HIPAA Notice of Privacy Practices

Effective Date: December 17, 2019

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this notice, please contact the LifeBridge Health, Inc.; Sinai Hospital of Baltimore, Inc.; Northwest Hospital Center, Inc.; Levindale Hebrew SeniorLife Center and Hospital; Carroll Hospital; Grace Medical Center; Grace Medical Center Community Institute of Behavioral Services; Grace Medical Center New Hope, Nantucket Passage and ADAPT Cares Treatment Facility; Grace Medical Center Family Health & Wellness; Baltimore Child Abuse Center, Inc.; Lifetide Community Physicians, Inc.; and LifeBridge Health & Fitness, LLC. at these addresses, sites, and locations which follow the terms of this notice. In addition, all physicians, and practices and others that are affiliated with LifeBridge Health follow the terms of this notice. Throughout this document, the "facility" is used to refer to all of these sites and locations where medical information about you may be created, collected, used, or disclosed.

O UR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to providing high-quality care in an environment that respects your privacy. This notice applies to all of the services and activities the facility performs related to your care. We understand that medical information about you can be very private and we value your trust. That is why we make every effort to protect your medical information.

We, LifeBridge Health, Inc., Sinai Hospital of Baltimore, Inc.; Northwest Hospital Center, Inc.; Levindale Hebrew SeniorLife Center and Hospital; Carroll Hospital; Grace Medical Center; Grace Medical Center Community Institute of Behavioral Services; Grace Medical Center New Hope, Nantucket Passage and ADAPT Cares Treatment Facility; Grace Medical Center Family Health & Wellness; Baltimore Child Abuse Center, Inc.; Lifetide Community Physicians, Inc.; and LifeBridge Health & Fitness, LLC, are required by law to maintain the privacy of all of your health information and to provide you with this notice of our legal duties and privacy practices with respect to such information. We are also required by law to follow the terms of this notice for all of your health information that we obtained in the past, or may collect in the future.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we create or receive on or after the effective date of the change. You will be notified of changes in the content of this notice in writing. You may obtain a copy of our current notice by contacting us at any of the contact addresses or sites listed above.

HOW WE USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The facility is required to maintain certain records containing information that you give us or that we collect. We use medical information about you for purposes of providing care to you. The facility also uses certain medical information about you for purposes other than providing care to you. These uses and disclosures include a number of categories that are described below.

• For Treatment We may use medical information about you to provide you with medical treatment or services at the facility. We may use or disclose medical information about you to family, friends, or other persons who are involved in your care or the payment for your care, so that they may be involved in your care.
• For Payment We may use or disclose medical information about you to bill for services we have provided to you and to collect payment for services that we have provided to you. We may use or disclose medical information about you without your permission when the use or disclosure is required by law. We may also use or disclose your protected health information without your permission when the use or disclosure is necessary to prevent or contain a serious threat to your health and safety or the health and safety of the public. We may use or disclose medical information about you for certain public health activities. A public health agency may use or disclose medical information about you to prevent or contain an epidemic or for public health planning purposes. We may disclose medical information about you to an agency or department charged with responsibility to protect the safety of certain individuals. We may also disclose medical information about you to public health officials for surveillance purposes to report deaths or to identify cases of reportable diseases.
• For Health oversight activities We may use medical information about you for various purposes related to the oversight of the quality of the care you receive or the quality of the care we provide. We may share information about you with entities that oversee quality of care activities. We may use or disclose medical information about you to a person who may be involved in your medical care after you leave the facility, such as family members, clergy, or other persons who are involved in your care. We may also disclose information about you to a public health agency for purposes related to the safety of the public or for public health planning purposes. If a patient is believed to be a danger to the self or to others, or if the patient is in need of medical care, the facility must act in a timely manner to ensure the safety of the patient and others.
• For Research Activities We may use medical information about you in research projects, if we have your authorization to do so, or if we are required by law to do so. We may also use or disclose medical information about you in research projects if we are required to do so, even if you fail to give your authorization for the research project.
• For Strategic Planning Activities We may use or disclose medical information about you to develop a strategic plan for the facility. We may also use or disclose medical information about you to our affiliates for treatment, payment or facility operations purposes described in this notice.

SPECIAL SITUATIONS

The following situations can arise in the normal course of the care the facility provides, and the facility may disclose medical information about you in these situations.

• To avert a Serious Threat to Health or Safety We may use or disclose medical information about you for purposes of preventing a serious threat to your health and safety or the health and safety of the public. See the notice for a description of how the facility determines that a serious threat exists.
• To Promote a Product or Service The facility is permitted to use or disclose your protected health information, as well as information about other patients, to promote a product or service. The facility may also use or disclose the protected health information of one patient to compare that patient's health status with another patient's health status to promote a product or service.
• To Honor a Request We may use or disclose all medical information about you that you request us to disclose in a manner that you request us to disclose. Consistent with the requirements of this notice, if you request us to disclose all medical information about you, we may only disclose that portion of your medical information that you have requested.
• To Carry Out a Request We may use or disclose your protected health information as you request us to do so, if you request us to do so in writing. Consistent with the requirements of this notice, if you request us to disclose your protected health information, we may only disclose that portion of your medical information that you have requested.
• For Payment Authorization We may use or disclose your protected health information in order to perform necessary billing activities. For example, we may disclose information that is necessary to collect your payment for services that you have received. We may also use or disclose your medical information for purposes of the operations of the facility. The types of uses and disclosures described in this notice are not meant to be all-inclusive. If your request would result in the disclosure of information about you that is not described in this notice, we may consult with you to determine whether we are permitted to disclose the information.

You may file a complaint with the facility if you believe your rights have been violated by the facility. To file a complaint with LifeBridge Health, Inc.; Sinai Hospital of Baltimore, Inc.; Northwest Hospital Center, Inc.; Levindale Hebrew SeniorLife Center and Hospital; Carroll Hospital; Grace Medical Center; Grace Medical Center Community Institute of Behavioral Services; Grace Medical Center New Hope, Nantucket Passage and ADAPT Cares Treatment Facility; Grace Medical Center Family Health & Wellness; Baltimore Child Abuse Center, Inc.; Lifetide Community Physicians, Inc.; and LifeBridge Health & Fitness, LLC, contact the Privacy Officer at the contact addresses or sites listed above. The Privacy Officer will accept your complaint in any form you choose, and will not repress, retaliate against you for filing a complaint or otherwise attempt to penalize you for filing a complaint.

You will be notified of the results of your complaint within 60 days of our receipt of your complaint. The Director will include in this notice the name and address of the person to contact if you file a complaint with the facility, a description of the right to file a complaint, and any other relevant information.

This notice is provided by the LifeBridge Health, Inc.; Sinai Hospital of Baltimore, Inc.; Northwest Hospital Center, Inc.; Levindale Hebrew SeniorLife Center and Hospital; Carroll Hospital; Grace Medical Center; Grace Medical Center Community Institute of Behavioral Services; Grace Medical Center New Hope, Nantucket Passage and ADAPT Cares Treatment Facility; Grace Medical Center Family Health & Wellness; Baltimore Child Abuse Center, Inc.; Lifetide Community Physicians, Inc.; and LifeBridge Health & Fitness, LLC. as required by law. This notice is provided to you for your review. It is not intended to be a legal contract in any way. It is provided to you as an explanation of your legal rights with respect to the privacy of your health information, and to help you understand your legal choices with respect to the privacy of your health information.