

**Catherine E. Pugh**  
Mayor, City of Baltimore

**Cheryl A. Casciani**  
Chair, Baltimore City Board of  
School Commissioners

**Dr. Sonja Brookins Santelises**  
Chief Executive Officer

Paul Laurence Dunbar High School  
1400 Orleans Street  
Baltimore, MD. 21231  
443-642-4478



**Learn Today. Lead Tomorrow**

Tammy Mays, Principal  
Kenneth McDonald, Asst. Principal  
Linda Little, Asst. Principal  
Lawrence Williams, Asst. Principal

Dear Parents/Guardians,

Since the opening of the school year is almost here, I would like to remind you and your child(ren) about the following details for the beginning of school.

**Orientation Day:** Students report to Dunbar High School Cafeteria

<b>Freshmen-</b> Aug. 21, 2018	Time: 9 – 11	<b>Sophomores-</b> Aug. 21, 2017	Time: 12 – 2:00
<b>Juniors-</b> Aug. 22, 2017	Time: 9 – 11	<b>Seniors-</b> Aug. 22, 2017	Time: 12 – 2:00

**Dunbar dress code is as follows:** (Can be ordered in the School Store. See enclosed form for ordering/pricing)

**Shirt Colors:** Freshmen- Black    Sophomores- White    Juniors- Gold    Seniors- Black

**Pants:** Khaki or Black only

**Program for Orientation:**

1. Speakers- Ms. Mays, Principal, Guidance Counselors
2. ID Cards/ Distribution of Class Schedule (if available)
3. School Policies & Procedure, Code of Conduct, School, Student and Classroom expectations, special events etc.

**Additional Note:** P.E. Uniforms, school spirit wear and required locks for lockers can be purchased this day from the school store. All students are required to purchase a \$5.00 lock for their locker as students will be required to use their locker.

**School Days-** Sept. 4, 2018 8:05-3:05- First full day of school (Must be in full Dunbar Uniform)

During orientation your child(ren) will receive a copy of the new 2018-2019 Student/Family Handbook. Please note that disciplinary consequences will be issued based on the Baltimore City Public School System Code of Conduct. Your awareness of Dunbar policies and procedures and the code of conduct is an important factor in the success of your child's education and the learning environment at Dunbar. We are truly excited about the 2018-2019 academic year. We look forward to working with you and your child(ren) to make this a successful year for everyone. Each and every year, there are a number of important dates that you must remember. Those dates are as follows:

**Summer Bridge (freshmen):** August 13-17, 2018 from 9:00–12:00 each day.

**Senior Portraits: August 27-28, 2018** (Appointment times mailed directly from Lifetouch). Students unable to make their scheduled portrait times are advised to contact Lifetouch directly to re-schedule.



**Balfour Class Rings and Announcements:** August 22, 2018 from 9:00 AM - 2:00 PM

**Back-to-School Night:** September 19, 2018; 5:00 PM- 7:00 PM

**2018-2019 Yearbook Pictures:** November 8-9, 2018

**SAT Testing Dates:**

<b>2018-19 SAT TEST DATE</b>	<b>REGISTRATION DATE</b>	<b>SCORES BACK DATE**</b>	<b>SUGGESTED PREP DATES</b>
Saturday, August 25, 2018	July 27, 2018	September 7, 2018	June → August
Saturday, October 6, 2018	September 7, 2018	October 19, 2018	August → September
Saturday, November 3, 2018	October 5, 2018	November 16, 2018	September → October
Saturday, December 1, 2018	November 2, 2018	December 14, 2018	October → November
Saturday, March 9, 2019	February 8, 2019	March 22, 2019	Jan → Feb, 2019
Saturday, May 4, 2019	April 5, 2019	May 17, 2019	March → Apr, 2019

**BLISS Driving Academy**

Driving school is 2 weeks Monday-Friday 3:05- 6:15 in rm. 233

- The course includes 30 hours in class & 6 hours on the road
- The cost is \$250 with 2 payment options
- All course material are provided
- Registration can be completed online or in person
- For more information on 2018-19 sessions, please visit [www.blissdriving.com](http://www.blissdriving.com)

**Parent Volunteers**

We recognize that a great school has great support and engagement. We are working on developing a strong and active group of parent volunteers to help sustain the collaboration among staff members and our families. If you are interested in volunteering please contact Ms. Henly at 410-525-7512 or [nehenly@bcps.k12.md.us](mailto:nehenly@bcps.k12.md.us).

**School Family Council- 2nd Monday of each month at 4:00 PM**

The School Family Council (SFC) is comprised of all school community stakeholders: principal, teachers, student support service providers, paraprofessionals, classified staff, parents, and community members. SFC assist with developing, implementing, and monitoring all components of the School Performance Plan. If you would like to learn more about the School Family Council and/or become a member please attend one of our monthly meetings.

**Follow us online and social media @**

**Twitter: @PLDHS414**

**Email: [school414@bcps.k12.md.us](mailto:school414@bcps.k12.md.us)**

**Website: [www.baltimorecityschools.org/414](http://www.baltimorecityschools.org/414)**



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## SCHOOL SUPPLY LIST

The supply list below is a guide to assist you in purchasing the basic supplies your student's will need for school. Your child's teacher will provide a detailed list of specific content materials needed on the first day of school. In addition to the general classroom supplies, each child will need materials and supplies at home to complete homework and projects as well as an age appropriate dictionary and/or thesaurus.

Pocket Folders (5-7)	Clear or Net Backpack
Composition Notebooks (3-5)	Protractor and Compass
2"-3" Inch Binder with dividers (2)	Erasers
Pens (black or blue)	Multi-Colored Highlighters
Loose-Leaf Paper	#2 Pencils
Hand-held pencil sharpeners	USB Drive
Plastic Hole Puncher	Active Gmail and BCPSS Email Accounts
TI-84 Graphing Calculator	Active Public Library Account
Index Cards (1-2)	Post-It Notes
Graphing Paper (1 pack)	Combination Lock (must be purchased from school)

**UNIFORM DRESS CODE:** All Dunbar students are required to adhere to the school-wide uniform policy supported by Baltimore City Public Schools. Our school store is the authorized seller of Dunbar's uniform tops. Bottoms may be either black or khaki. Physical education uniforms are required for students enrolled in the course and available for purchase in the main office. Please support our efforts to maintain a safe school environment by requiring your child to adhere to the dress code.

**LOCKERS:** Each student will be assigned a locker. Only combination locks purchased from Dunbar are approved for use. Unapproved locks are subject to removal. We urge each student to have a lock on their lockers.



PAUL LAURENCE  
**DUNBAR**  
 HIGH SCHOOL

1400 ORLEANS STREET  
 BALTIMORE, MD 21231

443.642.4478 OR 443.543.6713

HOUSEOFPOETPRIDE@GMAIL.COM  
 HOUSEOFPOETPRIDE.COM

UNIFORM ITEM	SIZES AVAILABLE	PRICE
<b>POLO SHIRT</b>		
FRESHMAN CLASS (BLACK)	XS-3XLARGE	\$20.00
SOPHMORE CLASS (WHITE)	XS-3XLARGE	\$20.00
JUNIOR CLASS (GOLD)	XS-3XLARGE	\$20.00
SENIOR CLASS (BLACK)	XS-3XLARGE	\$20.00
<b>PE SHIRT GOLD</b>		
UNISEX TSHIRT	XS-3XLARGE	\$12
<b>PE SHIRT GREY</b>		
UNISEX TSHIRT	XS-3XLARGE	\$12
<b>PE SHORTS</b>		
UNISEX PE SHORT	SMALL-3XLARGE	\$15



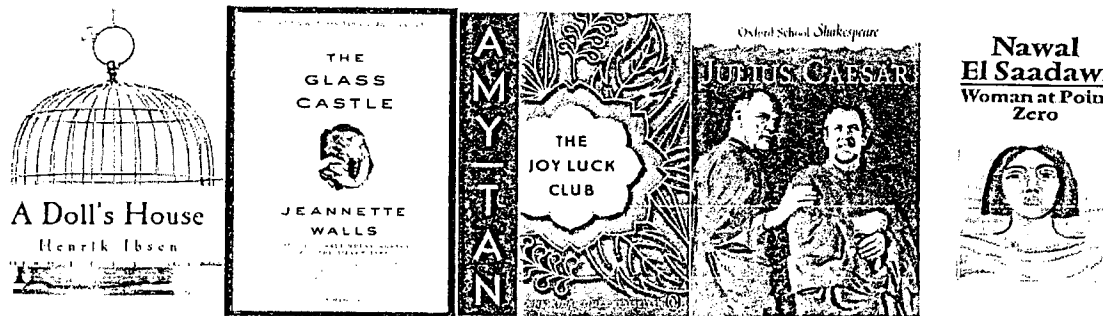
# Summer Suggested Reading List by Grade

## Ninth Grade



Romeo and Juliet By W. Shakespeare	Animal Farm By George Orwell	Lord of the Flies By William Golding	The Outsiders By S.E. Hinton
The Odyssey By Homer	Persepolis: The Story of a Childhood By Marjane Satrapi	The Catcher in the Rye By J.D. Salinger	1984 By George Orwell
To Kill a Mockingbird by Harper Lee	The Aguero Sisters By Christina Garcia	The Lovely Bones By Alice Sebold	The Kite Runner By Khaled Hosseini
Night By Elie Wiesel	The Curious Incident of the Dog in the Night-Time By Mark Haddon	In the Heart of the Sea: The Tragedy of the Whaleship Essex By N. Philbrick	Ender's Game By Orson Scott Card
The Hunger Games By Suzanne Collins	The Book Thief By Markus Zusak	The Sea of Monsters By Rick Riordan	The Bean Tree By Barbara Kingsolver

## Tenth Grade



Antigone By Sophocles	Black Boy By Richard Wright	Julius Caesar By W. Shakespeare	Thirteen Reasons Why By Jay Asher
The Glass Castle By Jeannette Walls	Woman at Point Zero By Nawal El-Saadawi	A Doll's House By Henrik Ibsen	The Scarlet Letter By Nathaniel Hawthorne
The Joy Luck Club By Amy Tan	The Perks of Being a Wallflower By S. Chbosky	The Adventures of Huckleberry Finn By Mark twain	The Crucible By Arthur Miller
The Great Gatsby By F. Scott Fitzgerald	Things Fall Apart By Chinua Achebe	I, Rigoberta Menchu: An Indian Woman in Guatemala By R. Metchu	City of Bones By Cassandra Clare
Divergent By Veronica Roth	Twilight By Stephenie Meyer	Gone By Michael Grant	Paper Towns By John green

# Paul Laurence Dunbar High School

## SUMMER READING LOG



Name:

### Part I. Critique of the book

Title of Book/ Author	Date Started	Date Completed	Thumbs Up	Thumbs Down	Thumbs Sideways

### Part II. Characters

Main Characters:

- 1.
- 2.
- 3.
- 4.
- 5.

Who/What is the protagonist?

Who/What is the antagonist?

### Part III. Summary

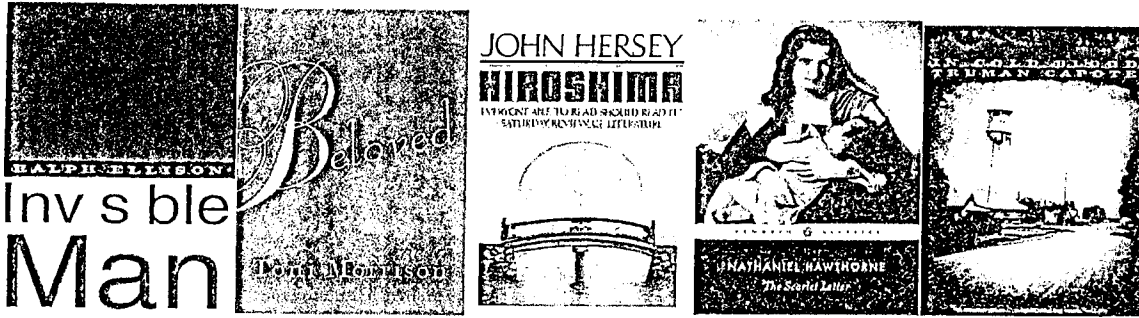
In five paragraphs or more summarize the story from beginning to end.

### Part IV. Reflections

How has the book impacted you as an individual or your view of the world? You can draw comparisons to yourself and a character in the book and/or compare the world as it is now to how the world was in the context of the book that you read. Explain all thoughts in detail and in paragraph form using correct grammatical and structural writing rules.

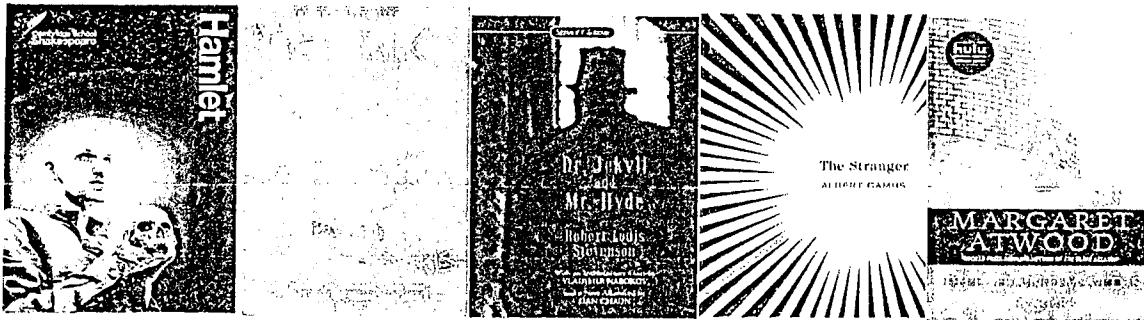


Eleventh Grade



In Cold Blood By Truman Capote	Beloved By Toni Morrison	A Different Mirror: A History of Multicultural America By Ronald Takaki	The Bell Jar By Sylvia Plath
Invisible Man by Ralph Ellison	The Lively Art of Writing By Lucile Payne	Into the Wild By Joh Krakauer	The Help By Kathryn Stockett
Narrative of the Life of Frederick Douglass By Frederick Douglass	Hiroshima By John Hersey	Speak By Laurie Anderson	A Streetcar Named Desire By Tennessee Williams
The Things They Carried By Tim O'Brien	Their Eyes Were Watching God By Zora Neale Hurston	Catching fire By Suzanne Collins	A Raisin in the Sun By Lorraine Hansberry
A Tree Grows in Brooklyn By Betty Smith	Slaughterhouse-Five By Kurt Vonnegut	Fight Club By Chuck Palahniuk	The Scarlet Letter By Nathaniel Hawthorn

Twelfth Grade



Hamlet By W. Shakespeare	The Handmaid's Tale By Margaret Atwood	The Strange Case of Dr. Jekyll and Mr. Hyde By Robert L. Stevenson	Hard Times By Charles Dickens
The Awakening By Kate Chopin	Going After Cacciato By Tim O'Brien	The Stranger By Albert Camus	Brave New World By Aldous Huxley
Othello By W. Shakespeare	The Metamorphosis By Franz Kafka	The Alchemist By Paulo Coelho	Eat, Pray, Love By Elizabeth Gilbert
Things Fall Apart By Chinua Achebe	The Fault in Our Stars By John Green	Crime and Punishment By Fyodor Dostoyevsky	Mythology: Timeless Tales of Gods and Heroes By Edith Hamilton
Me Talk Pretty One Day By David Sedaris	Alice in Wonderland By Jane Carruth	Through the Looking-Glass and What Alice Found There By Lewis Carroll	Heart of Darkness By Joseph Conrad

# Paul Laurence Dunbar High School

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### Part I. Critique of the book

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Main Characters:

- 1.
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Who/What is the protagonist?

Who/What is the antagonist?

### Part III. Summary

In five paragraphs or more summarize the story from beginning to end.

### Part IV. Reflections

How has the book impacted you as an individual or your view of the world? You can draw comparisons to yourself and a character in the book and/or compare the world as it is now to how the world was in the context of the book that you read. Explain all thoughts in detail and in paragraph form using correct grammatical and structural writing rules.

## High School Graduation Course Requirements 2017-2018

Subject Area	Entered 9 <sup>th</sup> Grade 8/2011 or after
English <sup>1</sup>	4 credits
Mathematics <sup>2</sup> Algebra I Geometry Algebra II Additional Math Credit <sup>3</sup>	4 credits
Science Biology 2 <sup>nd</sup> Lab Science 3 <sup>rd</sup> Lab Science	3 credits
Social Studies U.S. History American Government Modern World History	3 credits
Tech. Ed.	1 credit
Fine Arts	1 credit
Physical Education	½ credit
Health <sup>4</sup>	½ credit
Other World Languages <sup>5</sup> or Advanced Tech. Ed. or State Approved CTE Program	2 credits (same language) or 2 credits (Advanced Tech.) or 4 to 6 credits (meet CTE Program requirements)
Electives Courses beyond the above requirements	2 credits
<b>Total credits (minimum)</b>	<b>21 credits</b>
<b>Service Learning</b>	<b>75 hours</b>

Note: This chart is aligned with IKED-RA dated 6/28/2011 which replaces all other regulations.

Any school may add requirements for completion of additional, special or traditional curriculum programs as well as additional, special, or traditional diploma certificates to be given at the graduation ceremony.

- English I and English II must be taken sequentially. Students must complete English I prior to enrolling in English II and complete English II prior to enrolling in English III and/or English IV.
- Algebra I and Algebra II must be taken sequentially. Students must complete Algebra I prior to enrolling in Algebra II.
- Students entering 9th grade in 8/2015 or after, a student must enroll in a mathematics course in each year of high school that the student attends (up to 4 years).
- Students entering 9th grade in 8/2015 or after, CPR training must be completed by all students. Mandatory CPR training is embedded in the current Health Education I curriculum.
- World language courses must be taken sequentially. Ex. Students must complete Spanish I before taking Spanish II.
- Students entering 9<sup>th</sup> grade in 9/2017 or after, a student must take the following sequence in science: Biology (9<sup>th</sup>), Chemistry (10<sup>th</sup>), and Physics (11<sup>th</sup>).

# Incoming Freshman FAQs

## What Time Does School Start?

The school day is from 8:00 AM- 3:05 PM. Students may enter the cafeteria for breakfast at 7:50 AM. Students are considered tardy after 8:25 AM. Upon entry, student bookbags are checked as a safety precaution. Students must also check-in to our attendance monitoring system by swiping their OneCard.

- What happens if a OneCard is lost?

Freshman will have their ID photos taken during Summer Bridge. After cards are distributed, students are responsible for keeping their IDs in a safe place. The cost to replace lost/stolen cards is \$5.00.

- How do families update contact information?

Having current contact information allows us to provide you with information on school events, parent-teacher conferences, academic progress and emergency situations. Should your family's information change, we ask that you provide us with two proofs of address (i.e. utility, bank, lease etc.)

- Is it necessary to purchase a gym uniform?

Yes. The majority of 9<sup>th</sup> graders will have gym on their schedule. Not wearing the approved gym uniform after the grace period can negatively impact your overall grade.

- Can students leave the building to buy lunch?

NO. Our campus is located near several fast food restaurants that students may patronize before or after the school day. Students are not permitted to leave the building to purchase lunch. Additionally, it is against school rules to have food delivered from local restaurants.

- My student needs to be released early from school. How does early dismissal work?

To request an early dismissal, parents (or an adult authorized by the parent) can sign their child out in the main office dismissal log. Parents may also send a written request to the main office on the desired day. We do not accept dismissal requests over the phone.



**Description**

Signet style ring with smooth garnet and school crest.  
Up to 18 characters engraved inside the band. Antique finish to highlight text.

**Quality**

All Balfour rings are individually made with laser-cut dies—the newest and best technology of any other ring producer.

**Lifetime Warranty**

Repairs and resizing **FREE** for life.

**Ring Loss Protection**

Every ring is protected against loss or theft for four years.  
Your ring will be replaced for the price of a deductible.

**Deposit**

\$60 deposit is required to place your order.  
Cash, checks, money orders and credit card payments accepted towards the balance of the ring. Interest free lay-away and payment plans available.

**Questions**

Balfour.MD@verizon.net—410-321-4433

**Pricing—Upgrades**

	Ladies/Men
Celestrium (Silver or Gold Stainless)	\$150.00 / \$150.00
Balfour Premium Silver (Sterling Silver & Platinum)	\$329.00 / \$334.00
Balfour Imperium (6K Yellow + Sterling + Palladium)	\$414.00 / \$474.00
10K White or Yellow Gold	\$489.00 / \$634.00

Order in school, or in-person (32 West Road, Ste 110, Towson) or.....

**ORDER ONLINE @**  
**www.balfourmd.com**



# Dunbar High School

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_

Size: \_\_\_\_\_ Class Year: \_\_\_\_\_

## Ring Style (circle one)

Large      Small

## Metal Choice (circle one)

Silver Stainless (Celestrium)	Gold Stainless (Gold Tone Celest.)
BPS (Sterling)	Imperium (6K Yellow Gold)
10K White Gold	10K Yellow Gold

Engraved Initials: \_\_\_\_\_

Ring Price: \_\_\_\_\_

Handling:   \$7.50  

Tax: \_\_\_\_\_

Total: \_\_\_\_\_

Deposit: \_\_\_\_\_

Balance Due: \_\_\_\_\_

CC Info \_\_\_\_\_ Exp \_\_\_\_\_

Balfour  
32 West Road, Suite 110  
Towson, MD 21204  
410-321-4433

### School Health Information Form

Please help your Health Suite Staff and School Personnel keep your child safe while in school by completing this Health Registration Packet. Please print information below.

School Year: \_\_\_\_\_ School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Race: \_\_\_\_\_ Social Security # (needed to verify health insurance): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Parent/Guardian Date of Birth: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

#### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone#: \_\_\_\_\_

#### Student's Health Care Provider:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Last Physical: \_\_\_\_\_

#### Permission to Receive School Based Health Center Services:

I give consent for my child to receive health services from a doctor, mental health provider or nurse practitioner on site including a well child exam. I give BMS my permission to contact my child's healthcare provider to inform him/her about my child's visit to see the provider at BMS.

**Insurance information:** This information is needed for visits with the medical provider. Please check one of the following below:

Amerigroup: Subscriber#: \_\_\_\_\_ Medicaid#: \_\_\_\_\_

Maryland Physicians Care: Member ID#: \_\_\_\_\_

United Healthcare MCO: Member ID#: \_\_\_\_\_ Payer ID: \_\_\_\_\_

Priority Partners: ID#: \_\_\_\_\_ Recipient#: \_\_\_\_\_

Jai: Member ID#: \_\_\_\_\_

MedStar Family Choice: ID#: \_\_\_\_\_ MA# \_\_\_\_\_

Kaiser MCO: ID#: \_\_\_\_\_

University of Maryland Health Partners: ID#: \_\_\_\_\_

Other Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Private Insurance Name: \_\_\_\_\_

Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

No Insurance/Uninsured (If your child does not have any insurance or is uninsured please contact the health suite and we can assist you)

**PLEASE TURN OVER AND COMPLETE THE BACK**





# Baltimore Medical System

THE HEART OF COMMUNITY HEALTH

## Permission to Give Over-the-Counter Medications:

What over-the-counter medications **DO YOU ALLOW** Health Suite staff to give to your child if needed?

- All of the Medications listed below**
- Ibuprofen (Motrin)
- Antacids: Tums or Pepto-Bismol
- Antibiotic ointment
- Please **DO NOT** give my child any over-the-counter medication.
- Benadryl
- Acetaminophen (Tylenol)
- Hydrocortisone

## Medical History (check all that apply)

- Asthma
- ADD/ADHD
- Diabetes
- Depression
- Heart Condition
- Learning Disability
- Seizure Disorder
- Seasonal Allergies
- Eczema
- Other: \_\_\_\_\_

## Allergies (check all that apply)

- Medications: \_\_\_\_\_
- Food: \_\_\_\_\_
- Bees/Wasps
- Other: \_\_\_\_\_

Please describe the allergic reaction and treatment: \_\_\_\_\_

## Medications

Does your child take any medications?  Yes (Please list below)  No

Medication List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Medication is needed during the school day, please contact the Health Suite Staff for the necessary authorization forms.

Is there anything else that you think would be important for us to know about your child's health?

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Legal Guardian: _____	Date: _____
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**PLEASE RETURN COMPLETED FORM TO THE HEALTH SUITE. THANK YOU!**



Collington Square Elementary/Middle School  
Harford Heights Elementary  
Mergenthaler Vocational –Technical High School  
Forest Park High School  
Patterson High School  
Paul Laurence Dunbar High School  
Tench Tilghman Elementary/Middle School  
Vanguard Collegiate Middle School/ Furley Elementary School

## HIPAA Privacy Practices Patient Receipt Form For School-Based Health

I certify that I have received from Baltimore Medical System (BMS) the Notice of Privacy Practices (NPP) describing how BMS may use and disclose my Protected Health Information (PHI). I also understand that the NPP describes my rights to access and control my protected health information.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Original to be filed in Student's File

Policy 821 Attachment C

BMS 107.13 (08/17)

**PLEASE RETURN COMPLETED FORM TO THE HEALTH SUITE. THANK YOU!**

# Baltimore Medical System

THE HEART OF COMMUNITY HEALTH

Baltimore Medical System @ Annapolis Road  
Baltimore Medical System @ St. Agnes  
Belair-Edison Family Health Center  
Highlandtown Healthy Living Center  
Baltimore Medical System @ Orleans Square  
Middlesex Health Center  
School-Based Health



## OUR 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 READ IT CAREFULLY

This Notice of Privacy Practices describes how we, Baltimore Medical System, may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" (PHI) is information that BMS creates or receives about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition, the provision of health care services to you or past, present or future payment for health care services provided to you.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this Notice at any time. The new Notice will be effective for all protected health information that we maintain at that time. You may obtain a copy of the revised Notice of Privacy Practices by calling the Privacy Officer and requesting that a revised copy be sent to you in the mail or you may request a copy at the time of your next appointment. The revised Notice of Privacy Practices will also be posted on our website, [www.bmsj.org](http://www.bmsj.org).

If you have any questions about this Notice, please call 410-732-4800 and ask to speak to the Privacy Officer.

You have the right to obtain a paper copy of this notice from us upon request. To obtain a copy, please see your Front Desk Receptionist.

Rev: 08/14/12

**Uses and Disclosures of Protected Health Information:** You will be asked by Baltimore Medical System (BMS) to sign a consent form. Once you sign the consent, BMS may use and disclose your Protected Health Information (PHI) for treatment, payment and health care operations described in this Section. Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who is involved in your care and treatment, for the purpose of providing health care services to you. Your protected health information may also be used and disclosed so BMS can be paid so that services can be provided to you. Your PHI may also be used and disclosed to support the health care operations of BMS. The following examples are some of the kinds of uses and disclosures of your protected health care information that BMS and physicians may make. This is not a complete list but will illustrate the types of uses and disclosures that may be made by BMS once you have provided consent.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as appropriate, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information to another physician or health care provider (such as a specialist or laboratory) who, at the request of your physician, becomes involved in your care.

**Payment:** Your protected health information will be used, as needed, to obtain payment for the health care services BMS provides to you. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you. For example, your plan may ask for information to decide whether certain services are medically necessary. For example, your plan may require that BMS disclose your relevant protected health information before it approves a hospital admission.

**Health Care Operations:** We may use or disclose, as needed, your protected health information in order to support the health care activities of BMS. These activities include, but are not limited to, quality assessment and development, employee review activities, training of medical students, business planning and development and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students who see patients at our facility. In addition, we may use a sign-out sheet at the registration desk where you will be asked to sign your name and time you arrived at the Center. We may also call you by name throughout the Center.

We may use or disclose your protected health information, as necessary, to contact you (or your legal representative or family member) to remind you of your appointment. We will share your protected health information with third party "business associates" that perform various activities (such as, billing, transcription services) for BMS. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that will protect the privacy of your protected health information. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services available from BMS that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about the services BMS offers. We may use or disclose your demographic information and the dates that you received treatment from your physician in order to contact you for BMS fundraising activities. If you do not want to receive these materials, please contact our Privacy Officer and request that these materials not be sent to you.

**YOUR RIGHTS:** Your rights with respect to your protected health information are below. Also included is a brief description of how you may exercise these rights. **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains your medical and billing records. However, you may not inspect or copy the following records, psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. However, depending on the circumstances you may have a right to have a review of a decision to deny you access to your information. Please contact our Privacy Officer if you have questions about access to your medical record, or how to request review if you have been denied access.

**You have the right to request a restriction on certain uses and disclosures of your protected health information.** You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. BMS is not required to agree to a restriction that you may request. If BMS agrees to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment to you. You may request a restriction by completing the Form to Request Restrictions. Ask your Front Desk Receptionist for a copy. However, please be aware that your health information is essential to our ability to provide health care services to you. We urge you to talk to your physician before requesting a restriction on our use or disclosure of your health care information.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests to send confidential information by an alternative means or to an alternative location. For example, you may request that we communicate with you by mail rather than by phone or contact you at work rather than at your home. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

**You may have the right to have your physician amend your protected health information.** You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures, if any, we have made of your protected health information.** This right applies to disclosures we have made for purposes other than treatment, payment or health care operations. This right also excludes disclosures we made: 1) to you or to family members or friends involved in your care; 2) for notification purposes; 3) for national security or intelligence purposes; 4) to correctional institutions and law enforcement purposes; 5) for certain other purposes permitted by Federal privacy law; and 6) prior to 4/14/03. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**PLEASE RETURN COMPLETED FORM TO THE HEALTH SUITE. THANK YOU!**