

*Associated Catholic Charities
Notice of Privacy Practices*

Effective Date: July 29, 2024

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.*

General Description and Purpose of Notice

This notice describes Associated Catholic Charities' ("Catholic Charities") privacy practices and those of the following:

- a) Any health care professional authorized to enter information into your medical record created and/or maintained by Catholic Charities;
- b) All programs and departments of Catholic Charities;
- c) A volunteer or mentor working with your child while he or she is receiving services provided by Catholic Charities; and
- d) All Catholic Charities employees, staff and other personnel.

All of the individuals or entities identified above will follow the terms of this notice. These individuals or entities may share your or your child's health information with each other for purposes of treatment, payment or health care operations, as further described in this notice.

Our Pledge Regarding Your or Your Child's Health Information

We are committed to preserving the privacy and confidentiality of your or your child's health information created and/or maintained at Catholic Charities. Certain federal, state and local laws and regulations require us to implement policies and procedures to safeguard the privacy of this health information.

This notice will provide you with information regarding our privacy practices and applies to all of your or your child's health information created and/or maintained by Catholic Charities, including any information that we receive from other health providers or facilities. This notice describes the ways in which we may use or disclose this health information and also describes your rights and our obligations regarding any such uses or disclosures. We are required by law to maintain the privacy of your protected health information, to provide you with a copy of our Privacy Practices, and to notify you in the event of a breach of your or your child's protected health information. We are required by law to abide by the statements within this Notice of Privacy Practices. We reserve the right to make any necessary changes and updates to our Privacy Practices, and these new provisions affect all protected health information that we maintain. We will abide by the terms of this notice, including any future revisions that we may make to the notice as required or authorized by law. If we change any

of our Privacy Practices, an updated Notice of Privacy Practices will be made available upon request and will be posted in a clear and prominent location.

How We May Use or Disclose Health Information About You or Your Child

We may use or disclose health information about you or your child, without your written consent, for purposes related to/for:

- **Treatment.** We may use your or your child's health information to provide you or your child with health care treatment and services. We may share this health information with the Catholic Charities staff who are involved in your or your child's health care. For example, our physician may order a change in medications that your child receives. This information will be provided to the other members of the treatment team and then to the pharmacy. We also may disclose your or your child's health information to people outside of Catholic Charities who may be involved in your or your child's health care, such as family members, another program to which you or your child is being referred for treatment, or a representative of the local mental health agency.
- **Appointment Reminders and Treatment Alternatives.** We may use or disclose your or your child's health information for purposes of contacting you to remind you of an appointment and to offer alternative treatment suggestions and other health related benefits.
- **Payment** We may use or disclose your or your child's health information so that we may bill and collect payment from you, an insurance company or another third party for the health care services you receive at Catholic Charities. For example, we may need to give information to your health plan regarding the services you received from Catholic Charities so that your health plan will pay us or reimburse you for the services. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval for the services or to determine whether your health plan will cover the treatment.
- **Health Care Operations** We may use or disclose your or your child's health information to perform certain functions within Catholic Charities. These uses or disclosures are necessary to operate Catholic Charities and to make sure that clients receive quality care. For example, we may use your or your child's health information to review our treatment and services and to evaluate the performance of our staff in caring for you or your child. We may combine health information about many of our clients to determine whether certain services are effective or whether additional services should be provided. We may disclose your or your child's health information to accrediting organizations, relevant agencies of the State of Maryland and other personnel for review and learning purposes. We also may combine health information with information from other health care providers or facilities to compare how we are doing and see where we can make improvements in the care and services offered to our clients. We may remove information that identifies you or your child from this set of health information so that

others may use the information to study health care and health care delivery without learning the specific identities of our clients.

- Health Information Exchanges. Catholic Charities may share information that we obtain or create about you or your child with other health care providers or health care entities, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. An HIE is a technology framework that allows for secure electronic exchange of health information among participating organizations such as hospitals, physician offices, labs, radiology centers, and other medical providers. Exchanging information through HIEs allows Catholic Charities and other participating providers faster access to critical health information about you or your child, which can assist providers in making more informed treatment decisions and coordinating your care.

Catholic Charities has chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a regional HIE serving Maryland. CRISP is also affiliated with and shares data with other HIEs, including those in Alaska, Connecticut, Washington, D.C., Maryland, and West Virginia. As permitted by law, your or your child's health information will be shared with this HIE in order to provide faster access, better coordination of care, and to assist providers and public health officials in making more informed decisions. You may "opt-out" and disable 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. If you opt-out of CRISP, certain health information about you may still be available through the exchange as permitted or required by law. For example, public health reporting and controlled dangerous substance information, as part of the Maryland Prescription Drug Monitoring Program, will still be available to providers through CRISP. To learn more about CRISP's medical record sharing policies and to read CRISP's Notice of Privacy Practices, you may visit CRISP's website at www.crisphealth.org.

- Family Members and Other Individuals Involved in Your Care. Unless you object, we may use or disclose you or your child's health information to family members or other persons involved in you or your child's care or who help pay for the care. Catholic Charities may also allow them to pick up medical supplies, x-rays, or filled prescriptions on your behalf. If you are unavailable, Catholic Charities will use professional judgement to determine what is in your best interest. We may also disclose your or your child's health information to persons assisting in disaster relief efforts for the purpose of notifying family or friends involved in the care about your or your child's condition, status, and location.
- Fundraising Activities. We may use a limited amount of your or your child's health information, including name, address, telephone number and dates of service, for purposes of contacting you or your family to raise money for Catholic Charities. The information that we may use or disclose will be limited to your name, address, phone number and dates for which you received treatment or services at Catholic Charities. If you do not want Catholic Charities to contact you for these fundraising purposes, you

must notify the Catholic Charities Compliance Officer in writing at 2300 Dulaney Valley Road, Timonium, MD 21093.

- Public Health Activities We may disclose your or your child's health information to public health authorities authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury or disability. We may also disclose your or your child's health information for the following purposes:
- Health Oversight Activities We may disclose your or your child's health information to a health oversight agency that is authorized by law to conduct health oversight activities. These oversight activities may include audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.
- Legal Proceedings We may disclose your or your child's health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your or your child's health information in accordance with a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if it is clear that efforts have been made by the party seeking the information to (i) notify you of the request for disclosure or (ii) obtain an order protecting your or your child's health information from use or disclosure for any other purpose than the litigation or proceeding for which it is requested.
- Workers' Compensation. We may use or disclose your health information to your employer, under certain circumstances, including in connection with workers' compensation programs.
- Law Enforcement. We may disclose your or your child's health information in response to a request received from a law enforcement official as permitted or required by law to aid in the search for a criminal or fugitive or a criminal investigation.
- Coroners, Medical Examiners, or Funeral Directors. We may disclose your health information to a coroner or medical examiner to identify a deceased individual, determine the cause of death, and to help funeral directors carry out their duties
- Organ Procurement Organizations or Tissue Banks. If you are an organ donor, we may disclose your medical information to organizations that handle organ and tissue procurement and donations.
- Research We may use or disclose your or your child's health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your or your child's health information for research purposes until the particular research project for which your or your child's health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your or your child's health

information to individuals preparing to conduct the research project in order to assist them in identifying clients with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your or your child's health information that may be done for the purpose of identifying qualified participants will be conducted onsite at Catholic Charities. We will ask for your specific permission to use or disclose your or your child's health information if the researcher will have access to your name, address or other identifying information.

- To Avert a Serious Threat to Health or Safety. We may use or disclose your or your child's health information when necessary to prevent a serious threat to the health or safety of you or other individuals. Any such use or disclosure would be made solely to the individual(s) or organization(s) that have the ability and/or authority to assist in preventing the threat.
- Military and Veterans. If you are or were a member of the armed forces, we may disclose your health information as required by military command authorities.
- National Security and Intelligence Activities We may disclose your or your child's health information to authorized federal officials for purposes of intelligence, counterintelligence and other national security activities, as authorized by law.
- Business Associates. Catholic Charities may disclose your health information to outside businesses known as "business associates" that provide services on our behalf, such as billing, electronic medical record storage and maintenance, or consulting services. Our business associates are required to sign a contract requiring them to appropriately safeguard your health information.

Uses and Disclosures Requiring Authorization

In certain instances not described in this Notice, we may use or disclose health information about you or your child only with your written authorization. For example, with limited exceptions, we must obtain your authorization before using or disclosing your health information for marketing purposes; disclosing your or your child's health information to an attorney for use in a civil litigation claim; or using and disclosing psychotherapy notes.

Psychotherapy notes are defined as notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private, joint, group, or family counseling session and that are separated from the rest of a patient's medical record. Practitioners at Catholic Charities do not generally create psychotherapy notes. In the event that psychotherapy notes are kept, we may not use or disclose your psychotherapy notes without your written authorizations, except in the following circumstances:

- a) Use by the originator of the psychotherapy notes for treatment;

- b) Use or disclosure by Catholic Charities for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family or individual counseling;
- c) Use or disclosure by Catholic Charities to defend itself in a legal action or other proceeding brought by you; or
- d) As required or permitted by law in limited circumstances.

You have the right to revoke a written authorization at any time by making a written request to the Catholic Charities Privacy Officer, whose contact information can be found below. If you revoke your written authorization, we will no longer use or disclose your health information for the purposes identified in the authorization. You understand that we are unable to retrieve any disclosures that we may have made in accordance with your authorization prior to its revocation.

Your Rights Regarding Your or Your Child's Health Information

You have the following rights regarding your or your child's health information that we create and/or maintain:

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Generally this includes medical and billing records but does not include psychotherapy notes.

To inspect and copy your or your child's health information, you must submit your request in writing to the Medical Records Coordinator. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy your or your child's health information in certain limited circumstances. If you are denied access to your or your child's health information, you may request that the denial be reviewed. Another licensed health care professional selected by Catholic Charities will review your request and the denial. The person conducting the review will not be the person who initially denied your request. We will comply with the outcome of this review.

If access to a mental health record is denied, after review, based on a professional judgment that disclosure would be injurious to the health of the person on whom the record is kept, upon your written request Catholic Charities will:

- a) Make a summary of the undisclosed portion of the record available to you;
- b) Insert a copy of the summary in the medical record;
- c) Permit examination or copying of the medical record by another health care provider authorized to treat you or your child for the same condition; and

- d) Inform you of your right to select another health care provider.
- Right to Request an Amendment. If you feel that the health information we have about you or your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Catholic Charities.

To request an amendment, your request must be made in writing and submitted to the Medical Records Coordinator. In addition, you must provide us with a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that is as follows:

- a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- b) is not part of the health information kept by or for Catholic Charities;
- c) is not part of the information that you would be permitted to inspect and copy; or
- d) is accurate and complete.

If we refuse your request for an amendment of the medical record, you have the right to appeal that decision. If, as a result of the appeal, it is decided that the record should not be amended, you have the right to have placed in the medical record a concise statement noting disagreement with the specific content in the record. Any explanation of disagreement placed in the record under these circumstances must be maintained as part of the record as long as the record or contested portion is maintained. If the record of the client or the contested portion is disclosed by Catholic Charities to any party, the explanation will also be disclosed to that party.

- Right to an Accounting of Disclosures. You have the right to request an accounting of the disclosures that we have made of your or your child's health information. This accounting will not include disclosures of health information that we made for purposes of treatment, payment or health care operations.

To request an accounting of disclosures, you must submit your request in writing to the Medical Records Coordinator. Your request must state a time period that may not be longer than six (6) years prior to the date of your request and may not include dates before April 14, 2003. Your request should indicate in what form you want to receive the accounting (*e.g.*, on paper or via electronic means). We will not charge you for the first request for an accounting within any 12-month period. If you make more than one request within a 12-month period, however, we may impose a reasonable, cost-based fee for each request after the first if we notify you of the fee ahead of time and give you an opportunity, based on that information, to modify or withdraw your request.

- Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received.

Except as set forth below, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

To request restrictions, you must make your request in writing to the Medical Records Coordinator. In your request, you must tell us the following: (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply (*e.g.*, disclosures to a family member).

Required Agreement for Certain Requests. We are required to agree to your request to limit disclosure of your or your child's protected health information to a health plan if:

- a) The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and
 - b) The protected health information pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid for in full.
- Right to Request Confidential Communications. You have the right to request that we communicate with you about your health care 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 the Medical Records Coordinator. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- Right to a Paper Copy of this Notice. You have the right to receive 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. To obtain a paper copy of this notice, contact the Medical Records Coordinator.

Questions or Complaints

If you have a question about this Notice or if you believe your privacy rights have been violated, please contact Catholic Charities Privacy Officer using the contact information below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. You will NOT be penalized for filing a complaint.

Catholic Charities, Privacy Officer
2300 Dulaney Valley Road
Timonium, MD 21093
Phone: 667-600-3026

Non-Discrimination Notice

Catholic Charities complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, or disability.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-657-7571 (TTY(MRC): 1-800-318-2596).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1- (1-855-657-7571. (TTY(MRC): 1-800-318-2596).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-657-7571 (TTY(MRC): 1-800-318-2596) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-657-7571 (телетайп: : 1-800-318-2596).

Documentation of Privacy Practices

This acknowledgement signifies the following:

- 1) I have been provided with a copy of Associated Catholic Charities' Notice of Privacy Practices.
- 2) I have read and understand the Notice of Privacy Practices.
- 3) If I have questions about the notice, I understand that I am able to contact Associated Catholic Charities for clarification.

Please sign this acknowledgement, and return it to Associated Catholic Charities as soon as possible.

Name of Client (please print)

Name of Responsible Party (please print)

Signature of Client/Responsible Party

Date