

## Institute for Well Being

Mailing Address: Towson University-8000 York Road-Towson, MD 21252-0001  
Building Location: Towson City Center, 1 Olympic Place, Towson, MD 21204  
Phone: 410-704-7300 - Fax: 410-704-6303



### 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.

#### Disclosures for Treatment, Payment and Quality Assurance

- 1. Treatment:** We will use your health information for treatment. Some aspects of your evaluation and treatment may be used for instructional or demonstration purposes because we are a university training program. There may be observations by students from Towson University and affiliated training programs; confidential use of audio and video tape recording and clinic records; and/or use of clinic records for research purposes.
- 2. Payment:** We will use your health information for payment. For example, we may send a bill to you or a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used. Your name and date of service may appear in internal accounting documents.
- 3. Quality Assurance:** We will use your health information to improve quality of care in our facility. For example, members of the University's staff, the University's risk or quality improvement manager, or members of the University's quality assurance team who have signed acknowledgements of their duty not to redisclose any patient identifying information as defined by Maryland law may use information in your health record to assess the care and outcomes in your case and the competence of the caregivers. We will use this information to attempt to continually improve the quality and effectiveness of the healthcare and services we provide. As we are a university training program, we also may use audio or video taped recordings for teaching purposes in our academic course work.

#### Other Permitted Uses and Disclosures

**Business Associates:** We provide some services through contracts with business associates. An example would be a hearing aid company we use to order hearing aids. When we use these services, we may disclose your health information to the business associates so they can perform the function(s) we have hired them to do, and bill you or your third-party payer for services rendered. However, we require the business associate to appropriately safeguard your information.

**Caregiver Notification:** We may use or disclose information to (help) notify a family member, personal representative, or another person responsible for your care, of your location and general condition. Unless you object, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your payment for your care.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Continuity of care:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fund-raising:** We may contact you as part of a fund-raising effort. You have the right to request not to receive subsequent fund-raising materials. Please do so in writing addressed to the Institute of Well-Being, Towson University, 8000 York Rd. Baltimore, MD 21252.

**Food and Drug Administration (FDA):** We may disclose health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers Compensation:** We may disclose health information as authorized by and as necessary to comply with workers compensation laws or similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, child abuse or neglect; or to a person at risk of contracting or spreading a disease or condition, if authorized by law.

**Correctional Institution:** If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, health information necessary for your health and the health and safety of other individuals, for law enforcement on the premises of the correctional institution, or the administration and maintenance of the safety, security and good order of the correctional institution.

**Law Enforcement:** We may disclose health information purposes as required by law, to a law enforcement official for law enforcement purposes, or in response to a valid subpoena.

**Whistleblowing:** If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health, or to an attorney providing legal advice with respect to such a situation.

**Employer:** We may disclose to your employer information relating to medical surveillance of the workplace or to work-related illness(es) or injury(ies).

**Disaster Relief:** We may use or disclose your health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordination with those entities the uses or disclosures permitted by the "Notification" section above.

**Authorization:** We may use or disclose information incidental to a use or disclosure that is permitted or required by the privacy regulations.

**To you:** We must disclose your health information to you on your request, as required by regulations on access to your health information and accounting of health information.

**Victims of abuse, neglect, or domestic violence:** If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose information about you to a government authority authorized by law to receive reports of such abuse, neglect, or domestic violence, including a social service or protective services agency.

**De-identified information:** We may use and disclose health information that does not identify you and which we have no reasonable basis to believe can be used to identify you.

**Health oversight activities:** We may disclose information to a health oversight agency for authorized activities including audits; civil, criminal, or administrative investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of the healthcare system; government benefit programs for which health information is relevant to beneficiary eligibility; entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or entities subject to civil rights laws for which health information is necessary for determining compliance.

**Disclosure for judicial and administrative proceedings:** We may disclose information in any judicial or administrative proceeding in response to an order of a court or administrative body, a subpoena, discovery request, or other lawful process.

**Threat to health or safety:** We may use or disclose information if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or is necessary for law enforcement officials to identify and apprehend a person admitting participation in a violent crime.

**Specialized government functions:** We may use and disclose U.S. or foreign military personnel's health information as deemed necessary by military command authorities. We may use and disclose information to authorized federal officials to conduct lawful intelligence, counter-intelligence and other national security activities. We may use and disclose information to authorized federal officials who provide protective services.

**The federal department of Health and Human Services (DHHS):** Under the privacy standards, we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards.

### **Your Rights Under the Federal Privacy Regulations**

Although your health records are property of the health care provider who completed them, you have certain rights in the information contained in the records. You have the right to:

1. Request restriction on uses and disclosures of your health information for treatment, payment, and healthcare operations; uses and disclosures for involvement in your care and for notification purposes. Health care operations are activities that are necessary to carry out our operations, such as quality assurance and peer review. Involvement in your care and notification purposes includes disclosure to a person directly related to that person's involvement with your care, or payment for your care; notification to a person responsible for your care of your location, general condition, or death; and uses and disclosures for disaster relief purposes. We do not have to agree to any restriction you request. However, if we do agree, we will comply with the restriction, unless disclosure is necessary to provide you with emergency treatment, or unless you request otherwise or we give you advance notice.

You may also request, in writing that we communicate with you by alternate means or at alternate locations. If the request is reasonable, we must grant it.

2. Obtain a copy of this notice of information practices. Although we have posted a copy of this notice in prominent locations throughout the facility and on our website, you have a right to request and receive a paper copy.
3. Inspect and copy your health information upon your written request. This right is not absolute. In certain situations we can deny access. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable cost-based fee for making copies.
4. Request in writing, amendment/correction of your health information, providing reasons to support the requested amendment. We do not have to grant the request if:
  - a. We did not create the record. For example, if we have a consultation report from another provider, we did not create the record, and

we cannot know whether it is accurate or not. In such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected record in our records.

- b. The records are not available to you for inspection as discussed in section 3 immediately above
- c. The record is accurate and complete

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), how you can request that we include your request and our denial with any future disclosures, and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those you indicate should receive the corrected information.

5. Obtain an accounting of "non-routine" uses and disclosures (those other than for treatment, payment, and health care operations). We do not need to provide an accounting for disclosures:
  - a. to you of protected health information about you
  - b. which you have authorized
  - c. for the facility directory or to persons involved in your care or for other notification purposes under section 164.510
  - d. for national security or intelligence purposes under section 164.512(k)(2)
  - e. to correctional institutions or law enforcement officials under section 164.512(k)(5)
  - f. that occurred before April 14, 2003

We must provide the accounting within 60 days. The accounting must include the date of each disclosure; the name and address of the organization or person who received the protected health information; a brief description of the information disclosed; a brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure, or a copy of the written request for disclosure.

The first accounting in any 12 month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

6. Revoke, in writing, your authorization to use or disclose health information except to the extent that we have already taken action in reliance on the authorization.

### **Complaints**

If you believe your privacy rights have been violated, you may complain to Towson University and/or to the Secretary of the U.S. Department of Health and Human Services. To complain to Towson University, you should contact the University's privacy officer, Daniel Leonard, at 410-704-2361 or [dleonard@towson.edu](mailto:dleonard@towson.edu). You will not be retaliated against for filing such a complaint.

### **Our Obligations Under the Federal Privacy Standard**

In addition to providing you the rights detailed above, the federal privacy regulations require us to:

1. Maintain the privacy of your personally identifiable health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information
2. Provide you with notice of our legal duties and privacy practices with respect to individually identifiable information we collect and maintain about you
3. Abide by the terms of this notice
4. Train our personnel concerning privacy and confidentiality
5. Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto
6. Mitigate (lessen the harm of) any breach of privacy/confidentiality

WE RESERVE THE RIGHT TO CHANGE OUR PRIVACY PRACTICES AS SET FORTH IN THIS NOTICE AND TO MAKE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION WE MAINTAIN. SHOULD WE CHANGE OUR INFORMATION PRACTICES, WE WILL MAIL A REVISED NOTICE TO THE ADDRESS YOU HAVE SUPPLIED US.

We will not use or disclose your health information without your authorization, except as described in this notice or otherwise required by law.

### **How to Get More Information or to Report a Problem**

If you have questions and/or would like additional information, you may contact the privacy officer, Daniel Leonard at 410-704-2361.

### **Effective Date**

This notice is effective as of January 7, 2013.