

## JOHNS HOPKINS

### NOTICE OF PRIVACY PRACTICES

#### FOR FULLY-INSURED HEALTH PLANS

**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.**

**Effective Date: September 1, 2013**

[Our pledge regarding your health information.](#) The health plans covered by this Notice are fully-insured plans, meaning that Johns Hopkins has contracted with an unrelated insurance company or HMO to provide all of the benefits. Nevertheless, the health plans may gain access to health information about you for purposes of administering the health plans. To the extent that the health plans receive such information, they are committed to protecting the privacy of 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 health information.

We are required by law to:

- make sure that your health information is protected;
- give you this Notice, on request, describing our legal duties and privacy practices with respect to your health information; and
- follow the terms of the Notice that is currently in effect.

#### [Definition of Terms](#)

When we say "Plan," "we," "our" or "us," this refers to your particular health plan. When we say "you" in this Notice, this refers to the member of the Plan. The plans covered by this Notice are listed at the end of this Notice. When we say "health information," this includes information that identifies you and tells about your past, present, or future physical or mental health or condition. This also includes information about payment for health care services, such as your billing records.

[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 listed at the end of this Notice. This Notice does not apply to what the unrelated insurance company or HMO that provides your benefits may do with your health information that it possesses.

[How we may use and disclose medical information about you.](#) The following sections describe different ways that we may use and disclose your health information. For each category of uses or disclosures we will describe them and give some examples. We abide by all applicable state and federal 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 or make decisions where coverage of expenses is in dispute.

**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.

**Fund-raising activities.** We may contact you to provide information about Plan-sponsored activities, including fund-raising 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 provided to you, 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. If we do contact you for fund-raising 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. Researchers may contact you regarding your interest in participating in certain research studies after receiving your authorization (permission) or approval of the contact from a special review board. In some instances, federal law allows us to use your health information for research without your authorization (permission), 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 medical information.** We may use or disclose your health information without your authorization (permission) for other purposes permitted or required by law. Including:

- To send you reminders about appointments you have
- To contact you about benefits or services that we provide
- Unless you say no, to anyone involved in your health care, such as a friend, family member or any individual you identify
- To an organization assisting in a disaster-relief effort so that your family can be notified about your condition, status and location
- For required state and federal law purposes
- 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
- If you are an organ, eye or tissue donor, to organizations that handle organ, eye or tissue procurement or transplantation, or to an organ-, eye- or tissue-donation bank, as necessary to help with organ, eye or tissue procurement, transplantation or donation
- If you are a member of the armed forces, to military authorities as authorized or required by law
- For workers' compensation or similar programs as authorized or required by law providing benefits for work-related injuries or illnesses
- 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 and in the course of certain other legal proceedings or to defend ourselves against a lawsuit brought against us
- To law enforcement officials as authorized or required by law
- To governmental, licensing, auditing and accrediting agencies as authorized or required by law.
- To a coroner, medical examiners and funeral directors as authorized or required by law as necessary for them to carry out their duties
- To authorized federal officials for intelligence, counterintelligence and other national-security activities
- To authorized federal officials so they may conduct special investigations or provide protection to the U.S. President, other authorized persons or foreign heads of state.
- To a correctional institute 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 various services on our behalf, such as consulting, software maintenance and legal services

**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 of health information.** Other uses and disclosures of health information not covered by this Notice will be made only with your written authorization (permission). 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. If your withdrawal relates to research, researchers are allowed to continue to use the health information they have gathered before your withdrawal if they need it in connection with the research study or follow-up to the study.

**[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, such as if we believe it may endanger you or someone else. You may request that we designate a licensed health care professional to review the denial.

**Right to request an amendment or addendum.** 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 (an addition to the records). 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:

- 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);
- 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;
- Is not part of the information which you would be permitted to inspect and copy; or
- 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, which may not be longer than six years. The first accounting you request in a 12-month period will be free. We may charge you for responding to any additional requests in that same period. We will inform you of any costs before you will be charged anything.

**Right to request restrictions.** To request a restriction, you must contact the Johns Hopkins Plan administrator for the Plan or his/her designee. 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. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. 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 tell you. If we end the restriction, it will affect health information that was created or received only after we notify you.

**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. For example, you may ask that we contact you only at home or only by mail. If you want us to communicate with you in a special way, you will need to give us details about how to contact you, including a valid alternative address. 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.** You have the right to be notified 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.

**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.

#### **Questions or complaints**

If you believe that your privacy rights have not been followed as directed by federal regulations, or as explained in this Notice, you may file a written complaint with us. Please send it to the Johns Hopkins Privacy Officer 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.

If you have any questions or would like further information about this Notice, please contact:

**Johns Hopkins Privacy Officer**  
**5801 Smith Avenue**  
**McAuley Hall, Suite 310**  
**Baltimore, MD 21209**  
**Phone: 410-735-6509**  
**Fax: 410-735-6521**  
**E-mail: [hipaa@jhmi.edu](mailto:hipaa@jhmi.edu)**

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

The following components of The Johns Hopkins University Welfare Plan

**Kaiser Permanente HMO**

**United Concordia Dental Plan**

Contact: Benefits Service Center  
Johns Hopkins University  
Johns Hopkins @ Eastern  
1101 E. 33<sup>rd</sup> Street, Suite D200  
Baltimore, Maryland 21218  
Phone: 410-516-2000  
Fax: 443-997-5820