

BRAIN AND TISSUE BANK FOR DEVELOPMENTAL DISORDERS

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in contract to:

THE NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

NATIONAL INSTITUTES OF HEALTH

(NICHD Contract No. NO1-HD-4-3368 and NO1-HD-4-3383)

Notice of Privacy Practices

University of Maryland School of Medicine

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.

If you have any questions about this notice, please contact the person listed under "[Whom to Contact](#)" at the end of this notice.

SCOPE OF OUR PRIVACY PRACTICES

This notice describes the privacy practices of the University of Maryland School of Medicine ("SOM"), and all healthcare professionals, employees, staff, students, volunteers, and other personnel whose work is under the direct control of the SOM.

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health is personal. We are committed to protecting health information about you.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. 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. Please realize, in some instances special laws govern the use and disclosure of certain types of very sensitive health information. We will comply with the laws governing the privacy of these types of sensitive health information.

For Health Care Operations. We may disclose information to doctors, nurses, technicians, students, and other personnel for review and learning purposes.

Business Associates. There may be some activities provided for the SOM through contracts with outside businesses. We may disclose your health information to our business associates so they may perform the job we have asked them to do.

Research. We may use and disclose health information about you to researchers after an Institutional Review Board (IRB) has approved their clinical research study. The IRB is a board concerned with the safety and confidentiality of human subjects participating in research projects.

As Required By Law. We will disclose health information about you when required to do so by federal, state, or local law.

Health Oversight Activities and Registries. We may disclose health information to a health oversight agency for activities authorized by law and to patient registries for conditions such as tumor, trauma and burns. 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. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Law Enforcement. We will release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- For the reporting of certain types of wounds;
- 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 UPI or SOM.

Coroners, Medical Examiners and Funeral Directors or Morticians. We may release health information 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 health information about our patients to funeral directors or morticians as necessary to carry out their duties.

National Security and Intelligence Activities. We may release health information about you 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 health 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.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Authorization. We will not use or disclose your health information for any purpose that is not listed in this notice without your written authorization. If you authorize us to use or disclose your health information 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 health information, or about how to revoke an authorization, contact the person listed under "[Whom to Contact](#)" at the end of this notice. You may not revoke an authorization for SOM to use and disclose your information to the extent that SOM has taken action in reliance on the authorization.

Right to Inspect and Copy. You have the right to inspect and copy health information about you. If you want to

review or receive a copy of these records, you must make the request in writing. SOM will respond to the request within thirty (30) days unless state law requires an earlier response. To request an inspection or copies, please contact the person listed under "[Whom to Contact](#)" at the end of this notice. We may charge a fee for the cost of copying, mailing, and other supplies related to your request.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures made of your health information. This accounting will not include all disclosures. It will not include 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 SOM you must submit your request in writing to the person listed under "[Whom to Contact](#)" at the end of this notice. Your request must state the time period that may not be longer than six years. If you request more than one accounting in a twelve-month period, you will be charged for the costs of providing the accounting.

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 health information we already have about you as well as any information we receive in the future. The notice will contain the effective date on the first page.

COMPLAINTS

If you believe your privacy rights have been violated you may file a complaint. For a complaint concerning SOM contact the SOM person listed under "[Whom to Contact](#)" at the end of this notice or call: 410/706-0337.

You may also file a complaint with the Secretary of the Department of Health and Human Services, Hubert H. Humphrey building, 200 Independence Avenue SW, Washington, DC 20201. All complaints must be submitted in writing.

WHOM TO CONTACT

University of Maryland School of Medicine
Privacy Official
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Baltimore, MD 21201
410/706-0337