

• **Right to Request Restrictions:** You have the right to request that we limit how we use and disclose your PHI. **We are not legally required to agree to your request.**

- If we do agree, we will limit the information, unless it is needed to provide you emergency treatment.
- To request restrictions, you must make your request in writing at the time of your admission or to your treating clinician for each admission and/or registration for services. Your request must list (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) who may not receive information.

• **Right to Choose Confidential Communications:** You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

- To request confidential communications, you must make your request in writing to your treating clinician or Privacy Officer.
- Your request must list how or where you wish to be contacted.
- You do not have to give a reason for your request.
- We will accommodate reasonable requests.

"Sheppard Pratt" or "Sheppard Pratt Affiliate Agency" will appear on the Caller ID of the person called on all outgoing calls made from any Sheppard Pratt location.

• **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

- You may obtain a copy of this notice at our website, www.sheppardpratt.org
- To obtain a paper copy of this notice contact the Privacy Officer at the Sheppard Pratt facility where you are being treated or any of the Sheppard Pratt locations.

• **Changes to This Notice:** We have the right to change this notice. We have the right to make the revised or changed notice effective for protected health information PHI we already have about you, as well as any PHI we receive in the future. We will post a copy of the current notice at Sheppard Pratt. The effective date of the notice will be posted in the notice. In addition, we will offer you a copy of the current notice in effect each time you register or are admitted to Sheppard Pratt as an inpatient or outpatient. Revisions to our notice will be posted on the Sheppard Pratt Health System web page.

• **Other Uses of PHI:** Other uses of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or share PHI about you, you may take back that permission, in writing, at any time. If you take back your permission, we will no longer use PHI about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. Also, you are unable to take back a permission to share

PHI if it was to permit the sharing of your PHI to an insurance company as a condition of obtaining coverage, to the extent that other law allows the insurer to contest claims or coverage. We are required to keep records of the care that we provided to you.

- To take back your permission you must make your request in writing. Send your request to the Department of Health Information Management at the Sheppard Pratt location in which you gave your permission to share your PHI.
- Written permission to use or share PHI about you is not a condition of receiving treatment at Sheppard Pratt except:
 - If the treatment is research-related, provision of treatment may be conditional on receipt of written permission to use or share PHI related to the treatment as necessary for the research or;
 - If the purpose of the treatment services is to create PHI for disclosure to a third party, provision of the services may be conditioned on receipt of written permission from you to share PHI to that third party.

• **Complaints:** If you believe your privacy rights have been violated, you may file a complaint with Sheppard Pratt, or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Sheppard Pratt or with the Secretary of the Department of Health and Human Services please contact the Privacy Officer at Sheppard Pratt Health System or the Privacy Officer at the specific location you received treatment.

- All complaints must be made in writing
- You will not be penalized for filing a complaint

If you have questions about this Notice, or would like to exercise your Privacy Rights, please contact the Privacy Office for Sheppard Pratt Health System at 410-938-4281.

Privacy Officer Phone Number Listing

SHEPPARD PRATT Location	Privacy Officer Contact Number
Sheppard Pratt Health System.	(410) 938-4281
Family Services Agency, Inc.	(301) 840-3267
Granite House, Inc.	(410) 876-3007 ext. 140
Mosaic Community Services, Inc.	(410) 453-9553 ext. 166
Way Station, Inc.	(301) 733-6063 ext. 244
The North Baltimore Center	(443) 573-6087

This Notice is effective **June 1, 2006**, and replaces earlier versions.



THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED (shared) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION
PLEASE REVIEW IT CAREFULLY

Purpose of the Notice:

This Notice of Privacy Practices describes how we may share your "protected health information" (PHI) to carry out treatment, payment, health care operations, and for other purposes that are permitted or required by law. It also describes your rights to see and control your PHI.

Sheppard Pratt is required by law to:

- make sure PHI is kept private;
- give you this notice of our legal duties and privacy practices that affect your PHI; and
- follow the terms of the notice that is currently in effect.

Definitions:

Protected Health Information (PHI) is medical information that identifies you or may provide a basis for identifying you, including demographic information. Your PHI relates to your past, present or future physical or mental health condition and related health care services. Sheppard Pratt is required by law to keep records of the care which is provided to you.

You / Your is defined as any person receiving a health related service through Sheppard Pratt. If the subject of the PHI is a minor, patient means the parent (unless subject to a limiting court decree or custody agreement) or authorized legal representative(s). If the subject of the PHI is incapable of making an informed decision, patient means the authorized legal representative(s).

SHEPPARD PRATT in this Notice is defined as: Sheppard and Enoch Pratt Foundation which includes Sheppard Pratt Health System. The Sheppard Pratt Health System operates hospital programs in Towson and Ellicott City; partial hospitalization programs; The Retreat and Overlook at Sheppard Pratt; the Eleanor and Berkeley Mann Residential Treatment Center, Sheppard Pratt Respite Program, Jefferson Residential Treatment Center, and Sheppard Pratt Physician P.A. Also included are the affiliates of the Foundation: Mosaic Community Services, Inc.; Family Services Agency, Inc.; Granite House, Inc.; The North Baltimore Center and Way Station, Inc. Our joint venture program Behavioral Health Partners of Frederick is also included under the Sheppard Pratt definition and this Notice. These groups may share PHI with each other for treatment, payment or health care operation purposes described in this notice.

Designated Record Set is defined as one individual's medical and billing records; i.e., your medical and billing records are a "designated record set".

Treating Clinician is defined as the individual primarily responsible for providing the patient's mental health services at Sheppard Pratt.

Medical Record is defined as a record of clinical services provided. The medical record is part of the designated record set.

Patient is defined as any person receiving a health related service through Sheppard Pratt.

Who Will Follow this Notice:

- Any Sheppard Pratt health care professional authorized to enter information into your medical record;
- All Sheppard Pratt departments and units that have access to PHI;
- All Sheppard Pratt employees and staff that have access to PHI;
- Any Sheppard Pratt volunteer who is permitted to provide you services or assistance and to volunteers providing Sheppard Pratt operational services assistance;
- All these entities, sites and locations defined as Sheppard Pratt follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operation purposes described in this notice.

How We May Use and Share PHI About You:

These categories describe different ways that Sheppard Pratt use and share your PHI. For each category we will explain what we mean and try to give some examples. Not every use in a category will be listed. However, all of the ways Sheppard Pratt is permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** Sheppard Pratt will use and share your PHI to provide, coordinate, or manage your health care and related services. We may use and disclose your PHI to tell you about, or recommend possible treatment options or alternatives that may be of interest to you. We may share PHI about you with:
 - Health care practitioners such as doctors, nurses, technicians, student trainees, or other personnel who are involved in taking care of you at Sheppard Pratt.
 - Different departments of Sheppard Pratt in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.
 - People outside of Sheppard Pratt who may be involved in your medical care after you leave our program, such as referrals to aftercare placement or providers outside of Sheppard Pratt who are treating you.

- **For Payment:** Your PHI will be used to obtain payment for health care services provided by Sheppard Pratt. This will include contacting your health insurance plan to get approval for payment of recommended psychiatric services. Your insurance company will be contacted to determine eligibility for benefits, to review services for medical necessity, and to undertake utilization review activities. This also may include sharing information with others, such as Medicare or Medicaid for the purposes of obtaining payment.

- **Healthcare Operations:** We may use and share your PHI to support healthcare operations of Sheppard Pratt. For example, we may use PHI to review our treatment and to evaluate the performance of our staff in caring for you. This helps to make sure all of our patients, clients, and residents receive quality care and services. We may also combine PHI about many patients and clients to decide what additional services Sheppard Pratt should offer, what services are not needed, and whether certain treatments are effective. We may also share information with health care practitioners such as doctors, nurses, technicians, student trainees and other personnel for review and learning purposes. We may also share your PHI with Health Oversight Agencies for activities authorized by law such as audits, inspections, licensure, government benefit programs, the Mental Hygiene Administration and/or their Core Service Agencies.

- **Appointment Reminders, Treatment Alternatives and Health-Related Benefits and Services:** We may use PHI to remind you that you have an appointment for treatment or services at Sheppard Pratt. We may also tell you about possible treatment options that may be of interest to you, such as drug treatment services offered at Partners in Recovery, clinical research studies, or services to address domestic violence.

- **Fundraising Activities:** We may use PHI about you to contact you in an effort to raise money for Sheppard Pratt. We only would use contact information, such as your name, address and phone number and the dates you received treatment or services at Sheppard Pratt. If you do not want Sheppard Pratt to contact you for fundraising efforts, you must notify the Office of Philanthropy at Sheppard Pratt in writing.

- **Facility Directory:** In our programs, we will list your name and location within Sheppard Pratt in our Facility Directory while receiving services. The Facility Directory is used to reveal your location at Sheppard Pratt to outside callers not otherwise legally entitled to the information. If you desire not to be listed in our Facility Directory, your name and location will not be given to those calling to speak to you or visit you. At admission you must notify our admission office in writing if you do not want to be listed in our Facility Directory.

- **Individuals Involved in Your Care or Payment for Your Care:** With your agreement, we may share your PHI with a family member, relative, close friend, or any other person you identify. Only information that directly relates to that person's involvement in your health care will be shared. If you are unable to agree or object, we may share information, if based on professional judgment we

determine that it is in your best interest. In addition, in the event of a disaster, we may share PHI related to your status and location with your family and/or organization assisting in disaster relief effort.

- **Research:** In special cases, we may use and share your PHI for research purposes. For example, a research project may compare the health and recovery of all patients who received one medication to those who received a different medication for the same condition. However, all research projects must be approved through an Institutional Review Board. This process evaluates a proposed research project and its use of medical information. The patients' need for privacy is balanced with the researcher's need for medical information. The Institutional Review Board will review and set up rules for using PHI before any information is released. If you volunteer to participate in a research study, the consent form you sign to participate in the research study will inform you of any special uses to be made of your PHI.

- **As Required By Law and Public Health Activities:** We may use or share your PHI to comply with local, state or federal law. Only information that is required will be released. Examples of this would include reporting for public health activities; notification of abuse, neglect, or domestic violence; health oversight activities; judicial and administrative proceedings; and law enforcement.

- **To Avert a Serious Threat to Health or Safety:** We may use and share PHI about you when, in our judgment necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

- **Military Activity and National Security and Intelligence Activities:** Under certain circumstances we may share your PHI with authorized federal officials involved in national security and intelligence activities. This may include activities such as providing protective services to the President or foreign heads of state. Information may also be given to federal officials to conduct special investigations. When appropriate conditions apply, we may use or share PHI of Armed Forces Personnel (1) for activities deemed necessary by military command authorities, (2) to determine your eligibility for benefits by the Department of Veterans Affairs, or (3) to foreign military authority if you are a member of that foreign military services.

- **Workers' Compensation:** Your PHI may be disclosed to comply with workers' compensation laws and other similar legally-established programs. These programs provide benefits for work-related injuries or illness.

Your Rights Regarding PHI About You:

You have the following rights regarding the PHI we maintain about you:

- **Right to See and Copy Your PHI:** For as long as we keep your PHI, you have the right to see and get a copy of your PHI that is contained in your designated record set. However, Federal law states

that you may not read or copy psychotherapy notes so these notes will not be available to you.

To read and copy PHI, you must write to the Department of Health Information Management at the Sheppard Pratt location where you received treatment.

- If you request a copy of the information, we may charge a reasonable fee for the associated costs of copying and mailing your request.
- In certain limited situations, we may deny your request to read and copy your PHI. In some circumstances, you may have a right to have this decision reviewed, and the decision to deny access may be reversed. Please contact our Department of Health Information Management if you have questions about access to your PHI.

- **Right to Amend Your PHI:** You have a right to amend by adding to your PHI in your designated record set for as long as we keep this information. To request to add information, your request must be in writing to the Department of Health Information Management where you received treatment. You must include a reason for your request. If your request is not in writing or does not include a satisfactory reason, we may deny your request to amend by adding to your designated record set. In addition, we can not permit you to amend information that:

- Was not created by us.
- Is not part of the PHI kept by or for Sheppard Pratt.
- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete.

If we should deny your amendment request, you have the right to insert in the record a concise statement of the reason you disagree with the record.

- **Right to a List of Disclosures:** You have a right to receive a list describing specifically who has received PHI about you during the last six (6) years beginning after April 14, 2003. There are certain restrictions and limitations. This list will not include those who have received PHI for treatment, payment or healthcare operations, as described in this Notice of Privacy Practice. It also will not include those who have made inquiry of a Facility Directory, or family members or friends involved in your care, or to whom notification was given.

- To request this list or accounting of disclosures, you must write to the Department of Medical Records at the Sheppard Pratt location in which you received services.
- Your request must state a time period that may not be greater than six years.
- The first list you request within a 12-month period will be free.
- For additional lists, we may charge you for the costs of providing the list.