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

Organized Health Care Arrangement. St. Elizabeth Healthcare participates in a clinically integrated care setting in which patients typically receive health care from more than one health care provider. This arrangement is called an Organized Health Care Arrangement (or OHCA) under the federal laws governing the privacy of patient health information. This means that when you receive services at St. Elizabeth Healthcare, you may receive certain professional services from physicians on our Medical Staff, residents, and/or medical students who are independent practitioners and not employees or agents of St. Elizabeth Healthcare. These independent practitioners have agreed to abide by the terms of this Notice when providing services at St. Elizabeth Healthcare. Therefore, this Notice applies to all of your health information that is created or received as a result of being a patient at St. Elizabeth Healthcare. However, this Notice does not apply to the independent practitioners in their private offices.

Who will follow this notice? The privacy practices in this notice will be followed by any health care professional that treats you at any of our locations, by all departments and units of our organization (including all off-campus units or departments), and by all employed associates, staff and volunteers of our organization.

Our pledge to you. We understand that your medical information, including your protected health information (PHI) and any Substance Use Disorder (SUD) treatment records, as defined by 42 CFR Part 2 (Part 2), is personal. We are committed to protecting your medical information. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of your care records that we maintain, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office.

Purpose. We are required by law to keep your PHI and SUD treatment records private, to give you this notice of our legal duties and privacy practices with respect to your medical information, and to follow the terms of the notice that is currently in effect.

Changes to this Notice. We may change our policies from time to time, and those changes will apply to information we already hold, as well as information after the change occurs. If we make a material change in our policies that affects this notice, we will change our notice and post the new notice in our facilities and on our Web site at www.stelizabeth.com. You may request a copy of the current notice at any time. You will be offered a copy of the current notice each time you register. You will also be asked to acknowledge that you were offered the notice.

Confidentiality of Substance Use Disorder Patient Records

The confidentiality of SUD treatment records (records related to alcohol or drug use, diagnosis, prognosis, or treatment that are created or maintained by a program covered under 42 CFR Part 2) maintained by us places additional restrictions on use and disclosures of such health information. Part 2 applies to certain programs that are federally funded and have the primary purpose of providing SUD treatment, diagnosis or referral for treatment. To the extent applicable law is even more stringent than Part 2 on how we may use or disclose your health information, we will comply with the more stringent law.

How we may use and disclose medical information about you. Under certain circumstances, we are entitled to use or disclose your medical information (but not SUD treatment records) without obtaining your written authorization. Some examples of when we are permitted to do this are presented below:

Treatment. We will use or disclose medical information about you for treatment purposes to doctors, nurses, technicians, and other caregivers in accordance with the Medical Authorization and Release that you signed and provided to us. We will make health information about you available through an electronic

medical record system to healthcare providers who treat you. For example, a physician treating you for a broken leg in our facility may need to know whether you are a diabetic because diabetes slows the healing process. A nurse or diabetic counselor may discuss your medical condition with your physician.

Payment. We will use and disclose your medical information as necessary for payment purposes, in accordance with the Medical Authorization and Release that you signed and provided to us. For instance, we may forward information regarding your medical treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment. We may use and disclose your medical information to another entity or health care provider for payment of the entity that receives the information. For instance, we may forward information to the ambulance company that brought you to the hospital so they can prepare a bill for you or your insurance company for the ambulance service.

Health Care Operations. We may use and disclose medical information about you to support our health care operations. For example, we may use or disclose your medical information in order for us to review our services and to evaluate our staff's performance. We may also use or disclose your medical information to obtain a medical consultation regarding your care or treatment.

Except in medical emergencies or other special situations, use and disclosure of your SUD treatment records for Treatment, Payment and Healthcare Operations requires your written consent. The written consent may be a single consent for all future uses and disclosures for treatment, payment, and health care operations, and it will be valid until the consent is revoked by you. SUD treatment records can be shared among staff within the same Part 2 program or with an administratively connected entity when needed to carry out diagnosis, treatment, or referral duties.

While you are a patient in our facility, unless you tell us otherwise, we will list in the **patient directory** your name, your location in the hospital, and your general condition (in terms such as "fair" or "good"). We will release this information to anyone who asks about you by name. Your **religious affiliation** may be disclosed only to clergy members, even if they do not ask for you by name. If you do not want us to release such information, please inform the person assisting you during registration and/or admission.

Unless you tell us otherwise, we may disclose your medical information (but not SUD treatment information) to a family member, friend, and others whom you have identified as being involved with your care. If family members or friends are present while care is being provided, we will assume you are comfortable with your companions hearing the discussion, unless you state otherwise. In a disaster situation, we also may disclose relevant protected health information to disaster relief organizations to help locate your family members or friends or to inform them of your location, condition or death.

We may use or disclose medical information about you for **fundraising** efforts in support of our facility, unless you tell us otherwise. We may only use or disclose SUD treatment records for fundraising if you are first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications. We also may contact you for **appointment reminders** or to tell you about or recommend **possible treatment options and other health-related benefits or services** that may be of interest to you.

Subject to certain requirements, we are **permitted or required by law** to make certain other uses and disclosures of your medical information without your authorization.

For instance, we will release your medical information (including SUD treatment records) if we suspect child abuse or neglect, if we believe you to be a **victim of abuse, neglect, or domestic violence**, and as required by law to report wounds, injuries and crimes. We may disclose your medical information (including SUD

treatment information) for **public health purposes** such as reporting births and deaths, and reporting information to prevent and control disease; however, any SUD treatment records disclosed for public health purposes will be de-identified, such that there will be no reasonable basis to believe that the information can be used to identify you. We may disclose your medical information (including SUD treatment information) to a health oversight agency such as the Department of Health and Human Services for **health oversight activities** including, but not limited to, conducting an audit or inspection of our facility. We may also disclose your medical information to **coroners and funeral directors**, as well as to **organ donation agencies** (to facilitate organ and tissue donation and transplantation).

We may disclose medical information about you (but not SUD treatment records) for **workers' compensation** purposes if you are injured on the job. We may also disclose medical information **when permitted or required by law**, such as in response to a request from **law enforcement officials** in specific circumstances, and in response to valid judicial, administrative, or court orders. SUD treatment records cannot be used or disclosed in any **legal proceeding** against you unless you give separate written consent or a court issues an order. Even with a court order, you must be given notice and a chance to object, and the order must be accompanied by a subpoena or similar legal requirement before the records can be released. We may also disclose information about you (including SUD treatment records) in certain **emergencies** or to **avert or lessen a serious threat to the health and safety** of a person or the public. We may release your medical information if you are a member of the military as required by armed forces services, or if necessary for **national security or intelligence activities**. We may also disclose medical information (including SUD treatment information) for purposes of medical **research studies** when such use has been approved by an Institutional Review Board.

For Health Information Exchange. We may participate in one or more health information exchanges (HIEs) and may electronically share your health information for treatment, payment and healthcare operations purposes with other participants in the HIEs. HIEs allow your health care providers to efficiently access and use your pertinent medical information necessary for treatment and other lawful purposes. If you do not opt-out of this exchange of information, we may provide your health information to the HIEs in which we participate in accordance with applicable law.

Other uses of medical information. Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of protected health information require your written authorization. In any other situation not covered by this notice, we must receive your written authorization before using or disclosing your medical information. If you choose to authorize use or disclosure, you have the right to later revoke that authorization by notifying us in writing of your decision.

Other uses of SUD Treatment information. Generally, where Part 2 applies in our organization, we may not disclose to a person outside of the SUD program that you are a patient in the program or disclose any information identifying you as an SUD patient unless allowed as provided in Part 2. However, we may use and disclose your SUD treatment records in accordance with your consent to any person or category of persons identified or generally designated by you in the consent. For example, if you provide a written consent naming your spouse or health care provider, we will share your information with them as provided in your consent. We may disclose your SUD treatment records to a **central registry** or to any **withdrawal management or treatment program** for the purposes of preventing multiple enrollments, with your written consent. We may disclose information from your SUD treatment records to those persons within the **criminal justice system** who have made your participation in a Part 2 program a condition of disposition of any criminal proceedings against you. For example, if you consent, we can inform a court-appointed officer about your treatment status as part of a legal agreement or sentencing conditions. We may use or disclose your SUD treatment information when performing certain **financial, management, or program audits and evaluations**. This can include sharing identifying information with government agencies that fund or regulate the

Part 2 program. Qualified personnel working for funders, health plans, quality improvement organizations, or entities with administrative oversight may also access this information for audit or evaluation purposes. We may report any medication prescribed or dispensed by us to the applicable state **prescription drug monitoring program** if required by state law, with your consent. You may revoke your written consent in writing, except to the extent that a lawful holder of the information has already acted in reliance on your consent, and subject to limitations described below for disclosures to the criminal justice systems. You may revoke the consent by contacting St. Elizabeth Healthcare's Health Information Management Department, 1 Medical Village Dr., Edgewood, KY 41017.

Your rights regarding your medical information. In most cases, **you have the right to receive a copy and/or inspect the medical information** we retain about you, upon written request. After the first request for copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request, you may submit a written request for a review of that decision. In some circumstances, another licensed health care professional chosen by St. Elizabeth Healthcare may review your request. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. However, in some circumstances, our denial of a request by you to inspect and/or receive copies of your information is not subject to review.

You have the right to request that we amend your medical information, by submitting a request in writing that provides your reason for requesting the amendment. We have the right to deny your request if the information was not created by us, if it is not part of the medical information maintained by us, if it is not part of the information which you would be permitted to inspect and copy, or if in our opinion that record is accurate. If we deny your request, we will provide you with a written statement of the basis for the denial and a description of how you may file a written statement of disagreement. If you do not file a written statement of disagreement, you may request that your request for amendment and our written denial be provided with any future disclosures of your medical information.

You have the right to a list of those instances where we have disclosed your medical information when you submit a written request. This list will not include: disclosures made for treatment, payment or health care operations; disclosures made directly to you; disclosures you authorized pursuant to a signed authorization; disclosures for facility directory purposes or to persons involved in your care; and disclosures made to correctional institutions and for other law enforcement purposes. The request must state the time period desired for the accounting, which must be less than a 6-year period and start after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free. Additional requests may be provided for a fee. We will inform you of the fees before you incur any costs.

You also have the right to be notified if there is a breach of your unsecured protected health information.

If this notice was sent to you electronically, **you have the right to a paper copy of this notice**.

You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to a P.O. Box instead of your home address, by notifying us in writing of the specific way or location for us to use to communicate with you. We will not ask you the reason for your request. We will accommodate all reasonable requests, but we may not be able to agree to your request.

You may request, in writing, that we not use or disclose medical information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. You are entitled to a restriction to not disclose information to your health plan for health care services that we provided for which you paid us directly in full when the purpose of the disclosure is for the health plan's payment or health care operations. We are not required to agree to other types of requests. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Notice of Redisclosure

Medical information that is disclosed pursuant to this Notice may be subject to redisclosure by the recipient and no longer protected by HIPAA. Laws applicable to the recipient may limit their ability to use and disclose the medical information received – for example, if the recipient is another entity subject to HIPAA or Part 2.

Notice of Nondiscrimination

St. Elizabeth Healthcare does not discriminate on the basis of race, creed, national origin, religion, sex, ethnicity, age, handicap, language, or socioeconomic status.

Complaints

If you are concerned that your privacy rights may have been violated, that you may have been discriminated against, or if you disagree with a decision we made about access to your records, you may lodge a written complaint with our Privacy Office (listed below). Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights. Our Privacy Office can provide you with the address. Under no circumstance will you be penalized or retaliated against for filing a complaint.

HIPAA Privacy Office

If you have questions or need further assistance regarding this Notice, please contact the HIPAA Privacy Office at St. Elizabeth Healthcare, 1 Medical Village Dr., Edgewood, KY 41017, (859) 301-6266.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: SEH provides language assistance services and appropriate auxiliary aids, including electronic and written translated documents and oral interpretation, free of charge and in a timely manner, when such services are needed to provide meaningful access to an individual with limited English proficiency.

يةال عرب (Arabic): قدم مستشفى St. Elizabeth Healthcare خدمات المساعدة اللغوية ووسائل الإعانة المناسبة، بما في ذلك خدمات ترجمة الوثائق الإلكترونية والمكتوبة وخدمات الترجمة الفورية الشفهية، مجانًا وفي الوقت المناسب، عند الحاجة إلى مثل هذه الخدمات لتوفير إمكانية الوصول المجدية للأفراد ذوي إجادة محدودة في اللغة الإنجليزية.

မြန်မာ(Burmese): St. Elizabeth Healthcare သည် အင်္ဂလိပ်ဘာသာစကားကျွမ်းကျင်မှုအားနည်းသော ပုဂ္ဂိုလ်အား အပြည့်အဝ ဝန်ဆောင်မှုရယူသုံးစွဲခွင့် ပံ့ပိုးပေးရာတွင် ဘာသာစကားအကူအညီဝန်ဆောင်မှုများကိုသာမက ဘာသာပြန်ဆိုထားသော အီလက်ထရောနစ်နှင့် လက်ရေးစာရွက်စာတမ်းများ၊ နှုတ်ဖြင့် စကားပြန်များအပါအဝင် သင့်လျော်သည့် အထောက်အကူပြု ဝန်ဆောင်မှုများကို လိုအပ်ပါက အခြိန်နှင့်တစ်ပြေးညီ အခမဲ့ ပံ့ပိုးပေးသည်။

繁體中文 (Chinese): St. Elizabeth Healthcare 提供免费且及时的语言援助服务和适当的辅助设备，包括书面翻译电子文件和口译服务，以便与英语能力有限人士进行有效沟通。

Cushite Oroomiffa (Oromo): St. Elizabeth Healthcare tajaajila gargaarsa afaanii fi deeggersa meeshaalee dhageettii, dubbii fi arguu barbaachisoo ta'an, sanadoota elektirooniksii fi barreeffamaan hiikamanii fi turjumaana afaanii dabalatee, kaffaltii malee fi yerootti tajaajilli akkasii barbaachisutti, nama dandeettii Ingiliffaa murtaa'aa qabu tokkoof dhaqqabamummaa hiika qabu ni kenna.

Nederlands (Dutch): St. Elizabeth Healthcare biedt gratis en tijdig taalondersteuning en passende hulp, waaronder elektronische en schriftelijke vertaling van documenten en een tolk, wanneer dergelijke diensten nodig zijn om de toegankelijkheid tot de zorg te verbeteren voor personen met een beperkte Engelse taalvaardigheid.

Deitsch (Pennsylvania Dutch): St. Elizabeth Healthcare dutt Lei helfe as Druwwel hen fer Englisch verschteh. Sell meent, sie kenne em Copies uff der Computer odder uff Babier griege vun Documents in Englisch as in differnti Schprooche getranslate sin. Sie kenne aa en Interpreter beigriege wammer Hilf braucht fer schwetze mit ebber in Englisch. Des alles duhn sie unni as es em ennich ebbes koscht, un gschwind.

Français (French): St. Elizabeth Healthcare fournit des services d'assistance linguistique et des aides auxiliaires appropriées, y compris des documents électroniques et écrits traduits et une interprétation orale, gratuitement et en temps opportun, lorsque ces services sont nécessaires pour fournir un accès important à une personne dont la maîtrise de l'anglais est limitée.

Deutsch (German): St. Elizabeth Healthcare bietet kostenlos und zeitnah Sprachmittlungsdienste und entsprechende Hilfsmittel an, wie die schriftliche Übersetzung von Dokumenten im elektronischen und Papierformat sowie mündliche Dolmetscherdienste. Auf diese Weise soll Personen mit eingeschränkten Englischkenntnissen ein ungehinderter Informationszugang ermöglicht werden.

हिंदी (Hindi): अंग्रेज़ी का बहुत ज़्यादा ज्ञान न रखने वाले व्यक्तियों को सार्थक ऐक्सेस देने करने के लिए, St. Elizabeth Healthcare ज़रूरी होने पर, निःशुल्क और सही समय पर भाषा सहायता सेवाएँ और उपयुक्त सहायक उपकरण प्रदान करता है, जिसमें इलेक्ट्रॉनिक और लिखित अनुवादित दस्तावेज़ और मौखिक व्याख्या शामिल हैं।

日本語 (Japanese): St. Elizabeth Healthcare　は、英語が苦手な人に意味あるアクセスを提供するために、電子的および書面による翻訳文書や口頭通訳を含む言語支援サービス及び適切な補助手段を、無料で適時に提供いたします。

Kinyarwanda (Kirundi): St. Elizabeth Healthcare irungika serevise z'ugufasha ururimi n'imfashanyo z'abantu bafise ingorane mu kwumva, harimwo n'inyandiko z'ivy'ubuhinga bwa none n'uguhindura inyandiko yanditse n'ugusemura amajambo, ku buntu kandi mu buryo bubereye, mu kiringo izo serevise zikenewe kugira umuntu atazi neza icongereza ashobore kuronka izo serivisi azitahura neza.

한국어 (Korean): St. Elizabeth Healthcare 는 영어 능력이 제한된 개인에게 의미 있는 접근성을 제공하기 위해 이러한 서비스가 필요할 때 무료로 적시에 전자 및 서면 번역 문서와 구두 통역을 포함한 언어 지원 서비스와 적절한 보조 도구를 제공합니다.

नेपाली (Nepali): St. Elizabeth Healthcare ले सीमित अङ्ग्रेजी प्रविणता भएका व्यक्तिलाई अर्थपूर्ण पहुँच उपलब्ध गराउन आवश्यक हुँदा निःशुल्क रूपमा र समयमै विद्युतीय र लिखित अनुवादित कागजात र मौखिक अनुवादहरू लगायतका भाषासम्बन्धी सहायता सेवा तथा उपयुक्त सहायक सामग्रीहरू उपलब्ध गराउँछ।

ਪੰਜਾਬੀ (Punjabi): St. Elizabeth Healthcare ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਉਪਕਰਣ ਪ੍ਰਦਾਨ ਕਰਦੀ ਹੈ, ਜਿਸ ਵਿੱਚ ਇਲੈਕਟ੍ਰਾਨਿਕ ਅਤੇ ਲਿਖਤੀ ਅਨੁਵਾਦ ਕੀਤੇ ਦਸਤਾਵੇਜ਼ ਅਤੇ ਮੌਖਿਕ ਵਿਆਖਿਆ ਸ਼ਾਮਲ ਹਨ, ਮੁਫ਼ਤ ਅਤੇ ਸਮੇਂ ਸਿਰ, ਜਦੋਂ ਅਜਿਹੀਆਂ ਸੇਵਾਵਾਂ ਦੀ ਲੋੜ ਸੀਮਤ ਅੰਗਰੇਜ਼ੀ ਮੁਹਾਰਤ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ ਅਰਥਪੂਰਨ ਪਹੁੰਚ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਹੁੰਦੀ ਹੈ।

Русский (Russian): В больнице St. Elizabeth Healthcare бесплатно и своевременно предоставляются языковые услуги и другая помощь (в том числе услуги электронного, письменного и устного перевода), когда это необходимо, чтобы обеспечить полноценный доступ для лиц с ограниченным знанием английского языка.

Srpsko-hrvatski (Serbo-Croatian): St. Elizabeth Healthcare pruža usluge jezičke pomoći i odgovarajuća pomoćna pomagala, uključujući elektronske i pismene prevedene dokumente i usmeni prevod, besplatno i blagovremeno, kada su takve usluge potrebne da bi se obezbedio smislen pristup osobi sa ograničenim znanjem engleskog jezika.

Español (Spanish): St. Elizabeth Healthcare proporciona servicios de asistencia lingüística y ayudas auxiliares adecuadas, incluidos documentos electrónicos y escritos traducidos e interpretación oral, gratuita y oportunamente, cuando dichos servicios son necesarios para proporcionar un acceso significativo a una persona con dominio limitado del inglés.

Tagalog (Tagalog): Nagbibigay ang St. Elizabeth Healthcare ng mga serbisyo ng tulong sa wika at naaangkop na mga auxiliary na tulong, kabilang ang mga electronic at nakasulat na mga isinaling dokumento at pasalitang interpretasyon, nang walang bayad at sa napapanahong paraan, kapag ang mga naturang serbisyo ay kinakailangan para magbigay ng makabuluhang pag-access sa isang indibidwal na limitado ang kahusayan sa Ingles.

Tiếng Việt (Vietnamese): St. Elizabeth Healthcare cung cấp dịch vụ hỗ trợ ngôn ngữ và các phương tiện hỗ trợ phù hợp, bao gồm tài liệu dịch điện tử và văn bản cùng dịch vụ thông dịch, tất cả đều miễn phí và kịp thời khi các dịch vụ đó cần thiết cho cá nhân có trình độ Tiếng Anh hạn chế.