Right to Request Restrictions: You have the right to request that we limit how we use and disclose your PHI. You may request your PHI to be limited in our use and disclosure of your PHI to carry out treatment, payment, and health care operations. For example, you may request restrictions so that we may only contact you at work or by mail. Your request must state in what manner you wish to limit the use, disclosure or both.

• 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 (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 agree to do so, 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 health 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 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 wish to receive or limit; and (2) whether you want to limit our use, disclosure or both.

• We will accommodate reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. It may be obtained at our website sheppardpratt.org or you can contact the Privacy Officer at the facility where you are being treated.

Changes to This Notice: We have the right to change this Notice. We will abide by the Notice in effect at the time we receive your PHI. If we change our Notice, we will post the new Notice in the Notice section on our website sheppardpratt.org, in your medical record, and at other locations where you are being treated in your facility. If you are a patient or client in the hospital, we will provide you with a new Notice of Privacy Practices at the time of your discharge.

Privacy Officer Phone Number Listing

<table>
<thead>
<tr>
<th>SHEPPARD PRATT</th>
<th>Privacy Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Contact Number</td>
</tr>
<tr>
<td>Behavioral Health Partners</td>
<td>(301) 663-8263 ext 228</td>
</tr>
<tr>
<td>Family Services, Inc.</td>
<td>(301) 840-3267</td>
</tr>
<tr>
<td>Mosaic Community Services, Inc.</td>
<td>(410) 453-9553 ext. 1154</td>
</tr>
<tr>
<td>Sheppard Pratt Health System</td>
<td>(410) 938-4281</td>
</tr>
<tr>
<td>Way Station, Inc.</td>
<td>(410) 662-0099</td>
</tr>
</tbody>
</table>

This Notice is effective October 15, 2016 and replaces earlier versions.

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 not otherwise 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.
• follow the terms of the notice that is currently in effect, and
• notify affected individuals following a breach of your PHI.

Definitions:

Protected Health Information (PHI) is medical information that identifies you and 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.

Your/Patient/Client is defined as any person receiving a health related service through Sheppard Pratt. If the subject of the PHI is a minor, “patient/client” means the parent (unless subject to a lifting of confidentiality order) or authorized legal representative(s). If the subject of the PHI is incapable of making an informed decision, “patient/client” means the authorized legal representative(s).

Sheppard Pratt in this Notice is defined as: Sheppard and Encho Pratt Foundation which includes Sheppard Pratt Health System. Sheppard Pratt Health System operates hospital programs in Towson and Ellicott City, and other hospitalization programs, The Retreat at Sheppard Pratt, the Berkshire and Eleanor Mann Residential Treatment Center, The Jefferson School & Residential Treatment Center, and Sheppard Pratt Physician P.A. Also included in this definition are the facilities of

In the event of a breach of PHI, you will be notified in writing at your addresses of record (by first class mail or e-mail) of the breach and the steps we have taken to address the breach.

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about you with: options or alternatives that may be of interest to you. We may share PHI and disclose your PHI to tell you about or recommend possible treatment during a private counseling session or a group, joint, or family counseling session. These groups may share psychotherapy notes that may be in electronic or paper form. Billing records are separate 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 (physician or other health care practitioner) who documented psychotherapy services, to determine eligibility for benefits, to review services for your treatment plan, and to conduct peer 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. For example, we may use or share your 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 receive the best possible care and services. To determine patients/clients to decide what additional services Sheppard Pratt should offer, to review the quality of services we offer, and to develop or evaluate new treatments are effective. We may also share information with health care practitioners such as doctors, nurses, technicians, student trainees, and other personnel for purposes of quality improvement and for training 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 any way (including telephone, e-mail, mail, text messages) to tell you about fundraising efforts. If you do not want us to contact you for fundraising efforts, you must notify the Office of Philanthropy at Sheppard Pratt in writing by or calling the Office of Philanthropy at give@sheppardpratt.org or by phone at 301-402-6069. In addition, we cannot permit you to amend information that:

- Is 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 deny your request, you have the right to have the matter reviewed by a dispute resolution entity.

In special cases, we may use and share PHI in a limited way when, in our judgment, it is necessary to prevent or stop a serious threat to health or safety. Information about you may be shared when, in our judgment, it is necessary to protect you or another individual from a serious threat to your health and safety or to the health and safety of the community. If appropriate, we will use our best efforts to notify you beforehand or obtain a court order or other legal process before we make the disclosure.

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, state, local, and tribal authorities when necessary to prevent or stop a serious threat to health or safety. If we share this information in limited circumstances, we will limit the information we share to what is reasonably necessary to prevent or stop the threat and make sure the risk has been fully assessed.

Your Rights Regarding PHI About You:

- 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.
- 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.

To read and copy PHI. You must contact the Department of Health Information Management or medical records designee 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 costs of copying and mailing your request.
- In certain limited situations, we may deny your request to read and copy PHI. If we deny your request, you will have the opportunity to have the matter reviewed by a dispute resolution entity.
- If you have this decision reviewed, and the decision to deny access may be reversed. Please contact our Department of Health Information Management or medical records designee 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 or change any PHI that you believe is incorrect or incomplete. We may deny your request if it falls into one of the following categories:

- We cannot amend the PHI if the accuracy and completeness of the PHI is limited by law or by our policies.
- It is not possible to determine the accuracy of the information that you want to amend.
- You did not provide written notice of the information you want to amend or correct 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 an alternative to the procedures described above, we may enter into an agreement or an amendment to your medical record to comply with your request for an amendment of your PHI. However, we may share PHI about you when, in our judgment, it is necessary to prevent or stop a serious threat to health or safety; to support healthcare operations; as described in this Notice of Privacy Practices. It also will not include those who have made a 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 or medical records designee 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.