

**NOTICE OF PRIVACY PRACTICES for  
THE JOHNS HOPKINS UNIVERSITY and  
THE JOHNS HOPKINS HEALTH SYSTEM / THE JOHNS HOPKINS HOSPITAL  
FACULTY AND STAFF ASSISTANCE PROGRAM and  
THE JOHNS HOPKINS UNIVERSITY STUDENT ASSISTANCE PROGRAM**

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

**Effective Date: April 1, 2006**

**Our pledge regarding your health information**

The health plans covered by this Notice consist of the Faculty and Staff Assistance Program (FASAP), the faculty and staff assistance programs for the Johns Hopkins University, Health System and Hospital, and the Student Assistance Program (SAP), the student assistance program for the Johns Hopkins University School of Medicine and School of Public Health. To the extent that such plans receive health information, they are committed to protecting such health information about you. This Notice tells you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

**We are required by law to:**

- make sure that your health information is protected;
- give you this Notice describing our legal duties and privacy practices with respect to your health information; and
- follow the terms of the Notice that is currently in effect.

**Definition of terms**

When we say "Plan," "we," "our" or "us," this refers to FASAP and SAP. When we say "you" in this Notice, this refers to the eligible recipients of the Plans' services. The plans covered by this Notice are listed above. When we say "health information," this includes information that identifies you and tells about your past, present or future physical or mental health or condition. This also includes information about payment for health care services, such as your billing records.

**Who will follow this Notice?**

The privacy practices described in this Notice will be followed by all health care professionals, employees and business associates of the plans listed above.

**How we may use and disclose health information about you**

The following sections describe different ways that we may use and disclose your health information. We will describe each category of uses or disclosures and give some examples. We abide by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories.

**Payment.** We may use and disclose health information about you for purposes related to payment for health care services. For example, we may use your health information to coordinate your health care benefits.

**Health care operations.** We may use and disclose health information about you for Plan operations. For example, we may use or disclose your health information for quality assessment and improvement activities; to comply with law and regulation; for claims, grievances or lawsuits; for health care contracting relating to our operations; for legal or auditing activities, business management and general administration; and for underwriting and other insurance activities and to operate the Plan.

**Individuals involved in your care or payment for your care.** Unless you explicitly state otherwise, we may release health information to anyone involved in your health care, such as a friend, family member or any individual you identify. We may also give information to someone who helps pay for your care.

**As required by law.** We will disclose health information about you when required or authorized to do so by federal or state law.

**To avert a serious threat to health or safety.** We may use and disclose health information about you 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 be to help stop or reduce the threat.

**Health-oversight activities.** We may disclose health information to governmental, licensing, auditing and accrediting agencies as authorized or required by law.

**Legal proceedings, lawsuits and other legal actions.** We may disclose health information to courts, attorneys and court employees when we get a court order, subpoena, discovery request, warrant, summons or other lawful instructions from those courts or public bodies and in the course of certain other lawful, judicial or administrative proceedings.

**National-security and intelligence activities.** As authorized or required by law, we may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national-security activities.

**Plan sponsor.** We may disclose certain health and payment information about you to the Plan sponsor to obtain premium bids for the Plan or to modify, amend or terminate the Plan. We may release other health information about you to the Plan sponsor for purposes of Plan administration, but only if certain provisions have been added to the Plan to protect the privacy of your health information, and the sponsor agrees to comply with the provisions.

### **Your rights regarding health information about you**

Your health information is the property of the Plan. You have the following rights, however, regarding health information we maintain about you:

**Right to inspect and copy.** With certain exceptions (such as information collected for certain legal proceedings, and health information restricted by law), you have the right to inspect and/or receive a copy of your health information that is maintained by us or for us in case or medical management record systems, or that is part of a set of records that is otherwise used by us to make a decision about you.

We require you to submit your request in writing. We may charge you a reasonable fee for copying your records. We may deny access, under certain circumstances, such as if we believe it may endanger you or someone else. You may request that we designate a licensed health care professional to review the denial.

**Right to request an amendment or addendum.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by or for the Plan.

We require you to submit your request in writing and to explain why the amendment is needed. If we accept your request, we will tell you we agree and we will amend your records. We cannot change what is in the record. We add the supplemental information. With your assistance, we will notify others who have the incorrect or incomplete health information. If we deny your request, we will give you a written explanation of why we did not make the amendment and explain your rights.

We may deny your request if the health information:

- was not created by the Plan (unless the person or entity that created the health information is no longer available to respond to your request);
- is not part of the case or medical management record systems maintained by or for us, or part of a set of records that we otherwise use to make decisions about you;
- is not part of the information which you would be permitted to inspect and copy; or
- is determined by us to be accurate and complete.

**Right to an accounting of disclosures.** You have the right to receive a list of the disclosures we have made of your health information since April 14, 2003.

This list will not include disclosures made:

- to carry out treatment, payment and health care operations;
- to you or your personal representative;
- incident to a permitted use or disclosure;
- to parties you authorize to receive your health information;
- to your family members, other relatives or friends who are involved in your care, or who otherwise need to be notified of your location, general condition or death;
- for national security or intelligence purposes; or
- to correctional institutions or law enforcement officials.

We require you to submit your request in writing. You must state the time period for which you want to receive the accounting, which may not be longer than six years and may not begin any sooner than April 14, 2003. The first accounting you request in a 12-month period will be free. We may charge you for responding to any additional requests in that same period.

**Right to request restrictions.** You have the right to request a restriction or limitation on the health 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 health 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 that we not use or disclose information to a family member about a specific treatment you received.

To request a restriction, you must contact the FASAP or SAP. In some cases, you may be asked to submit a written request. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to disclose it. We are allowed to end the restriction if we tell you. If we end the restriction, it will only affect health information that was created or received after we notify you.

**Right to request confidential communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail. If you want us to communicate with you in a special way, you will need to give us details about how to contact you, including a valid alternative address. We may ask you to explain how disclosure of all or part of your health information could put you in

danger. We will honor reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using any information we have.

**Right to request a disclosure.** You have the right to request that we disclose your health information for reasons not provided in this Notice. For example, you may want your lawyer to have a copy of your medical records. These requests must be provided to us in writing.

### **Future changes to Johns Hopkins' privacy practices and this Notice**

We reserve the right to change this Notice and the privacy practices of the plans covered by this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future.

### **Our right to check your identity**

For your protection, we may check your identity whenever you have questions about your treatment or payment activities. We will check your identity whenever we get requests to look at, copy or amend your records or to obtain a list of disclosures of your health information.

### **Exercise of rights, questions or complaints**

If you would like to obtain an appropriate request form to (i) inspect and/or receive a copy of your health information, (ii) request a restriction on the use or disclosure of your health information, (iii) request confidential communications, or (iv) request a disclosure of your health information, or for other questions, please contact:

**Associate Director  
Faculty and Staff Assistance Program/Student Assistance Program  
550 N Broadway, Suite 507  
Baltimore, MD 21205  
Phone: 443-287-7000  
Fax: 410-955-4623  
E-mail: [hipaa@fasap.org](mailto:hipaa@fasap.org)**

If you would like to (i) request an amendment to your health information, or (ii) request an accounting of disclosures of your health information, please contact the Johns Hopkins Privacy Officer as specified below.

If you believe that your privacy rights have not been followed as directed by federal regulations, or as explained in this Notice, you may file a written complaint with us. Please send it to the Johns Hopkins Privacy Officer at the address provided below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

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

**Johns Hopkins Privacy Officer  
5801 Smith Avenue  
McAuley Hall, Suite 310  
Baltimore, MD 21209  
Phone: 410-735-6509  
Fax: 410-735-6521  
E-mail: [hipaa@jhmi.edu](mailto:hipaa@jhmi.edu)**

### **Other uses of health information**

Other uses and disclosures of health information not covered by this Notice will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. However, uses and disclosures made before your cancellation are not affected by your action. To the extent that your enrollment in a plan or your eligibility for benefits was conditioned on provision of your consent, in some cases, you may not be able to cancel your permission.