Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The University of Pittsburgh is required by law to maintain the privacy of your medical records and to give you this Notice that describes our privacy practices. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your protected health information to carry out treatment, payment, health care operations, and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information, which is information about you, including demographics, that may identify you and that relates to your past, present or future physical or mental health and related health care services. This Notice takes effect February 16, 2026 and will remain in effect until we replace it.

This Notice applies to all information about you related to care you may receive from the **School of Dental Medicine, University Dental Health Services, Student Health Services and Pharmacy on the Oakland campus**, and benefits relating to and received from the **University's Medical and Health Plans**, as well as administrative areas in the University that provide support to these University components ("Covered Components" also referred to here as "University entities").

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change our privacy practices at any time. We reserve the right to make the changes to our privacy practices and this Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change to our privacy practices, we will change this Notice and make the new Notice available upon request. You may access the Notice on the University's website at http://www.pitt.edu/hipaa, or by contacting the University's Privacy Officer at 200 S. Craig Street, 5th Floor, University of Pittsburgh, Pittsburgh, PA 15260, or you may request a copy of the Notice at any time or at the time of your appointments.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Uses and disclosures not described in this notice will be made only with your written authorization. In some of the following situations, the law either permits or requires us to use or share your health information with others. Pennsylvania law may further limit these disclosures, for example, in cases of behavioral health information, drug and alcohol treatment information, and HIV status:

I. We may use or disclose your health information as follows:

Treatment. To a physician, dentist or other healthcare provider providing treatment to you. For example, your protected health information may be provided to a physician to whom you have been referred, to ensure that the physician has the necessary information to diagnose or treat you.

Payment. To obtain payment for services we provide to you. This may include activities your health insurance plan may undertake if it approves or pays for the health care service we or others recommend for you, or to determine eligibility for plan benefits, or to coordinate benefits.

Health Care Operations. In connection with our healthcare operations, including insurance related activities, quality assessment, reviewing the competence or qualifications of health care professionals, conducting medical review, legal services, audit services, accreditation, certification, licensing, or credentialing activities and for business planning, management and general administration.

Business Associates. We may share your health information with others called "Business Associates," who perform services on our behalf. The Business Associate must agree in writing to protect the confidentiality of the information. For example, we may share your health information with a billing company that bills for the services we provided.

Treatment Options and Other Health-Related Benefits and Services. We may use and share your health information to tell you about possible treatment options and other health-related benefits and services that may interest you. For example, if you suffer from an illness or condition, we may tell you about a special treatment or research study that is being offered.

As Required by Law. We will share your health information when federal, state, or local law requires us to do so. If asked to do so by a law enforcement official, we may share your health information if you are an adult victim of a crime and, in certain limited cases, we are unable to obtain your permission, and the law enforcement official meets certain conditions described by law.

Public Health. We may share your health information with public health authorities for public health purposes to prevent or control disease, injury, or disability. This includes, but is not limited to, reporting disease, injury, and important events such as birth or death, and conducting public health surveillance, investigations, and interventions. For

example, we may share your health information to 1) report child abuse or neglect; 2) collect and report on the quality, safety, and effectiveness of products and activities regulated by the Food and Drug Administration (FDA) (such as drugs and medical equipment, and could include product recalls, repairs, and monitoring); or 3) notify a person who may have been exposed to or is at risk of spreading a disease.

Victims of Crime, Abuse, Neglect or Domestic Violence. If we believe that you have been a victim of a crime, abuse, neglect (except child abuse or neglect) or domestic violence, we may share your health information with an authorized government agency. We will do so if either you agree to our sharing of this information or if the law allows us to do so and we believe that we need to share the information to protect you or someone else. If we decide to share your health information for this purpose, we will tell you unless we believe that telling you would put you at risk of harm or you are a personal representative of the victim and may be involved in the abuse, neglect, or injury.

Health Oversight. We may disclose your health information to a health oversight agency for oversight activities authorized by law including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure actions, or disciplinary actions for the purpose of monitoring the health care system, determining eligibility for government programs, or monitoring compliance with government regulations and laws.

Judicial and Administrative Proceedings. We may share your health information in response to an administrative or court order and we will only share the protected health information expressly requested by the order. We may also share information in response to a subpoena, a discovery request, or other legal process. We will only respond to these requests if we are advised that you have been made aware of the request or receive notice either that you agree or, if you disagree with the request, that you are taking action to prevent the disclosure.

Law Enforcement Purposes. We may share your health information with a law enforcement official or authorized individuals 1) to comply with laws, including laws that require the reporting of injury or death suspected to have been caused by criminal means; 2) in response to a court order, warrant, subpoena, summons, or administrative request; 3) or in emergency situations.

Coroners, Medical Examiners, and Funeral Directors. We may share your health information with a coroner or medical examiner to identify a deceased person, to determine the cause of death, or for other reasons allowed by law. We also may share your health information with funeral directors, as necessary, so they can carry out their duties.

Organ and Tissue Donation. To assist in the process of eye, organ, or tissue transplants, in the event of your death. We may share your health information with organizations that obtain, store, or transplant eyes, organs, or tissue.

Research. We may use and share your health information for research 1) if our researcher obtains permission from the University's Institutional Review Board, Privacy Board, or another institutional review board that decides whether the request meets certain standards required by law; or 2) if you provide us with your written permission to do so. You may participate in a research study that requires you to obtain hospital and other health care services. In this case, we may share the information that we create 1) with our researcher who ordered the hospital or other health care services; and 2) with your insurance company to receive payment for services that your insurance will pay for. We may use and share with a researcher your health information if certain parts of your information that would identify you, such as your name and other items that the law describes, are removed before we share it with the researcher. This will be done when the researcher signs a written agreement with us that the researcher will not share the information again, will not try to contact you, and will obey other requirements that the law provides.

To Prevent a Serious Threat to Health or Safety. We may use and share your health information with people who may be able to prevent or lessen an imminent threat, or help the potential victim of the threat, when doing so is necessary to prevent a serious threat to the health and safety of you, the public, or another person. State laws may require such disclosure when an individual or group has been specifically identified as the target or potential victim.

Special Government Purposes. We may use and share your health information with certain government agencies, such as:

- **Military and Veterans.** We may share your health information with military authorities as the law permits if you are a member of the armed forces (of either the United States or a foreign government). Information will only be shared in the following situations: if the appropriate military command authorities deem it necessary for the proper execution of a military mission published in the Federal Register or to authorized federal officials for the conduct of intelligence, counterintelligence and other national security activities authorized by law.
- **National Security and Intelligence**. We may share your health information with authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may share your health information with authorized federal officials to protect the President of the United

States, other authorized persons, or foreign heads of state. We may also share your health information for purposes of conducting special investigations as authorized by law.

- **Inmates**. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your health information with the correctional institution or law enforcement official. This would be necessary 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution.

Authorization. In addition to our use of your health information for treatment, payment or healthcare operations and as noted above, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You may cancel or revoke your authorization at any time, in writing, except to the extent an action already has been taken in reliance on your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any purpose except those described in this Notice.

II. Uses or disclosures for the following purposes with your specific authorization, which can be revoked at any time. Uses and disclosures not described will be made only with written authorization.

Psychotherapy Notes. We may only use or disclose psychotherapy notes related to your care to carry out treatment, payment, or health care operations functions, for our own training programs, in our defense in a legal action brought by you or your legal representative, or as otherwise required by law in consultation with the provider who authored the psychotherapy notes. The author of the psychotherapy notes may also use the notes for their own treatment purposes.

Otherwise, if you are a patient seeking or receiving psychiatric/mental or behavioral health counseling, or if there is such information in your health record, or if your health record contains information about drug and alcohol issues, none of that information will be disclosed to anyone outside of the University unless you provide specific written authorization.

Marketing Activities. We may use or share your health information for marketing purposes without your permission when we discuss such products or services with you face to face or provide you with an inexpensive promotional gift related to the product or service. For example, you may receive samples of products or drugs during a visit to a university facility. For other types of marketing activities, we will obtain your written permission before using or sharing your health information. However, we will not sell your name or any identifiable health information to others without your specific authorization.

III. Separate statements for certain uses or disclosures

Fundraising Activities. We may use and share with a Business Associate or a foundation that is related to us: your name, address, phone number, and other such information (called "demographic information"), the dates that health care was provided to you, general department information regarding the department where services were rendered, the name of your treating physician or dentist and outcome information.
You may then be asked for a donation. For example, you may receive a letter from a University-related foundation asking for a donation to support enhanced patient care, treatment, education or research at the University. Any fundraising materials will explain how you can tell us, a Business Associate, or a foundation that you do not want to be contacted in the future.

Substance Use Disorder Treatment Records. If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us.

Treatment records from your Part 2 Program shall not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you unless you have provided written consent, or pursuant to a court order in which you have received an opportunity to be heard.

IV. Other permitted and required uses and disclosures that may be made with your consent or authorization. You can object to these uses.

Others Involved in Your Health Care. Unless you object, we may disclose to a family member, another relative, close friend or any other person you identify, health care information relevant to that person's involvement in your care or payment related to your care, if we determine it is in your best interests based on our professional judgment.

Emergencies. We may use or disclose your health information in an emergency. If this happens, your physician or other health care provider shall try to obtain your consent as soon as reasonably practical after the delivery of treatment.

Communication Barriers. We may use and disclose your health information if your physician, dentist, or other health care provider attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent under the

circumstances.

Information disclosed for the above reasons may be subject to disclosure by the recipient and would no longer be considered Protected Health Information under federal law.

V. Statement of your health information rights.

The law gives you the following rights about your health information:

Right to Ask for Limits on Use and Sharing. You have the right to ask us to limit the health information we use or share with others about you for treatment, payment, or health care operations. You also have the right to ask us to limit health information that we share with someone who is involved in your care or payment for your care, like a family member or friend. You can call the place where you received your care or the place at the University holding the information to get instructions on how to submit such a request. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure, or both; and 3) the person or institution the limits apply to (for example, your spouse). For example, you could ask that we not use or share information about a surgery you had. You must put your request in writing and give it to your doctor or the place where you received your care. We are not required to agree to your request. If we do agree to your request, we still may provide information, as necessary, to give you emergency treatment.

Services Paid for by You. Where you have paid for your services out of pocket in full, at your request, we will not share information about those services with a health plan for payment or health care operations. "Health plan" means an organization that pays for your medical care.

Right to Ask for Confidential Communications. You have the right to ask that we contact you about your health information in a certain way or at a certain location that you believe provides you with greater privacy. For example, you can ask that we contact you at work or by mail. Your request must state how or where you wish to be contacted. You must make your request by writing to your doctor or the place where you received care. You do not need to provide a reason for your request. We may request that you provide us with enough reliable contact information so that we can reach you.

Right to Ask to See and Request a Copy. You have the right to ask to see and request a copy of the health information we used to make decisions about your care. This includes your right to request a copy of your electronic medical record in electronic form. Your request must be in writing and given to the appropriate University entity holding your information. You can call the University entity to find out how to do this. If you ask to see or request a copy of your health information, you may have to pay fees as permitted by law. Under federal law, you may not inspect or copy psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative proceeding, and protected health information that is subject to law that prohibits access to health information. We will comply with all reasonable requests.

Right to Ask for a Correction. If you feel that the health information we have about you is incorrect or incomplete, you may ask us to correct the information. You have the right to ask for a correction for as long as the information is kept by or for the University. You must put your request in writing and give it to the University entity holding your information. If you do not ask in writing or give your reasons in writing, we may tell you that we will not do as you have asked. We have the right to refuse your request if you ask us to correct information that 1) was not made by us, unless the person or place that originally made the information is no longer available to make the correction; 2) is not part of the health information kept by or for the University; 3) is not part of the information you are permitted by Law to see and copy; or 4) we decide is correct and complete.

Right to Ask for an Accounting of Disclosures.

- **Generally.** You have the right to ask us for an "accounting of disclosures." This is a list of those people and organizations who have received or have accessed your health information. This does not include information made available for treatment, payment, or health care operations, information made available when you have provided us with permission to do so, or information shared when your authorization was not required. You must put your request in writing and give it to the University entity holding your information. You can call your doctor's office or the University entity where you received care to find out how to ask for the list. You must include in your written request how far back in time you want us to go, which may not be longer than six (6) years.
- **Information that is Maintained Electronically.** Subject to a schedule established by federal law, if we maintain your health information electronically, you have the right to ask for an accounting of disclosures of where the University disclosed your health Information. In accordance with federal law, you may request an accounting for a period of three years prior to the date the accounting is requested. You also have the right to ask our Business Associates for an accounting of their disclosures. A list of all Business Associates is available upon request from the University Office of Compliance, Investigations and Ethics.

Right to Ask for 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 still have the right to a paper copy of this Notice. You can get a copy of this Notice at our website. To obtain a paper copy of this Notice, contact your doctor's office or the registration department of the place where you received care.

The University is prohibited from requesting, requiring, or purchasing genetic information with respect to any individual prior to such individual's enrollment in a health plan, and from using genetic information for underwriting purposes.

VI. COMPLAINTS AND FURTHER INFORMATION

Complaints. You may complain to us or to the Secretary of Health and Human Services about this Notice of Privacy Practices or if you believe your rights under this Notice have

been violated. You may file a complaint with us by notifying the University's Privacy Officer at compliance@pitt.edu We will not retaliate against you for filing a complaint.

Further Information. You can obtain further information about the University's Privacy Practices from the University Privacy Officer. They can be contacted at compliance@pitt.edu.

This notice was published and became effective **February 16, 2026.**