PROJECT CHESAPEAKE

NOTICE OF PRIVACY PRACTICES

This notice describes:

• HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED

• YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

• HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH OUR PRIVACY OFFICER AT (443) 440-5784 OR NPP@PROJECTCHESAPEAKE.COM IF YOU HAVE ANY QUESTIONS.

This Notice of Privacy Practices ("**Notice**") describes the privacy practices of Project Chesapeake, its health care providers, care team, and other personnel. This Notice applies to services furnished to you at all Project Chesapeake locations ("**we**" or "**us**"). **This Notice specifically addresses your substance use disorder patient record. Please review it carefully.**

I. Our Privacy Obligations

HIPAA (the Health Insurance Portability and Accountability Act), its Privacy Rule, Federal substance use disorder treatment record privacy laws (commonly called the Part 2 regulations), and state law requires us to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices with respect to your health information. We are also obligated to notify you following a breach of unsecured health information. When we use or disclose your health information, we comply with this Notice (or other notice in effect at the time of the use or disclosure).

II. Permissible Uses and Disclosures Without Your Written Authorization

In some situations, we do not need your authorization. We do not need your authorization for the following uses and disclosures:

A. Communication within our Program. We may use and disclose health information to communicate within our program, with an organization that has administrative control over our program, and with contractors who help us run our program.

B. Medical Emergencies. We may use and disclose your health information to the extent necessary to treat a medical emergency in which your prior written consent cannot be obtained or during a temporary state of emergency where our program is closed and unable to provide services or obtain your written consent.

C. Public Health Activities. We may disclose your de-identified health information for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; or (2) to report information about products and services under the jurisdiction of federal agencies.

D. Prescription Drug Monitoring Program (PDMP). We may report information related to SUD medication prescribed or dispensed to you to prescription drug monitoring programs in accordance with applicable state law.

E. Crimes on Our Premises. If we reasonably believe you committed a crime on our premises or against any personnel or threatened to commit any crimes on our premises, we may disclose your health information to a governmental authority, including a social service or protective services agency, authorized by law to receive such reports.

F. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your health information to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence. In some situations, we may be required by law to make this disclosure.

G. Scientific Research. We may disclose your health information to qualified personnel of Part 2 programs for scientific research approved by the Institutional Review Board and aimed towards improving health outcomes.

H. Audits and Evaluation. We may disclose your health information to qualified personnel for audit or program evaluation who: a) agree in writing to protect the information as required under our policies, b) represent federal, state, or local government agencies that are authorized by law to oversee our program, or c) provide financial assistance to the program or provide payment for health care

I. Decedents. We may disclose your health information to a coroner or medical examiner as authorized by law.

In all of the above circumstances, we will protect your information and limit how we use and share it. For any other situation not listed above or elsewhere in this Notice where it indicates that we do not need your consent, we will obtain your consent before using or disclosing your health information.

III. Uses and Disclosures Requiring Your Written Permission

A. Uses and Disclosures For Treatment, Payment and Health Care Operations. We require your written consent to use and disclose your health information to provide treatments that you request, obtain payment for services provided to you and conduct any "Health Care Operations" as detailed below:

a. Treatment. We may use your health information and share it with other professionals who are treating you.
b. Payment. In most cases, we may use and disclose your health information to obtain payment for services that we provide to you.
c. Health Care Operations. We may use and disclose your health information for any Health Care Operations, which include supporting our business activities and running our organization. These activities include, but are not limited to, quality assessment and regulatory compliance activities, employee review activities, licensing, and conducting or arranging for other business activities. We will share your health information with third party "business associates" that perform various activities (e.g., billing services) for the clinic. Whenever an arrangement between our clinic and a business associate involves the use or disclosure of your health information, we will have a written contract that contains terms that will protect the privacy of your health information. We may use artificial intelligence ("AI") in connection with our Health Care Operations. However, we always maintain human oversight of decisions that might impact your care. For our internal Health Care Operations, we use "closed library" AI platforms in which your health information is not incorporated into or used by a learning library for which any third party may gain access to your health information. If we later intend to use any AI platforms that are "open library" systems (one in which information that we provide is or may be incorporated into or used by a learning library for which one or more third parties may gain access to the information we provide), all information that we provide to such AI platform would be in a de-identified format following the requirements of applicable law. We enter into written contracts with the providers of any AI applications, requiring such third-party providers to maintain the confidentiality and security of your health information.

B. Single Consent. You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. When you consent to uses and disclosures for all future treatment and payment purposes and to run our business, we may share your information with other substance use disorder treatment programs, doctors' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 compliant court order and a subpoena (or similar legal requirement). You may revoke, or end, this consent in writing at any time.

C. Prescription Drug Monitoring Program. While we may report information related to SUD medication prescribed or dispensed to you to prescription drug monitoring programs in accordance with applicable state law without obtaining your authorization, any other disclosure of your records to the state PDMP requires your authorization.

IV. Legal Proceedings and Court Orders

We will follow certain procedures before using or sharing your information for investigations and legal proceedings:

A. We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
B. We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
C. We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
D. We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

IV. Your Rights Regarding Your Protected Health Information

A. For Further Information; Complaints. If you would like more information about your privacy rights, if you are concerned that we have violated your privacy rights, or if you disagree with a decision that we made about access to your health information, you may contact our Privacy Officer. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Government.

B. Right to Request Additional Restrictions. You can ask us not to use or share certain health information for treatment, payment, or our health care operations after you have provided consent for those purposes. We are not required to agree to your request, and we may say "no" if, for example, it could affect your care. Additionally, a requested restriction may not prevent uses or disclosures required by law or permitted for purposes other than treatment, payment, and health care operations. If we agree to your request, we may still share this information if you need emergency treatment. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our health care operations with your health insurer. We will say "yes" to your requested restrictions unless a law requires us to share that information. If you wish to request additional restrictions, please contact our Privacy Officer.

C. Right to Know in Advance About Fundraising. You have the right to a clear and obvious notice in advance of, and a choice about whether to receive, fundraising communications for our program.

D. Right to Discuss this Notice. You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the Privacy Officer.

E. Accounting. You have the right to receive an accounting of any disclosures of your electronic records under Part 2 for the past 3 years, as provided Part 2, and a right to an accounting of disclosures that meets the requirements of HIPAA and the Privacy Rule for all other disclosures made with consent, which is generally the last six years. If we have disclosed information to an intermediary, you have right to a list of disclosures by an intermediary for the past 3 years in accordance with Part 2.

F. Right to Receive a Copy of this Notice and Privacy Officer. Upon request, you may obtain a copy of this Notice, either by email or in paper format. Please submit your request or any questions about this Notice to:

Project Chesapeake
Privacy Officer – Joe Rogers
185 Admiral Cochrane Drive, Suite 225
Annapolis, MD 21401
npp@projectchesapeake.com

V. Effective Date and Duration of This Notice

A. Effective Date. This Notice is effective on September 17, 2026.

B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all health information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in facility locations and on our Internet site at www.projectchesapeake.com. You also may obtain any new notice by contacting the Privacy Officer.