

Effective Date: April 14, 2003

**NORTH ARUNDEL HEALTH SYSTEM
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.

North Arundel Health System is committed to the privacy and confidentiality of your health information which includes information that identifies you and tells about your past, present, or future physical or mental health or condition. North Arundel Health System is required by law to protect the privacy of this information and to provide you with a copy of this notice which describes the health information privacy practices of North Arundel Hospital and its medical staff, Nighttime Pediatrics North, Special Beginnings Birth and Women's Center, Arundel Physicians Associates and North Arundel Emergency Physicians (referred to individually and together as "North Arundel"). A copy of our current notice always will be posted at patient registration areas. You also will be able to obtain your own copies by accessing our website at www.northarundel.org, calling Patient Registration at 410-787-4452, or asking for one at the time of your next visit.

If you have any questions about this notice, please contact the North Arundel Privacy Officer at 410-787-4242.

Requirement For Written Authorization

Unless otherwise provided for in this notice, North Arundel generally will obtain your written authorization before using your health information or sharing it with others outside North Arundel. If you provide us with written authorization, you may revoke that authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please write to Director, Health Information Management Department, North Arundel Hospital, 301 Hospital Drive, Glen Burnie, Maryland 21061.

**HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION
WITHOUT YOUR WRITTEN AUTHORIZATION**

Below is listed each reason for using or disclosing your health information without your written authorization with some examples which do not include all the ways we may disclose or use your information. Your health information also may be shared with North Arundel affiliated providers so that they may jointly perform certain payment activities and business operations.

1. Treatment. We may share your health information with doctors or nurses taking care of you, and they may use that information to learn more about your medical condition or treat you. For example, different departments at our hospital may share your health information to coordinate your care.

- 2. Payment.** We may use your health information or share it with others to obtain payment for your health care services. For example, we may share information about you with your health insurance company to determine whether it will cover your treatment or to obtain reimbursement after we have treated you.
- 3. Health Care Operations.** We may use your health information or share it with others in order to conduct our normal business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you.
- 4. Business Associates.** We may share your health information with another company that performs business services for us such as billing companies. If so, we will have a written contract to ensure that this company also protects the privacy of your health information.
- 5. Appointment Reminders, Follow Up, Treatment Alternatives, Benefits And Services.** We may use your health information when we contact you with a reminder that you have an appointment for treatment or services at our facility or as a follow up to determine your well being or satisfaction after receiving care at North Arundel. We also may use your health information to recommend possible treatment alternatives.
- 6. Fundraising.** We may use information about where you live, and the dates that you received treatment, to contact you to raise money to help us operate. We also may share this information with North Arundel's charitable foundation that may contact you to raise money on our behalf.
- 7. Facility Directory.** If you do not object, we will include your name, your location in our facility and your general condition (e.g., fair, stable, critical, etc.) in our Facility's Directory while you are a hospital inpatient unless you are a psychiatric patient. This directory information may be released to people who ask for you by name.
- 8. Friends And Family Involved In Your Care.** If you do not object, we may share your health information with a family member, relative, close personal friend, or any other person identified by you who is involved in your care or payment for that care. We also may notify a family member, personal representative or another person responsible for your care about your location and general condition, or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.
- 9. Emergencies.** We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your written authorization. If this happens, we will try to obtain your written authorization as soon as we reasonably can after we treat you.
- 10. As Required By Law.** We may use or disclose your health information if we are required by law to do so.

11. Public Health Activities. We may disclose your health information to authorized public health officials so they may carry out their public health activities. This includes reporting certain diseases, births, deaths, and reactions to certain medications. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability.

12. Employment Related. We may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

13. Victims Of Abuse Or Neglect. We may release your health information to a public health authority that is authorized to receive reports of abuse and neglect when the law requires or permits such reports. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

14. Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of health care facilities.

15. Product Monitoring, Repair And Recall. We may disclose your health information to a person or company that is required by the Food and Drug Administration to conduct certain oversight activities.

16. Lawsuits And Disputes. We may disclose your health information if required by law or an order of a court that is handling a lawsuit or other dispute.

17. Law Enforcement. We may disclose your health information to law enforcement officials (under limited circumstances with some restrictions).

18. To Avert A Serious Threat To Health Or Safety. In limited circumstances, we may use your health information or share it with others when necessary to prevent a serious threat to your health and safety, or the health or safety of another person or the public.

19. National Security And Intelligence Activities Or Protective Services. We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities.

20. Military And Veterans. If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission.

21. Inmates And Correctional Institutions. If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officials or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined.

22. Workers' Compensation. We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

23. Coroners, Medical Examiners And Funeral Directors. In the unfortunate event of your death, we may disclose your health information to a coroner, medical examiner, or funeral director.

24. Organ And Tissue Donation. In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

25. Research. In most cases, we will ask for your written authorization before using your health information or sharing it with others to conduct research. However, under some circumstances, we may use or disclose your health information without your authorization if we obtain approval through a special review process to ensure that research without your authorization poses minimal risk to your privacy.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

1. Right To Inspect And Copy Records. You have the right to inspect and obtain a copy of any of your health information maintained in our medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to Director, Health Information Management Department, North Arundel Hospital, 301 Hospital Drive, Glen Burnie, Maryland 21061. If you request a copy of the information, we may charge a fee for the costs of copying, postage or preparing a summary of information we use to fulfill your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. We will provide a written notice that explains our reasons for the denial and a complete description of your rights to have that decision reviewed and how you can exercise those rights.

2. Right To Amend Records. If you believe that the 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 in our records. To request an amendment, please write to Director, Health Information Management Department, North Arundel Hospital, 301 Hospital Drive, Glen Burnie, Maryland 21061 and include the reasons why you think we should make the amendment.

If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. This statement would be included in any future disclosure of the health information. We also will include information on how

to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

3. Right To An Accounting Of Disclosures. You have a right to request an “accounting of disclosures” which is a list with information about how we have shared your information with others. An accounting list, however, will not include for example:

- Disclosures to you;
- Disclosures to provide treatment, obtain payment, or conduct our normal business operations;
- Disclosures made pursuant to an authorization;
- Disclosures made in the facility directory;
- Disclosures made to your friends and family involved in your care; or
- Disclosures made before April 14, 2003.

To request this list, please write to Director, Health Information Management Department, North Arundel Hospital, 301 Hospital Drive, Glen Burnie, Maryland 21061. Your request must state a time period for the disclosures you want us to include. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

4. Right To Request Additional Privacy Protections. You have the right to request that we further restrict the way we use and disclose your health information to treat your condition for that treatment, or run our facility’s normal business operations. You also may request that we limit how we disclose information about you to family or friends involved in your care.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.*

5. Right To Request Confidential Communications. You have the right to request that we communicate with you about your medical matters in a more confidential way. For example, you may ask that we contact you at work instead of at home. To request more confidential communications, please write to Director, Health Information Management Department, North Arundel Hospital, 301 Hospital Drive, Glen Burnie, Maryland 21061.

6. How To Obtain A Copy Of Revised Notices. We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. We will post any revised notice in our hospital reception area. You will also be able to obtain your own copy of the revised notice by accessing our website at www.northarundel.org, calling our office at 410-787-4452 or asking for one at the time of your next visit. The effective date of the notice will always be located in the top right corner of the first page.

7. How To File A Complaint. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact Privacy Officer, North Arundel Hospital, 301 Hospital Drive, Glen Burnie, Maryland 21061, 410-787-4242. *No one will retaliate or take action against you for filing a complaint.*

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