



**SHORE HEALTH SYSTEM**

*UNIVERSITY OF MARYLAND MEDICAL 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.**

If you have any questions about this notice, please contact the Privacy Officer at 410/822-1000 or 410/228-5511, extension 5446, or write to: Privacy Officer, Shore Health System, 219 S. Washington Street, Easton, MD 21601.

**Dorchester General Hospital, Cambridge**

**The Memorial Hospital at Easton, Easton**

**Shore Clinical Foundation, Easton**

**Care Health Services, d/b/a Shore Home  
Care and Hospice, Easton**

## Who will follow this notice.

This notice describes the privacy practices of all facilities that are a part of the Shore Health System (SHS). The notice pertains to the privacy practices of all employees, staff, volunteers and other personnel of any SHS facility and to other health care professionals providing services to you while you are in a SHS facility. This notice also describes the privacy practices of the Shore Health System Medical Staff. The medical staff, Dorchester General Hospital and Memorial Hospital at Easton, MD, will use and disclose your medical information among each other for the treatment, payment and healthcare operations of the hospitals. In addition, SHS facilities or staff may share medical information about you with each other, outside health care professionals and other persons for treatment, payment or healthcare operation purposes of SHS.

## 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 all Shore Health System (SHS) facilities. 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 or maintained at SHS facilities, whether made by the facility, other health professional personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's 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; and
- follow the terms of this notice that is currently 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.

**FOR TREATMENT.** We may use medical information about you in connection with your medical treatment. We may disclose medical information about you to doctors, nurses, technicians, medical students or other healthcare practitioners and facility personnel who are involved in your care. 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, if you are being treated in a SHS hospital, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of a SHS hospital also may share medical

information about you in order to coordinate the different services you need, such as prescriptions, lab work and x-rays.

**FOR PAYMENT.** We may use and disclose medical information about you so that the treatment and services you receive at a SHS facility may be billed to and payment may be collected from you, an insurance company 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 in the performance of a facility's healthcare operations. These uses and disclosures are necessary to run our facilities and make sure that all of our patients receive quality 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.

In the hospital setting we may disclose information to persons involved in reviewing the facility of care or certifying a facility for licensure or as a Medicare or Medicaid provider. We may combine medical information about hospital patients to decide what additional services our hospitals should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students and other hospital 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.

**APPOINTMENT REMINDERS.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at one of our facilities.

**TREATMENT ALTERNATIVES.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**HEALTH RELATED BENEFITS AND SERVICES.** We may use and disclose medical information to tell you about health-related benefits or services provided by us that may be of interest to you.

**FUNDRAISING ACTIVITIES.** We may use medical information about you to contact you in an effort to raise money for the hospital and its operations. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at one of our facilities. If you do not want to be contacted for fundraising efforts, you must notify the Privacy Officer in writing.

**HOSPITAL DIRECTORY.** Unless you object, we may include certain limited information about you in the hospital directory while you are a patient at the

hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, good, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may 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 is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. If you do not want your directory information available, notify our staff at the time of admission.

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE.** Unless you object, we may release certain medical information about you to a friend or family member who is involved in your medical care. 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 a government 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. This process evaluates a 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. However we may, under certain conditions, disclose medical information about you to people preparing to conduct a research project. For example, we may disclose medical information to researchers to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital.

**AS REQUIRED BY LAW.** We will disclose medical information about you when required to do so by federal, state or local law.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY.** We may use and disclose medical information about you in the event of an emergency or when necessary to prevent a serious threat to your health and safety or the health of the public or another person. Any disclosure, however, would only be to someone reasonably able to help prevent the threat.

## Special Situations

**ORGAN AND TISSUE DONATION.** 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 organ or tissue 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 a military government agency.

**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 child abuse or neglect;
- 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 you have 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 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.** We may disclose medical information about you in response to a subpoena, discovery request, or other lawful process, but only if appropriate efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**LAW ENFORCEMENT.** Subject to special requirements for mental health records, 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 hospital; 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 AND MEDICAL EXAMINERS .** 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.

**NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES.** We may release medical information about you (excluding mental health records) to authorized federal agencies for intelligence, counterintelligence, and other national security activities authorized by law.

**PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS.** We may disclose medical information about you (excluding mental health records) to authorized federal agencies so they may provide protection to the President.

**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.

**OTHER LAWS.** The permitted uses and disclosures described in this Notice are subject to additional requirements or restrictions imposed under Maryland law protecting the confidentiality of medical records and other applicable laws. For example, Maryland law gives special protections to mental health records and may restrict the manner in which we may disclose those records. Certain federal laws also may limit our use and disclosure or may, in some cases, restrict your rights under this Notice. For example, under the federal law relating to clinical laboratories, you are prohibited from obtaining access to clinical laboratory results from the laboratory itself. However, lab results we have ordered from our hospital laboratory will be reported to the hospital and you can access such information as provided in this Notice.

## **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 copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Clinical Information Management Department, Shore Health System, 219 S. Washington Street, Easton, Maryland 21601. 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 a summary of the undisclosed record and 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 your 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 SHS.

To request an amendment, your request must be made in writing and submitted to Clinical Information Management Department, Shore Health System, 219 S. Washington Street, Easton, Maryland, 21601. 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 a SHS 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 disclosures for treatment, payment or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing to Clinical Information Management Department, Shore Health System, 219 South Washington Street, Easton, MD 21601. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we will 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, such as a family member or friend. For example, you could ask us that we not use or disclose information about a surgery you had. *We are not required to agree with your request.*

To request restrictions, you must make your request in writing to the Clinical Information Management Department, Shore Health System, 219 South Washington Street, Easton, MD 21601. 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 Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. 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.shorehealth.org](http://www.shorehealth.org).

To obtain a paper copy of this notice, please contact the 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 our facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at one of our facilities or are admitted to the hospital for treatment or health care services, 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 Shore Health System by contacting the Privacy Officer, Shore Health System, 219 South Washington Street, Easton, MD, 21601, (410) 822-1000 or (410) 228-5511, extension 5446. You may also file a complaint with the Secretary of the Department of Health and Human Services. 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, 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. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**If you have any questions about this notice, please contact the Privacy Officer at 410/822-1000 or 410/228-5511, extension 5446, or write to: Privacy Officer, Shore Health System, 219 S. Washington Street, Easton, MD 21601.**