



BALTIMORE CITY HEALTH DEPARTMENT AND YOUR HEALTH INFORMATION

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.

This Notice applies only to the following programs within the Baltimore City Health Department (BCHD)

School-Based Health Centers (not School Health Suites)

Medical Assistance Transportation Program

AERS and Waiver Program

Infants and Toddlers Program

Maternal and Infant Nursing Program

Adolescent and Reproductive Health Program

(Including Family Planning Services and Healthy Teens and Young Adults clinic)

Immunization

Oral Health Services

STD/HIV/TB Clinical Services

Harm Reduction Programs, including Needle Exchange Program

In addition, this NPP applies to those divisions of BCHD that provide management, administrative, or financial services for these programs to the extent that protected health information is disclosed to these divisions.

Protecting Your Health Information

The Baltimore City Health Department (BCHD) is committed to protecting your health information. In order to provide treatment or get paid for your healthcare, BCHD will ask you for information about your health. That information will be put into your medical record. The medical record usually contains your symptoms, examination, test results, diagnoses, and treatment. There are laws about how your health information may be used and disclosed. BCHD must follow the privacy practices in this Notice. We may change our privacy practices and this Notice from time to time. You may ask BCHD for a copy of our latest Privacy Practices Notice.

How BCHD May Use and Disclose Your Protected Health Information

BCHD employees will only use your health information when doing their jobs. BCHD may use or disclose your health information without your written authorization for the following purposes:

Uses and Disclosures Relating to Treatment, Payment or Health Care Operations

For treatment: BCHD may use or share your health information to provide you with treatment, to approve or deny treatment, and to decide if the treatment is right for you. For example, BCHD health care providers may need to talk to your regular doctor to make sure that your treatment will work with treatments you are getting already.

For payment: BCHD may share your health information to bill for your health care services, to coordinate benefits, and to find out if you are eligible for service. For example, your health care provider may send in claims to get paid for the medical services you have received.

For health care operations: BCHD may use and share your health information for our operations including quality management and patient claims or grievances,

Other Uses and Disclosures of Health Information Required or Allowed by law

Required by law: BCHD may disclose health information when the law says that we must.

Information purposes: BCHD may send you appointment reminders and information about treatment alternatives or other health-related benefits and services.

Public health activities: BCHD may use and disclose your health information for public health activities that are authorized or required by law. For example, we may need to report diseases, injuries or vital statistics to other parts of BCHD or to other public health agencies.

Health oversight activities: BCHD may disclose health information to other divisions in BCHD or other governmental agencies, and licensing, auditing, and accrediting agencies who provide oversight that is required or authorized by law. Examples of these oversight activities are audits, inspections, investigations, and licensure.

Coroners, Medical Examiners, funeral directors and organ donations: BCHD may disclose health information about a death to coroners, medical examiners or funeral directors. We may also share information with certain organizations about organ, eye, or tissue donations or transplants.

Research purposes: Under the supervision of an institutional review board or other group that protects privacy; BCHD may sometimes use or disclose health information to assist with medical research.

Avert threat to health or safety: BCHD may disclose your health information to law enforcement or others if it believes that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of you or others.

Abuse, Domestic Violence, and neglect: BCHD may disclose your health information to appropriate authorities if we suspect abuse, neglect, or domestic violence.

Specific government functions: BCHD may disclose health information about military personnel if you are a member of the armed forces and to correctional facilities if you are an inmate. We may also disclose information for national security and intelligence activities and for protecting the President.

Families, friends or others involved in your care: BCHD may share your health information with people who are involved in your care or payment for your care. BCHD will limit these disclosures to the information that is relevant to the person's involvement with your care or payment. In general, BCHD will give you an opportunity to object to these disclosures. However, in emergencies, or if you are not present or are incapacitated, BCHD may share information with those involved in your care if it determines that the disclosure is in your best interest. BCHD will use its professional judgment and experience with common practice to make reasonable inferences about your best interest.

Patient directories: BCHD does not have a directory of patients for callers or visitors who ask for you by name. You will not be identified to an unknown caller or visitor without authorization.

Lawsuits, disputes and claims: BCHD may be allowed or required to use or disclose your health information in the course of judicial and administrative hearings. For example, it may be required to disclose your health information in response to a court order.

Law enforcement: BCHD may disclose your health information to law enforcement official if the law requires it or

allows it. For example, BCHD may report health information to law enforcement to help identify or locate a suspect, fugitive, material witness, or missing person.

BCHD's Business Associates: BCHD sometimes enters into agreements with other entities (known as business associates) in order to carry out its programs and services. BCHD may disclose your health information to these business associates so that they can perform their duties. The business associates must agree to protect your health information

Disaster Relief: BCHD may disclose an individual's location, general condition, or death to public or private disaster relief organizations to assist with and coordinate disaster relief efforts.

Health Information Exchange: BCHD may share information that it obtains or has about you with other health care providers or other health care entities for treatment, payment and health care operations purposes, as permitted by law, through the Chesapeake Regional Information System for our Patients, Inc. (CRISP), an internet-based, state-wide, state-approved health information exchange. Information from your medical records that BCHD obtains or has about you, as permitted by law, also may be shared through CRISP with your health plan or health insurance company for the sole purposes of enhancing or coordinating your care.

You may "opt-out" and prevent searching for your medical information through CRISP, or prevent the sharing of your information with your health plan or health insurance company, by contacting CRISP at 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP. Even if you opt-out, a certain amount of your information may be retained by the exchange, and your health care providers, if participating in CRISP, may access diagnostic information about you, such as reports of imaging and lab result by mail or through their website at www.crisphealth.org.

Incidental Disclosures While BCHD takes reasonable measures to keep your health information private, some disclosures may occur incidentally. For example, if you are waiting to be seen at a BCHD location providing STD or HIV services, another patient may assume you have the condition that the location treats.

Workers Compensation BCHD may disclose health information about you as authorized by Maryland's workers compensation law.

Immunization Records for Students. If an adult student or parent or guardian of a minor student agrees, BCHD may provide the student's school or prospective school proof of the student's immunization if such proof is required by law.

Special Protections for Certain Types of Information: Certain health information, including information about HIV/AIDS, drug and alcohol abuse, and mental health, is subject to special protections under federal and state law. BCHD will follow all applicable laws to protect this information.

Mental Health Records – In general, federal law requires BCHD to obtain your written authorization before disclosing any psychotherapy notes about you that are not kept as part of your medical record. BCHD does not need your authorization to disclose psychotherapy notes: (1) to carry out certain treatment, payment, and health care operations; (2) when disclosure is required by law; (3) to carry out certain health oversight activities; (4) to coroners or medical examiners when authorized by law; and (5) to prevent serious and imminent threats to health or safety. State law also provides safeguards for mental health records and psychological testing data.

Other Uses or Disclosures:

Other types of uses or disclosures of your health information will be made only with your written authorization. You may revoke your authorization in writing at any time. The revocation will not be effective to the extent that BCHD already has used or disclosed your information in reliance on the authorization.

BCHD does not use PHI for marketing or fundraising or sell it. BCHD will not use your health information for marketing or fundraising or sell it without your written authorization.

You Have a Right to:

Request restrictions. You have a right to ask BCHD to restrict the health information we use or disclose about you. BCHD is not required to agree to your request. If BCHD agrees to a restriction, we will follow it except in emergency situations. You must make your request in writing. However, BCHD must agree to your request if you ask that BCHD not disclose to your health plan any health information about BCHD health items or services that the health plan is not paying for.

Request confidential communications. You have the right to ask BCHD to send you information at a different address or in a different way. We will accommodate your request if it is reasonable. BCHD may charge you for the additional cost of sending your health information by different means or to different locations.

Inspect and copy. In general, you have a right to see your health information when you ask for it in writing. In some situations, we may deny your request. If we deny your request, we will explain why and tell you your rights, if any, to have the denial reviewed. If you want copies of your health information, we may charge you a fee for copying. . You may ask to see your health information in a particular format.

Request amendment. You may ask BCHD to correct or add to your health record by writing to us. You must explain in writing why the correction or addition is necessary. BCHD may deny the request in certain circumstances. If we deny your request, we will explain why and notify you of your rights. If BCHD agrees with the changes you requested, we will change your record and let you know. We will also tell others who need to know about the change in the health information.

Get a list of disclosures. You have a right to ask for a list of the disclosures of your health information made in the last six years. The list will not include certain types of disclosures, including disclosures for treatment, payment or health care operations. BCHD also does not have to list disclosures that we made to you or the persons involved in your care, or that were based on your written authorization. There will be no charge for up to one of these lists each year. You may be charged a reasonable fee for any additional lists that you request.

This Notice. You have the right to receive a paper copy of this Notice. To receive a copy, contact BCHD using the information at the end of the Notice.

Request a Disclosure You have the right to request that we disclose your health information for other reasons. You must make the request in writing using a HIPAA compliant authorization form. You may revoke your authorization in writing at any time. The revocation will not be effective to the extent that BCHD already has used or disclosed your information in reliance on the authorization.

Our Right to Check your Identity

For your protection, we may check your identity whenever you have questions about your treatment or billing activities. We may check your identify when you request to look at, copy, or amend your records or to obtain a list of disclosures of your health information.

BCHD's Duties

BCHD is required by law to:

- maintain the privacy of your health information;
- provide you with this Notice of BCHD's legal duties and privacy practices with respect to your health information;
- notify you if there is a breach of unsecured health information and.
- follow the terms of the Notice that is currently in effect.

BCHD reserves the right to change the terms of this Notice at any time. Any new Notice will apply to all health information that BCHD maintains. You may request a copy of the most current Notice using the contact information below for BCHD's Privacy Officer.

For More Information

If you have questions and would like more information, you may contact the Privacy Officer:

Michael Fried
1001 E. Fayette Street
Baltimore, MD 21202
Telephone: 410-396-4398

To Report a Problem about our Privacy Practices

If you believe your privacy rights have been violated, you may file a written complaint.

- You can file a complaint with the BCHD Privacy Officer or the Complaint Officer at the specific BCHD program.
- You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights.

BCHD will not penalize you for filing a complaint.

Effective Date: This notice is effective on July 1, 2013 and replaces all prior versions.



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ACKNOWLEDGEMENT

I confirm that I have received this notice:

Patient or Authorized Representative

Date

Print Patient Name

Signature of BCHD representative

If unable to get acknowledgement, specify why: