



## **NOTICE OF PRIVACY PRACTICES “NPP”**

**This Notice of Privacy Practices (“NPP”) describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Effective date – January 1, 2016**

**SCOPE OF OUR PRIVACY PRACTICES:** This NPP describes the privacy practices of the Maryland Proton Treatment Center and its affiliated medical practice groups [listed on the last page of this NPP] (collectively, “MPTC”), and all healthcare professionals, employees, staff, students, volunteers and other personnel whose work is under the overall control of MPTC. These entities and individuals may share protected health information or “PHI” with each other, and with facilities affiliated with the University of Maryland Medical System Corporation, including the University of Maryland Medical Center (“UMMC”) and the University of Maryland School of Medicine (“SOM”).

**HOW WE MAY USE & DISCLOSE YOUR PHI:** We are committed to protecting the privacy and security of your PHI. In this NPP, we describe different ways that we use and disclose such PHI, which may include, without limitation, information about your diagnosis, treatment, test results, and billing information. Not every use or disclosure will be listed, but all of the ways we are permitted to use and disclose information will fall in one of the categories listed. Sometimes special laws govern the use and disclosure of certain types of very sensitive PHI, such as mental health, substance abuse, and HIV/AIDS information.

***For Treatment Purposes.*** We may disclose your PHI to physicians, nurses, technicians, students, or other individuals who are involved in taking care of you. For example, we may share your PHI to coordinate the different things you need, such as prescriptions, lab work, x-rays and follow-up care. To the extent permitted by law, we also may disclose your PHI to individuals outside MPTC, the SOM, UMMC and [ ROI ]who may be involved in your medical care (such as family members, home health agencies and others providers of services that are part of your care).

***For Payment.*** We may use and disclose your PHI to an insurance company or third party payor so that the treatment and services you receive from us may be billed to and paid by them. For example, we may need to give your health plan information about services you received so that your health plan will pay us or reimburse you for the services, or to obtain prior approval to determine whether your plan will cover the treatment.

***For Health Care Operations.*** We may use and disclose your PHI for administrative and operational purposes. These uses and disclosures are necessary for our operations, and to make sure that all of our patients receive quality care. For example, we may use your PHI to review our treatment and services and to evaluate our performance in caring for you.

***Appointment Reminders.*** We may contact you about an appointment for treatment or medical care. This may be by mail, telephone, answering machine, email or text message.

***Treatment Alternatives, Benefits and Services.*** We may contact you about possible treatment options or alternatives and other health-related benefits and services.

***Fundraising.*** MPTC may disclose to the SOM Office of Development the following PHI for fundraising purpose without an Authorization: (1) demographic information (name, address, contact information, age, gender, or date of birth); (2) dates of health care provided to you; (3) name of the treating physician; (4) outcome information; and (5) health insurance status. Fundraising materials you may receive will contain the option to opt-out of future fundraising communications. The opt-out method will not be burdensome to you.

***Business Associates.*** There may be some activities provided for MPTC by outside businesses that perform work on our behalf under a contract that requires appropriate safeguards for PHI, such as medical transcription services, billing services, and collection agencies. We may disclose your PHI to our business associates so they may perform the job we have asked them to do.

**Individuals Involved in Your Care or Payment for Your Care.** We may release your PHI to family members, personal representative, or other persons who are involved in your medical care or help pay for your care, provided the PHI is directly relevant to such other person's involvement. Unless you object, in the event of a disaster we may provide information about you to a disaster relief organization so it can notify your family of your condition and location.

**Deceased Persons.** We may disclose PHI to family members or others involved in a decedent's healthcare or payment for care when the disclosure is relevant to their involvement and not inconsistent with the decedent's previously expressed wishes that are known to us. PHI of persons deceased for more than 50 years is no longer considered PHI and is not be regulated under HIPAA.

**Research.** Under certain circumstances, without your authorization, we may use and disclose your PHI to researchers if the research has been approved through a special review process designed to protect patient safety, welfare, and the confidentiality of participants. This process might be used, for example, to conduct records research, when researchers are unable to use de-identified information and it is not practicable to obtain research participants' authorization. We also may disclose PHI to researchers if:

- \* We have received representations from the researcher, either in writing or orally, that the use or disclosure of PHI is solely to prepare a research protocol or for similar purposes preparatory to research, that the researcher will not remove any PHI from MPTC [or SOM], and that the PHI for which access is sought is necessary for the research purpose. This provision might be used, for example, to design a research study or to assess the feasibility of conducting a study; or
- \* We have received representations from the researcher, either in writing or orally, that the use or disclosure being sought is solely for research on the PHI of decedents, that the PHI being sought is necessary for research, and, at the request of MPTC [or SOM], documentation of the death of the individuals about whom information is being sought.

In certain circumstances, we must obtain your authorization to use or disclose your PHI to researchers. Such authorization must be in writing, and we may combine such authorization with any other type of written permission, for example, a consent form to participate in such research study or an authorization for a different research study.

**As Required By Law.** We will disclose your PHI 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 your PHI when necessary 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. Any disclosure would only be to someone able to help prevent or lessen the threat.

**Organ and Tissue Donation.** We may release PHI to organizations that handle and monitor organ procurement, donation and transplantation.

**Military & Veterans.** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release your PHI for workers' compensation or work site safety laws such as OSHA and similar programs.

**Public Health Activities.** We may disclose your PHI 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 notify the Food and Drug Administration of reactions to medications or problems with products; to notify individuals 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; or to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence if the patient agrees or we are required or authorized by law to do so.

**Health Care Oversight Activities and Registries.** We may disclose PHI to a health care oversight agency for activities authorized by law, such as investigations, inspections, and licensure, and to patient registries for conditions such as tumor, trauma and burns.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

**Law Enforcement.** We may release PHI 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 offices or clinics of MPTC [or SOM]; 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, Medical Examiners and Funeral Directors or Morticians.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about our patients to funeral directors or morticians as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, for example, to 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 your PHI to the correctional institution or law enforcement official as authorized or required by law.

**Directory.** We may use or disclose your PHI (name, location, condition described in general terms, and religious affiliation) in a directory when you are receiving treatment at our facilities, and, for directory purposes, we may disclose such PHI to members of the clergy or, except for religious affiliation, to persons who ask for you by name. We will inform you in advance of such use or disclosure and give you the opportunity to agree to or prohibit or restrict the use or disclosure.

**Immunizations.** We may use or disclose your PHI to provide proof of immunization to a school that is required by state or other law to have such proof. A parent, guardian or other person acting in loco parentis of the individual, if the individual is an unemancipated minor, must agree to the disclosure.

#### **YOUR RIGHTS REGARDING YOUR PHI:**

**Authorization.** We will not use or disclose your PHI for any purpose that is not listed in this NPP without your written authorization. Uses or disclosures of PHI requiring an authorization (in most circumstances) include, for example, the use or disclosure of psychotherapy notes, the use or disclosure of PHI for marketing (except communications made face-to-face or communications in the form of a promotional gift of nominal value), and the exchange of PHI in return for remuneration from the recipient unless permitted under HIPAA. Other types of uses or disclosures not described in this NPP require an authorization. If you authorize us to use or disclose your PHI for another purpose, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your PHI, or about how to revoke an authorization, contact the Director of Radiation Oncology Operations @ 410-369-5200. You may not revoke an authorization for MPTC to use and disclose your information to the extent that MPTC has taken action in reliance on the authorization. If the authorization is to permit disclosure of your information to an insurance company, as a condition of obtaining coverage, other laws may allow the insurer to continue to use your information to contest claims or your coverage.

**Right to Inspect and Copy.** You have the right to inspect and copy your PHI that we have in our health and billing records, except for information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, or PHI that may not be disclosed under the Clinical Laboratory Improvements Act of 1988. If you want to review or receive a copy of these records, you must make the request in writing to the Director of Radiation Oncology Operations, Maryland Proton Treatment Center, 850 West Baltimore Street, Suite 215, Baltimore Maryland 21201. We may charge a fee for the cost of copying, mailing and other supplies related to your request. You are not entitled to a copy upon demand, but rather, we will generally have thirty (30) days to respond. Under limited circumstances, your request may be denied, or you may instead receive a summary of the undisclosed portion of the medical record, such as when requesting certain psychotherapy notes or during ongoing clinical trials. In some cases, if your request is denied, you may request that the denial be reviewed.

If you request a digital copy of certain electronic PHI or direct us in writing to transmit a copy to another person/entity, we will try to produce the information in the format requested if readily producible. To protect the integrity of our systems, we will not allow any portable devices, such as your personal key drives, access to our systems.

Consequently, we may not be able to accommodate all preferred methods of delivery, but we will do our best to supply a reasonable electronic alternative to meet your needs. IF YOU REQUEST AN ELECTRONIC COPY, WE HEREBY EXPRESSLY DISCLAIM ALL DUTIES AND RESPONSIBILITY FOR THE SECURITY AND PROTECTION OF SUCH INFORMATION ONCE TRANSMITTED TO YOU, AND WE HAVE NO CONTROL OVER ACCESS TO THAT INFORMATION AFTER THE TRANSMISSION TO YOU THEREOF. ALL PHI MAINTAINED BY US WILL CONTINUE TO BE SECURED AND PROTECTED AS REQUIRED BY APPLICABLE LAW.

**Right to Amend MPTC PHI.** If you believe that the PHI that MPTC has about you is incorrect or incomplete, you may request an amendment. You must request this amendment in writing to your treatment provider stating the reason why you believe the information is not correct or complete. We will act on your request within sixty (60) days of receipt of the request. We may extend the time for such action by up to thirty (30) days, if within the initial sixty (60) days we provide you with a written explanation of the reasons for the delay and the date by which we will complete action on the request. MPTC may deny your request for an amendment and will tell you why the request was denied, your rights to submit a statement disagreeing with the denial, and an explanation of how to submit the statement.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures made of your PHI for the six (6) years prior to the date of your request. This accounting will not include disclosures MPTC made for treatment, payment, health care operations, disclosures you authorized, certain disclosures to national security, correctional or law enforcement personnel, disclosures made to you, or incidental disclosures. To request an accounting of disclosures made by MPTC, you must submit your request in writing to your treatment provider. Your request must state the name or names of your treatment provider, and a time period that may not be longer than six (6) years. We will act on your request within sixty (60) days of receipt of the request. We may extend the time for such action by up to thirty (30) days, if within the initial sixty (60) days we provide you with a written explanation of the reasons for the delay and the date by which we will complete action on the request. If you request more than one accounting in a twelve-month period, you will be charged for the costs of providing subsequent accountings after the initial accounting, which we will provide at no charge.

**Right to Request Restrictions.** You have the right to request that (i) we restrict the disclosure of your PHI to health plans if you or someone else paid for the relevant care in full outside of your health plan coverage; (ii) your treatment provider give you a paper prescription instead of an electronically transmitted prescription; (iii) we restrict how we use or disclose your PHI. With respect to Subsection (iii), we will consider your request, but we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law. To request restrictions, you must make your request in writing to your treatment provider. 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.

**Right to Request Confidential Communications.** You have the right to request that MPTC communicate with you about health matters in a certain way or at a certain location. For example, you can ask that MPTC only contact you at work or by mail. To request confidential communications, you must make your written request to your treatment provider, specifying how or where you wish to be contacted. MPTC will not ask you the reason for your request, and will accommodate all reasonable requests. If you request that your PHI be transmitted directly to another person designated by you, your written request must be signed and clearly identify the designated person and where the copy of the PHI is to be sent.

**Right to a Paper Copy of This NPP.** You have the right to a paper copy of this NPP. You may ask us to give you a copy of this NPP at any time.

**Right to Breach Notification.** MPTC will notify you if there is breach of your unsecured PHI by us or our business associates or subcontractors.

**CHANGES TO THIS NPP:** We are required to abide by the terms of the NPP currently in effect. We reserve the right to change this NPP. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. MPTC will post a copy of the current notice in the locations where you receive services and on our website at <http://www.mdproton.com/>.

## QUESTIONS ABOUT YOUR PRIVACY RIGHTS & COMPLAINTS



**For questions about your privacy rights, or to report a complaint:**

Contact persons are listed below for the Maryland Proton Treatment Center to (i) address questions you may have regarding your privacy rights; and (ii) to report complaints if you believe your **privacy rights** have been violated. All complaints must be submitted in writing. You may also file a complaint with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

If you have questions about your medical care, please contact your treatment provider directly. The numbers below are only for matters relating to the privacy and security of PHI.

Maryland Proton Treatment Center  
Privacy Officer  
850 West Baltimore Street  
Baltimore, MD 21201

MPTC HIPAA Hotline #: 410-369-5310  
MPTCHIPAAPrivacy@karenjunggren@umm.edu

### **Maryland Proton Treatment Center** ***List of Affiliated Clinical Practice Groups Subject to this NPP:***

1. University of Maryland Medical System Corporation
2. Professional Services Agreement By and Between Maryland Proton Treatment Center, LLC and University of Maryland Radiation Oncology Associates, P.A.
3. Professional Services Agreement By and Between Maryland Proton Treatment Center, LLC and University of Maryland Diagnostic Imaging Specialists P.A.
4. Clinical Management and Administrative Services Agreement By and Between Maryland Proton Treatment Center, LLC and University of Maryland Radiation Oncology Associates, P.A.
5. Professional Services Agreement By and Between Maryland Services Proton Treatment By, LLC and University of Maryland Anesthesia Associates, P.A.