

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



Sheppard Pratt

Purpose of the Notice:

This Notice of Privacy Practices (Notice) 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,
- Follow the terms of the notice that is currently in effect,
- Notify affected individuals following a breach of unsecured protected health information.

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/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 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 /client" means the authorized legal representative(s).

Sheppard Pratt in this Notice is defined as Sheppard and Enoch Pratt Foundation, Inc. and each of its subsidiaries, which includes all Sheppard Pratt programs. Sheppard Pratt operates hospital programs, partial hospitalization programs, The Retreat at Sheppard Pratt, Sheppard Pratt School & RTC -Towson, Sheppard Pratt Community Services, and Sheppard Pratt Physicians, P.A. 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/client'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 separate 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, students, trainees, departments, and units that have access to PHI.
- Any Sheppard Pratt volunteer who is permitted to provide you services or assistance and volunteers providing 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.

If you receive treatment for a substance use disorder including alcohol or drug treatment, your PHI is also protected under regulations governing the Confidentiality of Substance Use Disorder Patient Records 42 CFR Part 2 (Part 2). We may use or disclose substance use disorder (SUD) records in accordance with this Notice of Privacy Practices. To reduce the number of consent forms you must sign, you may provide a single consent form for all future uses and disclosures of your SUD records that we may make for treatment, payment or healthcare operations purposes. We may use or disclose SUD records without your consent if you are experiencing a medical emergency and your consent cannot be obtained or when required or permitted by law as described in this Notice. Any use or disclosure of SUD records not described in this Notice will not be made without your written consent.

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, 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/clients receive quality care and services. We may also combine PHI about many patients/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 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 use contact information, such as your name, address, and phone number, treating physician, 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. If you opt out, we will take reasonable measures to ensure you don't receive further fundraising communication. If you receive treatment for a SUD in a Part 2 program (as defined under 42 CFR Part 2), you will be asked for your permission prior to the use or disclosure of PHI for this purpose.

Uses and Disclosures Requiring Written Authorization: Except as otherwise permitted under HIPAA, your written authorization is required for the use and disclosure of psychotherapy notes, SUD records, SUD counseling notes, certain marketing activities; and the sale of your PHI to a third party.

Facility Directory: At admission for inpatient services, you will be asked if you want your name to be listed in the facility directory. The directory information may be released to people who ask for you by name and reveal your location in the Sheppard Pratt hospitals 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 in the directory, you must inform the Admissions Office or your treatment team.

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.

Decedents and Organ Procurement Activities: We may disclose PHI to coroners, funeral directors and medical examiners as permitted by law in order for them to carry out their activities. We may disclose PHI to organ procurement organizations that facilitate organ and tissue donation.

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/clients 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'/clients' 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 disclose your PHI to public health authorities to comply with local, state, or federal law. Only information that is required will be released. Examples of this include reporting to public health authorities responsible for receiving reports of abuse, neglect, or domestic violence; deaths; exposure to various diseases; adverse reactions to medications; product recalls; and other health oversight activities.

Judicial and Administrative Proceedings and Law Enforcement Activities: We may disclose your PHI to comply with lawful judicial or administrative requests such as a subpoena, court order, summons, or court-ordered warrant. We may disclose your PHI to a law enforcement official for law enforcement purposes such as reporting the commission of a crime that may have occurred on the premises, reporting the victim of a crime, or to locate or identify a suspect or missing person. SUD treatment records, including alcohol and drug treatment records, received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings without specific written consent or a court order accompanied by a subpoena or other legal mandate compelling disclosure that complies with the requirements of Part 2.

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 (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 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 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 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 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 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 or the medical records designee where you receive treatment 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 request that we amend PHI in your medical record for as long as we keep this information. Your request to amend PHI must be in writing to the Department of Health Information Management or the medical records designee 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 PHI in your medical record. In accordance with applicable regulations, we cannot delete medical record entries. In addition, we cannot 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. 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 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.

Right to request Restrictions: You have the right to request that we restrict or limit certain uses and disclosures of your PHI for treatment, payment and healthcare operations, or to individual(s) involved in care or payment for care. You must make your request in writing to your treating clinician. The written request must include a description of the information you want to restrict the use and/or disclosure and the reason for the restriction. With limited exception, we are not required to agree with your request. If we are unable to accommodate your request, we will notify you. Request for restrictions to share information with a health plan for services paid for out-of-pocket cannot be denied unless disclosure is otherwise required by law,

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.
- 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 receive 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 may contact the Privacy Officer. You have a right to discuss it with the Privacy Officer at 410-938-3407 or Privacy@sheppardpratt.org if you have any questions.

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. A copy of the current Notice will be posted on the Sheppard Pratt 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 authorization which may be revoked as provided below.

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 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 provide to you. PHI that has been used or disclosed pursuant to authorization may be subject to re-disclosure by the recipient unless the information is protected under federal confidentiality regulations, Part 2. With the exception of SUD records, once information is released, we cannot prevent the recipient from further disclosing the information.

- To take back your permission or authorization, you must make your request in writing. Send your request to the Department of Health Information Management or medical records designee 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.

Health Information Exchanges:

Chesapeake Regional Information System for our Patients, Inc. (CRISP): Sheppard Pratt has chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide health information exchange (HIE). 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 will not only share your health information but may also obtain information provided by other providers. The PHI shared may include sensitive information such as substance use disorder diagnosis including alcohol and drug treatment, mental health diagnosis, or other confidential data if the information is part of your encounter. 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 www.crisphealth.org. Please note that public health reporting, in accordance with the law, as well as Controlled Dangerous Substances Information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers. If you have previously opted out and your demographic information has changed, for example your address or phone number has changed, CRISP suggests that you contact them again to ensure that your status as opted out remains unchanged.

Carequality: Sheppard Pratt's Community Services programs using the Evolv electronic health record have chosen to participate in Carequality, a 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 will not only share your health information but also may obtain information provided by other providers. You may "opt-out" and disable all access to your health information available through Carequality by telling your Sheppard Pratt care provider that you do not wish to participate. Please note that Carequality is not the same as CRISP. Opting out of one of these Health Information Exchanges does not automatically opt out of the other. These HIEs operate independently.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with Sheppard Pratt by contacting the Privacy Officer at Sheppard Pratt.

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

You may also file a complaint concerning the privacy or security of your health information or your rights concerning your information directly with the secretary of the U.S. Department of Health and Human Services. If you have questions about this Notice, or would like to exercise your Privacy Rights, please contact the Privacy Officer for Sheppard Pratt at 410-938-3407 or privacy@sheppardpratt.org.

**This Notice is effective April 15, 2026
and replaces earlier versions.**



Sheppard Pratt

sheppardpratt.org