

Privacy Notice

Effective Date: February 16, 2026

NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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.**

OUR COMMITMENT

Penn State Health understands that information about your health is personal to you. We are committed to protecting your medical information in accordance with this Notice, and as required by federal and state laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2 ("Part 2") related to substance use disorder records.

APPLICABILITY OF THIS NOTICE

This Notice applies to all entities and workforce (including students and volunteers) that are a part of the Penn State Health (PSH) System. You can learn more about the PSH organization at: <https://www.pennstatehealth.org/>

This Notice applies to information created or received by PSH that describes:

- Your mental or physical health or condition;
- The health care services you receive; or
- Payment for health care services you receive.

The information described above is known as protected health information or "PHI", and is regulated by federal and state laws. This Notice does not apply to:

- Medical information that is not PHI;
- PSH's Health Plan or PSH as an employer;
- Any Joint Venture to which PSH has an interest that has not adopted this Notice; and
- Non-PSH medical providers.

JOINT NOTICE

Members of the PSH organization participate in an Organized Health Care Arrangement ("OHCA"). OHCA participants may share your information with each other for joint treatment, payment, and health care operations. Each member of the OHCA will use, disclose, maintain, and protect your health information in accordance with this Notice.

FEDERAL SUBSTANCE USE DISORDER PROGRAM RECORDS

Certain PSH facilities, units and staff specialize in providing substance use disorder treatment under federally funded programs ("Programs"). The confidentiality of substance use disorder patient records maintained by these Programs is protected by special federal law and regulations, in addition to HIPAA. Generally, these Programs may not disclose information identifying you as having or having had a substance use disorder unless:

- You consent in writing. A single consent may be used for all future treatment, payment or PSH operations;
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a medical

emergency or to qualified personnel for research, audit, or program evaluation.

- The disclosure is for other reasons permitted by Part 2 and other relevant laws.

HOW WE USE AND DISCLOSE YOUR PHI

TREATMENT

We may use and disclose your PHI as necessary to provide or coordinate treatment. This includes sharing your PHI with other PSH facilities and personnel, or non-PSH health care providers, agencies or facilities.

For example, doctors, nurses, and other professionals involved in your care (within and outside of PSH) may use your PHI to refer you to a specialist, recommend medications or plan a course of treatment for you.

HEALTH CARE OPERATIONS

We may use and disclose PHI to conduct healthcare operations, including administrative, financial, legal, data analytics, and quality improvement activities.

For example, we may disclose PHI to doctors, nurses, technicians, students, and other PSH workforce members for educational purposes or to coordinate care.

PAYMENT FOR SERVICES

We may use and disclose your PHI to obtain payment for our services, as well as request pre-payment approval for future services. Disclosure of PHI may be made to health plans, insurance companies or other third parties that provide payment and collection services.

For example, we may use and disclose your PHI to your health insurance provider to ensure that the health care you receive is billed and paid for appropriately.

OTHER WAYS WE MAY USE OR DISCLOSE YOUR PHI

BUSINESS ASSOCIATES

We may disclose PHI to contracted third parties known as business associates that provide services on our behalf, such as billing, software maintenance and legal services.

PUBLIC HEALTH AND SAFETY ACTIVITIES

We may disclose PHI for public health activities, including:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To provide notices about recalls of products;
- To provide notices about a potential exposure to a disease or risk of contracting or spreading a disease or condition;
- To notify the appropriate government authority about suspected abuse, neglect, or domestic violence; or
- To report a crime on our premises.

In addition, we may use and disclose PHI:

- To reduce or prevent a serious threat to your health and safety, or the health and safety of others; and
- To authorized organizations participating in disaster relief efforts.

For example, we may disclose PHI to the American Red Cross to assist them in responding to a public emergency.

RESEARCH ACTIVITIES

We may use and disclose your PHI for research purposes, if:

- The researcher receives approval from an Institutional Review Board (IRB), or a similar committee, that is charged with protecting the privacy rights and safety of human subjects in research; or
- You provide us with your written authorization.

In addition, we may use and disclose PHI, without authorization, to identify and recruit patients with specific medical needs to participate future research initiatives.

LIMITED DATA SET

We may use your health information to create a limited data set by removing certain identifying information. We may use and disclose a limited data set only for research, public health, or health care operations purposes, and any third party who receives a limited data set must sign an agreement to protect your health information.

DE-IDENTIFIED INFORMATION

We may permit third parties to use and share de-identified information for various purposes including, but not limited to:

- Research;
- Developing, evaluating and improving the products and services provided to PSH; and
- Creating data analytics and market insights, such as prescribing practices.

Before your information is used for these purposes, personally identifying information like your name, address, and medical record number are removed. We only permit basic health information, such as diagnoses, medications, procedures, and lab results to be used for these purposes. The information cannot be used to identify you. Under HIPAA, de-identified information is no longer considered PHI.

COMPLIANCE WITH THE LAW

We will disclose your PHI when required to do so by federal, state, or local law.

ORGAN AND TISSUE DONATIONS

If you are an organ donor, we may disclose your PHI to an organ donation bank, or organizations that handle organ procurement or transplantation.

MEDICAL EXAMINERS OR FUNERAL DIRECTORS

We may disclose PHI to:

- Coroners or medical examiners to identify a deceased person, to determine the cause of death, or for other reasons authorized by law; and
- Funeral directors as necessary to carry out their duties.

WORKERS' COMPENSATION

We may disclose PHI to Workers' Compensation or similar programs that provide benefits for work-related injuries or illnesses.

OCCUPATIONAL HEALTH AND SAFETY

We may disclose PHI to your employer when we have provided screenings and health care at their request for occupational health and safety.

LAW ENFORCEMENT

We may disclose PHI for law enforcement purposes or to a law enforcement official as authorized or required by law.

IN RESPONSE TO OTHER GOVERNMENT REQUESTS

We may disclose PHI as required in these special circumstances:

- To military command authorities if you are a member of the armed forces;
- To the appropriate foreign military authority if you are foreign military personnel;
- To authorized federal officials for intelligence or counterintelligence activities;
- To authorized officials to protect the President of the United States or other domestic and foreign authorities; or
- For purposes of conducting special investigations or activities as authorized by law.

LEGAL REQUESTS

We may disclose your PHI in response to:

- A court or administrative order.
- A subpoena, discovery request, or other lawful process.

In addition, we may use and disclose your PHI to defend or assert a lawsuit involving your treatment at a PSH facility.

Unless permitted or required by law, we will not use federal substance use disorder program records or testimony in legal proceedings.

HEALTH INFORMATION EXCHANGES

We may participate in electronic Health Information Exchanges ("HIEs") to facilitate the sharing of PHI with other health care providers, health plans or other health care entities. For example, PHI about you may be available to your health plan and non-PSH physicians or hospitals, who also participate in the HIE, for the purposes of providing you with treatment, processing payments for services, or conducting healthcare operations. You may choose not to participate in HIEs by submitting an opt-out form to the registration staff assisting you during your visit at PSH, or by contacting PSH Health Information Management using the contact information at the bottom of this Notice.

HEALTH-RELATED BENEFITS AND SERVICES

We may use and disclose PHI to inform you of health-related benefits, services and treatment options offered by PSH. For example, we may inform you about dietitian services offered by PSH to help you control Diabetes.

PREVENTION OF HARM

We may use and disclose PHI to prevent a serious and imminent threat to a person or the public.

THE FOOD & DRUG ADMINISTRATION

We may disclose PHI to the FDA if it relates to the agency's oversight of food, supplements, pharmaceuticals, and products, or as needed to enable product recalls, repairs or replacements.

FUNDRAISING ACTIVITIES

We may use PHI to contact you to seek voluntary donations or participation in activities to support the charitable missions of PSH. This includes disclosing limited PHI to The Pennsylvania State University, which helps PSH seek charitable donations on behalf of PSH.

If we use or disclose your PHI for fundraising activities, you will be given the choice to opt-out of future activities, which will be further explained to you within the fundraising communication you receive.

We will not use federal substance use disorder program

information for fundraising without giving you the opportunity to elect not to receive fundraising communications.

PSH HOSPITAL DIRECTORY

We may include certain limited information about you in the hospital directory while you are a patient at one of our facilities.

- Directory information may include your name, location in the facility, your general condition (such as “fair,” “serious,” “critical” etc.), and your religious affiliation.
- We may release directory information about you to people who ask for you by name. This information will not include your religious affiliation.
- Your religious affiliation may be given to members of the clergy.
- You have the right to restrict the release of any part or all of this directory information, or you may request that your admission to PSH remain confidential by conveying this request to the PSH workforce members providing you care. If you request your admission to remain confidential, callers and visitors will not be told you are a patient.

INDIVIDUALS INVOLVED IN YOUR CARE

As long as you do not object, we may release PHI about you to a friend or family member who is involved in your medical care, such as a family member picking up a prescription on your behalf.

HEALTH OVERSIGHT ACTIVITIES

We may disclose your PHI to health oversight agencies for activities authorized by law, such as audits, investigations, and inspections. These activities are necessary for the government to monitor the health care system, government programs, and our compliance with laws.

INMATES

We may disclose your PHI to a correctional institution or law enforcement official if you are an inmate of the correctional institution or under the custody of a law enforcement official.

USES AND DISCLOSURES THAT NEED YOUR AUTHORIZATION/CONSENT

Except as described in this Notice, or as otherwise permitted or required by law, we will not use or disclose your PHI for any other purpose unless you have authorized us to do so in writing. In particular, a signed authorization/consent is required for the following:

- Uses and disclosures for marketing purposes;
- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of federal substance use disorder Program records;
- Disclosures that constitute the sale of PHI; and
- Uses and disclosures for certain research protocols.

If you provide us an authorization to use or disclose your PHI, you may revoke (withdraw) it at any time in writing. However, we cannot reverse any disclosures previously made with your authorization. The document you sign will describe how you may withdraw your authorization. Your revocation of, or refusal to grant an authorization will not affect the care you receive from PSH, but may preclude you from participating in special programs offered by PSH that require an authorization to use and disclose your PHI.

YOUR RIGHTS

This section explains our responsibilities and your rights under federal law, including HIPAA and Part 2.

INSPECT AND OBTAIN AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD

With certain exceptions, you have the right to inspect and obtain a

copy of your medical record containing PHI.

- To inspect and obtain a copy of your medical record, you can contact PSH Health Information Management using the contact information at the bottom of this Notice.
- We may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.
- We may deny your request to inspect and obtain a copy of your information in certain limited circumstances, and will notify you in writing of such decision. We will further advise whether and how you can request to have this decision reviewed.

You may also access portions of your health information using the PSH patient portal. You can ask the registration staff assisting you during your visit to help you set up a patient portal account, or you can contact Health Information Management by using the contact information at the bottom of this Notice.

REQUEST AN AMENDMENT TO YOUR MEDICAL RECORD

If you believe that PHI about you is not correct or is incomplete, you may request that we amend your PHI.

- You must submit your request in writing to Health Information Management using the contact information at the bottom of this Notice.
- Within the request you must describe the reason(s) you believe your PHI is incorrect or incomplete.

We may deny your request for one or more of the following reasons:

- If the PHI was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- If the PHI is not part of the record kept by or for PSH;
- If the PHI is not part of information which you would be permitted to inspect and obtain; or
- If the PHI is accurate and complete.

REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you or provide you information in a particular way, such as using a specified phone number or using an alternate mailing address.

- You must make this request in writing at the PSH facility you are visiting, or by contacting the Privacy Office using the contact information at the bottom of this Notice.
- We will accommodate any reasonable requests made by you.

REQUEST RESTRICTIONS ON HOW WE USE YOUR PHI

You have the right to request a restriction or limitation on how we may use or disclose PHI with respect to treatment, payment, or healthcare operations.

- We are not required to agree to your request, except if you request that we not disclose PHI to your health plan that involves healthcare for which you have paid PSH in full in accordance with PSH’s billing practices. You must inform the registration staff of this request at the time of service.
- All other restrictions must be submitted in writing to the Privacy Office using the contact information at the bottom of this Notice.
- Within the request, you must state:
 - What information you want to limit;
 - Whether you want to limit our use, disclosure, or both; and
 - To whom you want the limits to apply.

ASK FOR AN ACCOUNTING OF CERTAIN PHI DISCLOSURES

You have the right to receive an accounting of how PSH made certain disclosures of your PHI. This right does not include disclosures made for purposes of treatment, payment, and healthcare operations, or other limited exceptions.

- You must submit your request in writing to the Privacy Office by using the contact information at the bottom of this Notice.
- You must include the dates that you would like the accounting to include. The accounting may only include disclosures made during the six (6) years prior to the date you submit a request.
- The first request during any twelve (12) calendar month period is free. You will be charged a reasonable cost-based fee for each subsequent request you submit within the same twelve (12) month period.
- You may obtain an accounting request form from the Privacy Office by using the contact information at the bottom of this Notice.

IDENTIFY A PERSONAL REPRESENTATIVE

If you have given someone the legal authority to exercise your rights and choices related to your PHI, we will honor their requests once we verify their authority.

FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED

If you believe your privacy rights have been violated, you may:

- File a complaint with the PSH Privacy Office by:
 - Emailing us at Privacy@pennstatehealth.psu.edu;
 - Calling us at (844) 774-8727; or
 - Writing to us at P.O. Box 804, Mail Code: CA133, Hershey, PA 17033.
- File a complaint with the Secretary of the Department of Health and Human Services by visiting: www.hhs.gov/hipaa/filing-a-complaint/

We will not retaliate against you for filing a complaint.

STATE AND FEDERAL LAWS

We will use and disclose your medical information in accordance with both federal law and relevant state laws. When federal and state laws conflict, and the state law is more protective of your information or provides you with greater rights, we will follow state law. For example, Pennsylvania law provides greater limitations on how we use or share HIV-related records, and certain mandatory mental health records.

OUR RESPONSIBILITIES

The following are our responsibilities with respect to your PHI:

- We are required by law to maintain the privacy and security of your PHI;
- We will let you know if a breach occurs that has compromised the privacy or security of your PHI;
- We will follow the duties and privacy practices described in this Notice;
- We will provide you a copy of this Notice; and
- We will not use or share your PHI other than as described in this Notice or as permitted by law unless you authorize us to do so writing.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CHANGES TO THIS NOTICE

We review our privacy practices from time to time. As such, we reserve the right to make changes to this Notice at any time. Any changes will become effective for all PHI in the possession of PSH, even if created or received before such changes. Before we make a material change in our privacy practices, we will change this Notice and post a copy of the current Notice at our facilities. The Notice will contain the effective date.

RECEIVE A COPY OF THIS NOTICE

You have the right to receive a paper copy of this Notice. You may ask for a copy of this Notice at any time. Copies of this Notice will be available at any PSH facility, or by contacting the PSH Privacy Office using the contact information at the bottom of this Notice.

You may also obtain an electronic copy at: <http://pennstatehealth.org/privacy-legal-notice>

QUESTIONS

If you have any questions about this Notice, please contact our Privacy Office by using the contact information below.

IMPORTANT CONTACT INFORMATION

Office of Compliance and Privacy
P.O. Box 804, Mail Code: CA133 Hershey, PA 17033
(844) 774-8727

Privacy@pennstatehealth.psu.edu

Health Information Management
P.O. Box 850, Mail Code: HU24 Hershey, PA 17033
(833) 477-4446

HIMleadership@pennstatehealth.psu.edu

POR FAVOR SOLICITE UNA COPIA EN ESPAÑOL DE ESTE AVISO DE PRIVACIDAD A SU REPRESENTANTE DE ADMISIONES DE PSH.

कृपया आफ्नो PSH भर्ना प्रतनिधिबिट यस गौपनीयता सूचनाको नेपाली प्रतलिपि अनुरोध गर्नुहोस् ।

VUI LÒNG YÊU CẦU BẢN SAO BẰNG TIẾNG VIỆT CỦA THÔNG BÁO QUYỀN RIÊNG TƯ NÀY TỪ ĐẠI DIỆN TUYỂN SINH PSH CỦA BẠN.

يرجى طلب نسخة من إخطار الخصوصية هذا باللغة العربية من مسؤول القبول المختص في PSH

TANPRI MANDE YON KOPI KREÒL AYISY-EN SOU AVI KONFIDANSYALITE SA A NAN MEN REPREZANTAN ADMISYON PSH OU A



PennState Health