Sheppard Pratt
HEALTH SYSTEM

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 Health System 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,
- follow the terms of the Notice that is currently in effect, and
- notify affected individuals following a breach of unsecured protected health information.

Uses and disclosures not described in this Notice will be made only with your written authorization, which may be revoked as provided below.

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 or Patient 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. Sheppard Pratt Health System operates hospital programs in Towson and Ellicott City, partial hospitalization programs, The Retreat at Sheppard Pratt, the Eleanor and Berkeley Mann Residential Treatment Center, Sheppard Pratt Respite Program, The Jefferson School and Residential Treatment Center, and Sheppard Pratt Physician P.A. Also included in this definition are the affiliates of Sheppard and Enoch Pratt Foundation: Mosaic Community Services, Inc., Family Services, Inc., Way Station, Inc., and Alliance, 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.

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. This may be in electronic or paper form. Billing records are separated from the medical record. In addition, psychotherapy notes are separated from the rest of the patient's medical record. Psychotherapy notes are notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session. Psychotherapy notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Who Will Follow this Notice:

- Any Sheppard Pratt health care professional authorized to enter information into your medical record
- All Sheppard Pratt employees, physicians, departments, and units that have access to PHI
- Any Sheppard Pratt volunteer permitted to provide you services or assistance and to provide Sheppard Pratt operational services assistance
- All these entities, sites, and locations defined as Sheppard Pratt

How We May Use and Share PHI About You:

These categories describe different ways that Sheppard Pratt uses and shares 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, or contract personnel with 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 insurance company to get approval for payment of recommended psychiatric services, 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 receive quality care and services. We may also combine PHI about many patients 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 state, federal, or accrediting agencies for activities such as audits, inspections, and licensure.

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, 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 or by emailing the Office of Philanthropy at give@sheppardpratt.org.

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 healthcare 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 current or future 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 wi ll 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 activities.

To Avert a Serious Threat to Health or Safety: We may use and share PHI about you when, in our judgment, it is 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 (I) 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 service.

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 illnesses.

Your Rights Regarding PHI About You:

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

Facility Directory: At admission, you will be asked if you want your name listed in the Facility Directory. 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 to be listed in our Facility Directory, your name and location will be given to those calling to speak to you or visit you. If you do not want to be listed, you must inform the Admissions Office or your treatment team.

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 medical and/or billing records. In most cases, the use or disclosure of psychotherapy notes requires your specific written permission.

To read and copy PHI: You must contact 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.
- You have the right to an electronic copy of the electronic medical record in a form that is readily producible by Sheppard Pratt.

Right to Amend Your PHI: You have a right to amend by adding to your PHI in your medical record 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 the record. In addition, we cannot 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 not 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. 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 Practices. It also will not include those who have made inquiry of a Facility Directory, 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 Health Information Management 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

Right to Request Restrictions: You have the right to request that we limit how we use and disclose your PHI. You may restrict giving your PHI to your health insurance plan if you pay out-of-pocket, in full for services. In other circumstances, if you request limiting how we use or disclose your PHI, we will consider your request but, we are not legally required to agree to your request.

- 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.

If we do agree, we will limit the information unless it is needed to provide you emergency treatment.

Right to Choose Confidential Communications: You have the right to request that we communicate with you about healthcare 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
- 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

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 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 PHI we already have about you, as well as any PHI we receive in the future. 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 readmitted to a Sheppard Pratt program. Copy of the current Notice will be posted on the Sheppard Pratt Health System web page and at the facility.

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.

Right to Revoke Authorization: If you give us permission or authorization to use or share PHI about you, you may take back that permission or authorization 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 laws allow 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 or authorization, 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.

The following paragraph applies only to PHI pertaining to your treatment provided by the following agencies: Family Services, Inc.; Mosaic Community Services, Inc.; Way Station, Inc.; Alliance, Inc.; and Sheppard Pratt Health System, Inc.:

We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care, and assist providers and public health officials in making more informed decisions. Sheppard Pratt Health System, Inc., will not be sharing your health information but may obtain information provided by other providers. You may "opt-out" and disable all access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax, or through their website at crisphealth.org.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with Sheppard Pratt or the Secretary of the U.S. Department of Health and Human Services by contacting 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 Officer for Sheppard Pratt Health System at 410-938-4281 or the Privacy Officer at the specific location where you received treatment.

Privacy Officer Phone Number Listing

SHEPPARD PRATT Location	Privacy Officer Contact Number
Sheppard Pratt Health System	(410) 938-4281
Family Services, Inc.	(301) 840-3267
Mosaic Community Services, Inc.	(410) 453-9553 ext. 1154
Way Station, Inc.	(301) 662-0099
Alliance, Inc.	(410) 282-5900 ext. 3023
Behavioral Health Partners	(301) 663-8263 ext. 228

This Notice is effective *April 1, 2014* and replaces earlier versions.