

# Notice of Privacy Practices

Effective January 2<sup>nd</sup>, 2021

*GBMC*

6701 NORTH CHARLES STREET  
BALTIMORE, MD 21204

**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, please contact our Privacy Officer at  
the address or telephone number listed at the end of this Notice.*

## **Our Pledge Regarding Your Medical Information**

Greater Baltimore Medical Center (“GBMC”) is committed to protecting the privacy of medical information we create or obtain about you. This Notice tells you about the ways in which we may use and disclose your information. It also describes your rights and certain the obligations we have regarding the use and disclosure of your medical information. We are required by law to: (i) protect your medical information; (ii) give you this Notice describing our obligations and our privacy practices with respect to your medical information; and (iii) follow the terms of the Notice that is currently in effect.

## **To Whom This Notice Applies**

The privacy practices described in this Notice will be followed by all GBMC health care professionals, employees, medical staff, trainees, students and volunteers at their delivery sites, including, but not limited to:

- Greater Baltimore Medical Center, Inc (GBMC) and all affiliated entities including its division,
- GBMC Health Partners
- GBMC HealthCare, Inc.
- Greater Baltimore Health Alliance (GBHA)
- Gilchrist Hospice Care, Inc.

## **How We May Use and Disclose Your Medical Information**

We may use or disclose your information in the following ways. Although not every use or disclosure will be listed, please be assured that we all applicable laws related to the protection of this information.

- **Treatment**

We can use your medical information and share it with other professionals who are treating you.

For example, we may use and disclose your medical information for treatment purposes if we need to request the services of an outside laboratory to perform blood tests.

- **Payment**

We can use and disclose your medical information to bill and receive payment for the treatment and services provided to you by GBMC.

For example, your medical information will be disclosed when we contact your insurance company for pre-certification for an admission or procedure.

- **Run Our Organization**

We can use and disclose your medical information for GBMC operations. These uses and disclosures are made for medical staff purposes, educational purposes, general business activities and to enhance the quality of care and services GBMC provides.

For example, we may share your medical information with physicians, nurses and other GBMC personnel for performance improvement measurements. We may also include your health information in registry databases to evaluate treatment and outcomes at a state and national level.

- **Health Information Exchanges**

GBMC may share information electronically through Health Information Exchanges (HIEs) in which we participate to ensure that your health care providers outside of GBMC have access to your medical information regardless of where you receive care. In addition, we may use HIEs to obtain information about care you received from other health care providers outside of GBMC when those providers participate in the same HIE. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions.

GBMC participates in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a regional Internet-based HIE. We may share information about you through CRISP for treatment, payment, health care operations, or research purposes. You may opt out of CRISP and disable access to your health information available through CRISP by contacting CRISP at 1-877-952-7477 or completing and submitting

an Opt-Out form to CRISP by mail, fax, or through their website at [crisphealth.org](http://crisphealth.org). Even if you opt-out of CRISP, public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers through CRISP as permitted by law.

Your hospital or health care provider may also participate in other HIEs, including HIEs that allow your provider to share your information directly through our electronic medical record system. You may choose to opt out of these other HIEs by completing the “Request to Opt- Out of Health Information Exchange (HIE) form located at [www.gbmc.org](http://www.gbmc.org) and email it to [him@gbmc.org](mailto:him@gbmc.org) or fax it to 443-849-2276.

- **Fundraising Activities**

We may use certain information to contact you in an effort to raise money for GBMC operations. The money raised will be used to expand and improve the services and programs we provide to the community. If we do contact you for fundraising activities, you may ask for us not to contact you again for such purposes.

- **Patient Information Directory**

If you are hospitalized, we may include certain limited information about you in our patient information directory. However, you can choose not to be listed by telling your caregivers or contacting the Privacy Office.

- **Research**

GBMC may use and disclose medical information about our patients for research purposes, as permitted by law. Researchers may contact you regarding your interest in participating in certain research studies after receiving your authorization or approval of the contact from a special review board.

- **Additional Uses and Disclosure of Your Medical Information**

We may use or disclose your medical information without your authorization (permission) for other purposes permitted or required by law, including:

- To tell you about, or recommend, possible treatment alternatives
- To inform you of benefits or services we may provide
- In the event of a disaster, to organizations assisting in the disaster relief effort so that your family can be notified of your condition and location
- As required by state or federal law
- 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
- To authorized federal officials for intelligence, counterintelligence or other national security activities
- To coroners, medical examiners and funeral directors, as authorized or required by law as necessary for them to carry out their duties
- To the military if you are a member of the armed forces and we are authorized or required to do so by law
- For Workers' Compensation or similar programs providing benefits for work-related injuries or illnesses
- To authorized federal officials so they may conduct special investigations or provide protection to the U.S. President or other authorized persons
- If you are an organ donor, to organizations that handle such organ procurement or transplantation or to an organ bank, as necessary to help with organ procurement, transplantation or donation
- To governmental, licensing, auditing and accrediting agencies.
- To a correctional institution 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 services on our behalf, such as billing, software maintenance and legal services
- Unless you say no, to anyone involved in your care or payment for your care, such as a friend, family member, or any individual you identify
- 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 or to defend ourselves against a lawsuit brought against us
- To law enforcement officials as authorized or required by law

## **Other Uses of Health Information**

Other uses and disclosures of medical information not covered by this Notice will be made only with your written authorization. If you provide us with such authorization, you may revoke (withdraw) that authorization, in writing, at any time. However, uses and disclosures made before your withdrawal are not affected by the revocation.

## **Your Rights Regarding Your Health Information**

The records of your medical information are the physical property of GBMC, but the information belongs to you. You have the following rights regarding health information we maintain about you:

- **Right to See and Copy Your Health Record**

With certain exceptions, you have the right to review or get a copy of your health or billing records or any other records used to make decisions about you. Your request should be made in writing to the Medical Records Department at GBMC. If you request a paper or electronic 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 access, under certain circumstances. You may request that we designate a licensed health care professional to review certain denials. We will comply with the outcome of the review.

- **Right to Amend (Update) Your Health Record**

You have the right to ask us to modify, but not delete, your health and/or billing information for as long as the information is kept by us. Requests should be made in writing to the GBMC Privacy Officer. We may deny your request, under certain circumstances, and we will tell you why in writing.

- **Right to an Accounting (List) of Disclosures We Have Made**

You have the right to a list of disclosures we have made of your health information in the six years prior to your request. The list will not contain disclosures made for purposes of treatment, payment or healthcare operations, and certain other disclosures (such as any you asked us to make). Your request must state a time period, which may not be longer than six years. We'll provide one list a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- **Right to Request Confidential Communications**

You have the right to request that health information about you be communicated to you in a certain way or at a certain location. For example, you may ask that we call your cell phone with appointment reminders instead of your home phone. We will accommodate reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using the information that we have.

- **Right to Request Restrictions**

You have the right to request that we limit how we use and disclose your health information for treatment, payment or healthcare operations. We are not required to agree to your request, except under limited circumstances, but we will consider your request. If we do accept it, we will comply with your request, except if you need emergency treatment. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer for payment or health care operations purposes. We will say yes unless a law requires us to share that information (i.e., if you participate in Maryland Medicaid).



- **Right to Notification following a Breach of PHI**

You have the right to be notified if your medical information has been disclosed or used in any manner, not permitted by law that could compromise the security or privacy of your medical information. If a breach should occur, you will receive a notice with all relevant details, including contact information to ask questions.

- **Right to File a Complaint**

You can complain if you feel we have violated your rights by contacting GBMC's Privacy Officer. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

- **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.

## **Future Changes to GBMC's Private Practices and This Notice**

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We reserve the right to change the terms of this Notice, and the changes will apply to all information we have about you. We will post a copy of the current Notice on the GBMC website, [www.gbmc.org](http://www.gbmc.org). In addition, at any time you may request a copy of the Notice currently in effect.

## **Use of Unsecure Electronic Communications**

If you chose to communicate with us or any of your GBMC providers via unsecure electronic communication, such as regular email or text message, we may respond to you in the same way the communication was received and to the same email address or account from which you sent your original communication. Before using any unsecure electronic communication to correspond with us, note that there are certain risks, such as interception by others, misaddressed/misdirected messages, shared accounts, messages forwarded to others, or messages stored on unsecured, portable electronic devices. By choosing to correspond with us via unsecure electronic communication, you are acknowledging and agreeing to accept these risks.

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

Chief Privacy Officer c/o Compliance Dept.  
Greater Baltimore Medical Center  
6545 North Charles Street, Rm. 102  
Baltimore, Maryland 21204  
Phone: 443-849-2000  
TTY: 1-800-735-2258  
Email [privacy@gbmc.org](mailto:privacy@gbmc.org)

*GBMC*

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