
Baltimore, Md. 21208

LifeBridge Community Physicians, Inc.  
2401 W. Belvedere Ave.  
Baltimore, Md. 21215

Clinical Associates, P.A.  
c/o LifeBridge Community Practices, LLC  
2401 W. Belvedere Ave.  
Baltimore, Md. 21215

Carroll Hospital Center  
Risk Manager or Medical Records/Health Info Management  
Dept  
200 Memorial Avenue  
Westminster, MD 21157