



JOINT NOTICE OF PRIVACY PRACTICES

Effective Date: November 2023

Revision Date: 12/20/24

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED & DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION, AND 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 IF YOU HAVE ANY QUESTIONS. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Hospital Administration at (765) 521-1515 or info@hcmhcares.org.

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of Henry Community Health and the following care team members and entities:

- Any health care professional authorized to enter information into your Henry Community Health medical record.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital. All employees, contractors, vendors and other hospital personnel with access to your Henry Community Health medical record.
- All residents and students in training at the hospital with access to your Henry Community Health medical record.
- Henry Community Hospice & Homecare, New Castle Family & Internal Medicine @ Forest Ridge, New Castle Family & Internal Medicine @ Northfield Park, New Castle Clinic, Healthlink, Draper Clinic, Cambridge City Family Health Partners, Middletown Family Health Partners, New Castle Pediatrics, New Castle Immediate Care, Henry Community Anesthesia, Henry Community Radiology, Henry Community Cardiology, Physical Medicine of East Central Indiana, Interventional Spine & Pain, Cardiac Rehab, Pulmonary Rehab, Physical Therapy, Neighborhood Pharmacies, all members of the Henry Community Hospital Medical Staff, and any other medical office practice that the hospital may own in the future.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or hospital operations purposes described in this notice.

This notice does not apply to health information that is not subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or similar state and federal health information privacy laws, or information used or shared in a manner that cannot identify you. This notice does not apply to any Henry Community Health health plan or to Henry Community Health as an employer. Any Henry Community Health health plan is considered a separate covered entity for the purpose of HIPAA and has its own notice of privacy practices.

This notice only applies to those parts of Henry Community Health's websites and mobile device applications where you can access your medical information or interact with a clinician regarding your specific care, such as Henry Community Health's patient portal with respect to your medical information. However, these websites and applications may contain additional terms associated with your use. You should review those terms as well as the website terms contained on the Henry Community Health website that you visit.

You may have additional rights under other applicable state or federal law. Applicable state or federal laws that provide greater privacy protection or broader privacy rights will continue to apply and we will comply with such laws to the extent they are applicable.

1

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel 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 or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Implement safeguards to protect the privacy of medical information that identifies you;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect; and
- Notify you of any breach of unsecured protected health information involving your medical information.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Applicable laws governing sensitive information (including behavioral health information, substance use disorder information, reproductive health information, and information related to HIV/AIDS or other communicable diseases) may further limit these uses and disclosures.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or physicians and other providers we use to provide services that are part of your care.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide your medical information to other providers or entities for the payment activities of the other entity.
- **For Health Care Operations.** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and

services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose

2

information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. We may also provide your medical information to other entities covered by privacy laws for certain health care operations of those entities, but only if the entity also has a relationship with you.

- **Limited Data Sets.** We may use or disclose certain parts of your medical information, called a "limited data set," for purposes of research, public health reasons or for our health care operations. We would disclose a limited data set only to third parties who have provided us with satisfactory assurances that they will use or disclose your medical information only for limited purposes.
- **Disclosures to the Secretary of Health and Human Services.** We might be required by law to disclose your medical information to the Secretary of the Department of Health and Human Services, or his/her designee, in the case of a compliance review to determine whether we are complying with privacy laws.
- **De-Identified Information.** We may use your medical information, or disclose it to a third party whom we have hired, to create information that does not identify you in any way. Once we have de-identified your information, it can be used or disclosed in any way permitted by law and is not subject to this notice.
- **To Third Parties that Provide Us Services.** We may disclose your medical information to certain third parties with whom we contract to perform services on our behalf. If we do so, we will have written assurances from the third party that the third party will safeguard your information. We will only provide the minimum information necessary for the associate(s) to perform their functions as it relates to our business operations. For example, we may use a separate company to process our billing or transcription services that require access to a limited amount of your medical information. Please know and understand that all of our business associates are obligated to comply with the same HIPAA privacy and security rules as apply to us. Additionally, all of our business associates are under contract with us and committed to protect the privacy and security of your medical information.
- **Disclosures of Medical Information of Minors.** Under Indiana law, we cannot disclose the medical information of minors to non-custodial parents if a court order or decree is in place that prohibits the non custodial parent from receiving such information. However, we must have documentation of the court order prior to denying the non-custodial parent such access. Medical information of minors will be disclosed to their parents or legal guardians acting as personal representatives, unless prohibited by law or in circumstances where the law permits us to withhold medical information, such as to prevent harm to the minor or another person or in cases of suspected child abuse or neglect.
- **Disclosures of Mental Health Records.** If your records contain information regarding your mental health, we are restricted in the ways that we can use and disclose them. We will not use or disclose such records without your written permission unless we are required or permitted to under applicable state law (and only in accordance with the requirements of such state law), including, but is not limited to, in the following situations:
 - If the disclosure is made to you (unless it is determined by a physician that the release would be detrimental to your health);
 - Disclosures to our employees in certain circumstances;
 - For payment purposes;
 - To the patient's court appointed counsel and to the Indiana protection and advocacy services

commission;

- For research purposes as permitted by law;

3

- For data collection, research, and monitoring managed care providers if the disclosure is made to the division of mental health;
- o the extent necessary to make reports or give testimony required by the statutes pertaining to admissions, transfers, discharges, and guardianship proceedings;
- For certain law enforcement purposes or to avert a serious threat to the health and safety of you or others;
- To a coroner or medical examiner;
- To a school in which the patient is enrolled if the superintendent of the facility determines that the information will assist the school in meeting educational needs of the patient;
- To satisfy certain reporting requirements;
- To satisfy release of information requirements that are required by law;
- To another provider in an emergency;
- For legitimate business purposes;
- Under a court order;
- To the Secret Service if necessary to protect a person under Secret Service protection; and • To the Statewide waiver ombudsman.

- **Appointment Reminders**. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.
- **Treatment Alternatives**. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services**. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Research**. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. You may choose to participate in a research study that requires you to obtain related health care services. In this case, we may share your medical information 1) with the researchers involved in the study who ordered the hospital or other health care services; and 2) with your insurance company in order to receive payment for those services that your insurance agrees to pay for.
- **As Required By Law**. We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety**. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Organ and Tissue Donation**. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans**. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation**. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. In accordance with applicable law, this medical information may be reported to your employer and/or your employer's representative regarding an occupational injury or illness.
- **Public Health Risks**. We may disclose medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect (including as required by applicable law);
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities**. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes**. We may use and disclose your medical information in conjunction with judicial or administrative proceedings or for purposes of litigation as permitted by law. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement**. We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;

- About criminal conduct at on our premises; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

☐ **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the

5

cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

☐ **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

☐ **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

☐ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release 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.

☐ **Communications Regarding Our Programs or Products.** We may use and disclose your health information to make a communication to you to describe a health-related product or service of the hospital. In addition, we may use or disclose your health information to tell you about products or services related to your treatment, case management or care coordination, or alternative treatments, therapies, providers or settings of care for you. We may occasionally tell you about another company's products or services, but will use or disclose your health information for such communications only if they occur in person with you. We may also use and disclose your health information to give you a promotional gift from us that is a minimal value.

☐ **Ownership Change.** If we or a portion of our business is sold, acquired, or merged with another entity, your medical information may become the property of the new owner. However, you will still have the right to request copies of your records and have copies transferred to another provider.

☐ **Breach Notification Purposes.** If for any reason there is an unsecured breach of your medical information, we will utilize the contact information you have provided us with to notify you of the breach, as required by law. In addition, your medical information may be disclosed as a part of the breach notification and reporting process.

USES AND DISCLOSURES IN WHICH YOU HAVE THE RIGHT TO OBJECT AND OPT OUT

☐ **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest, minister, or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. If you do not wish to be included in the directory, you will be given a chance to object at the time of admission.

- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, disclosure of your medical information may be made to a family member, friend, or other individual, whom you have identified that is involved in your care or payment for your care. We may share your medical information with these persons if you are present or available before we share your medical information with them and you do not object to our sharing your medical information with them, or we reasonably believe that you would not object to this. If you are not present and certain circumstances indicate to us that it would be in

6

your best interests to do so, we will share information with a friend or family member or someone else identified by you, to the extent necessary. This could include sharing information with your family or friend so that they could pick up a prescription or a medical supply. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. Where possible, we will provide you with an opportunity to agree or object.

- **Fundraising Activities.** We or the Henry Community Health Hospital Foundation may use medical information about you to contact you in an effort to raise money for the hospital and its operations, unless you notify us in writing not to contact you for this purpose. We would only release information such as your name, address and phone number, dates you received treatment or services at the hospital, departments of service treating physician, outcome information, and health insurance status. You have the right to opt out of such fundraising communications with each solicitation by following the instructions provided in the solicitation or contacting us in writing.
- **Health Information Networks and Exchanges.** We may participate in certain health information networks or exchanges ("HIEs") that permit health care providers or other health care entities, such as your health plan or health insurer, to share your medical information for treatment, payment and other purposes permitted by law, including those described in this Notice. You are automatically opted in to such HIEs. If you wish to opt out, please submit a written request to us, which we will comply with unless disclosure is required by law. If you opt out of participating in these HIEs, your medical information will no longer be provided to other health care entities through the HIE. However, your decision does not affect the medical information that was exchanged prior to the time you opted out of participation.

USE AND DISCLOSURE OF REPRODUCTIVE HEALTH RECORDS

Federal law recognizes and protects the confidentiality of comprehensive reproductive health care services, including abortion care, and places additional restrictions on the use or disclosure of medical information related to reproductive health care. Reproductive health care means health care that affects the health of an individual in all matters relating to the reproductive system and to its functions and processes. This includes, but is not limited to, contraception, including emergency contraception; preconception screening and counseling; management of pregnancy and pregnancy-related conditions, including pregnancy screening, prenatal care, miscarriage management, treatment for preeclampsia, hypertension during pregnancy, gestational diabetes, molar or ectopic pregnancy, and pregnancy termination; fertility and infertility diagnosis and treatment, including assisted reproductive technology and its components (e.g., in vitro fertilization (IVF)); diagnosis and treatment of conditions that affect the reproductive system (e.g., perimenopause, menopause, endometriosis, adenomyosis); and other types of care, services, and supplies used for the diagnosis and treatment of conditions related to the reproductive system (e.g., mammography, pregnancy-related nutrition services, postpartum care products). Henry Community Health is prohibited from using or disclosing any medical information potentially related to reproductive health care for the following activities: (i) to conduct criminal, civil or administrative investigation into a person for the mere act of seeking, obtaining, providing or facilitating reproductive health care, (ii) to impose criminal, civil or administrative penalties for the mere act of seeking, obtaining, providing or facilitating reproductive health care, or (iii) to identify a person for either of these purposes. Seeking, obtaining, providing, or facilitating reproductive health care includes, but is not limited to, any of the following: expressing interest in,

using, performing, furnishing, paying for, disseminating information about, arranging, insuring, administering, authorizing, providing coverage for, approving, counseling about, assisting, or otherwise taking action to engage in reproductive health care; or attempting any of the same. Outside of these activities, Henry Community Health may continue to use and disclose medical information related to reproductive health care for all other purposes described in this Notice.

The prohibition on use and disclosure of reproductive health care information only applies where the relevant activity is in connection with a person seeking, obtaining, providing, or facilitating reproductive health care, and Henry Community Health has reasonably determined either that:

7

- The reproductive health care is lawful under the law of the state in which such health care is provided under the circumstances in which it is provided. For example, if a resident of one state traveled to another state to receive reproductive health care, such as an abortion, that is lawful in the state where such health care was provided.
- The reproductive health care is protected, required, or authorized by Federal law, including the United States Constitution, under the circumstances in which such health care is provided, regardless of the state in which it is provided. For example, if use of the reproductive health care, such as contraception, is protected by the Constitution.

Where the reproductive health care is provided by someone other than Henry Community Health, Henry Community Health may presume it is lawful unless either of the following is true:

- Henry Community Health has actual knowledge that the reproductive health care was not lawful under the circumstances in which it was provided. For example, an individual discloses to their doctor that they obtained reproductive health care from an unlicensed person and the doctor knows that the specific reproductive health care must be provided by a licensed health care provider.
- The requestor provides factual information that demonstrates a substantial factual basis that the reproductive health care was not lawful under the specific circumstances in which it was provided. For example, a law enforcement official provides a health plan with evidence that the information being requested is reproductive health care that was provided by an unlicensed person where the law requires that such health care be provided by a licensed health care provider.

When Henry Community Health receive s request for medical information potentially related to reproductive health care for purposes of health oversight activities, judicial and administrative proceedings, law enforcement purposes or regarding decedents, as described above, Henry Community Health will obtain a valid, signed attestation from the requestor that the use or disclosure is not for a prohibited purpose, as provided in this section. For example, if Henry Community Health receives a subpoena for medical records related a civil law suit to which the patient is a party form an attorney, it would obtain such an attestation from the attorney before providing the records. Henry Community Health is only permitted to disclose reproductive health information for law enforcement purposes where the disclosure is not subject to the prohibition above, the disclosure is required by law, and the disclosure meets all applicable conditions of HIPAA's permission to use or disclose medical information as required by law.

USE AND DISCLOSURE OF SUBSTANCE USE DISORDER RECORDS SUBJECT TO PART 2

Federal law protects the confidentiality of substance use disorder patient records and places additional restrictions on the use or disclosure of such health information. A substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance (such as drugs or alcohol, but not including tobacco or caffeine) despite significant substance-related problems such as impaired control, social impairment, risky use, and pharmacological tolerance and withdrawal. If you receive services from Henry Community Health covered by such laws, Henry Community Health complies with the federal Confidentiality of Substance Use Disorder Patient Records laws and regulations that protect information regarding substance use disorder diagnosis, treatment and referral for treatment. See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal

laws and 42 CFR Part 2 for Federal regulations (collectively, "Part 2"). Additionally, if Henry Community Health receives records containing information regarding substance use disorders, these records may also be protected by Part 2. Where Part 2 is applicable, Henry Community Health will not disclose your substance use disorder records, that you are enrolled in a Part 2 program, or any other information that would identify you as having or having had a substance use disorder (collectively, "Part 2 Records") except in compliance with this Section.

We will obtain your written consent to use and disclose your Part 2 Records unless we are permitted to use and disclose Part 2 Records without your written consent consistent with Part 2. The following categories describe the ways that we may use and disclose your Part 2 Records without your written consent under Part 2.

8

- **Medical Emergencies.** We may disclose your Part 2 Records to medical personnel to the extent necessary to meet a bona fide medical emergency in which the your prior written consent cannot be obtained or in which we are closed and unable to provide services or obtain your prior written consent during a temporary state of emergency declared by a state or federal authority as the result of a natural or major disaster, until such time as we resume operations. Henry Community Health will obtain your authorization prior to disclosing your information for non-emergency treatment. Henry Community Health may also disclose your Part 2 Records to medical personnel of the Food and Drug Administration (FDA) who assert a reason to believe that your health may be threatened by an error in the manufacturer, labeling, or sale of a product under the FDA jurisdiction, and that your Part 2 Records will be used for the exclusive purpose of notifying you or your physicians of potential danger.
- **Research.** Under certain circumstances, Henry Community Health may use and disclose your Part 2 Records without your consent for research purposes. Generally, we would first obtain your written consent; however, in certain circumstances, we may be permitted to use or disclose your Part 2 Records for research purposes without your consent to the extent permitted by HIPAA, FDA and HHS regulations related to human subject research where a waiver of consent has been granted.
- **Management and Financial Audits and Program Evaluation.** Under certain circumstances we may use or disclose your Part 2 Records for purposes of the performance of certain program financial and management audits and evaluations. For example, we may disclose your identifying information to any federal, state, or local government agency that provides financial assistance to the Part 2 program or is authorized by law to regulate the activities of Part 2 program. We may also use or disclose your identifying information to qualified personnel who are performing audit or evaluation functions on behalf of any person that provides financial assistance to the Part 2 program, which is a third-party payer or health plan covering you in your treatment, or which is a quality improvement organization (QIO), performing QIO review, the contractors, subcontractors, or legal representatives of such person or QIO, or an entity with direct administrative control over our program.
- **Fundraising.** Consistent with provisions elsewhere in this Notice, we may also use or disclose your Part 2 Records for fundraising purposes.
- **Public Health.** We may use or disclose to a public health authority your Part 2 Records for public health purposes. However, the contents of the information from the Part 2 Records disclosed will be de-identified in accordance with the requirements of the HIPAA regulations, such that there will be no reasonable basis to believe that the information can be used to identify you.

Henry Community Health may use and disclose your Part 2 Records when you give you provide written consent satisfying the requirements of Part 2.

- **Designated person or entities.** We may use and disclose your Part 2 Records in accordance with the consent to any person or category of persons identified or generally designated in the consent. For example, if you provide written consent naming your spouse or a healthcare provider, we will share

your health information with them as outlined in your consent.

- Single Consent for Treatment, Payment or Healthcare Operations. We may also use and disclose your Part 2 Records when the consent provided is a single consent for all future uses and disclosures for treatment, payment, and healthcare operations, as permitted by the HIPAA regulations, until such time you revoke such consent in writing.
- Central Registry or Withdrawal Management Program. We may disclose your Part 2 Records to a central registry or to any withdrawal management or treatment program for the purposes of preventing multiple enrollments, with your written consent. For instance, if you consent to participating in a

9

drug treatment program, we can disclose your information to the related program to coordinate care and avoid duplicate enrollment.

- Criminal Justice System. We may disclose information from your Part 2 Records to those persons within the criminal justice system who have made your participation in the Part 2 program a condition of the disposition of any criminal proceeding against you. The written consent must state that it is revocable upon the passage of a specified amount of time or the occurrence of a specified, ascertainable event. The time or occurrence upon which consent becomes revocable may be no later than the final disposition of the conditional release or other action in connection with which consent was given. For example, if you consent, we can inform a court-appointed officer about your treatment status as part of legal agreement or sentencing conditions.
- PDMPs. We may report any medication prescribed or dispensed by us to the applicable state prescription drug monitoring program if required by applicable state law. We will first obtain your consent to a disclosure of Part 2 Records to a prescription drug monitoring program prior to reporting of such information.

Any Part 2 Record, or testimony relaying the content of such Part 2 Records, shall not be used or disclosed in a civil, administrative, criminal, or legislative proceeding against you unless you provide specific written consent (separate from any other consent) or a court issues an appropriate order. Your Part 2 Records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you, the Henry Community Health or other holder of the Part 2 Record in accordance with Part 2. A court order authorizing use or disclosure of Part 2 Records must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the Part 2 Records may be used or disclosed.

Part 2 does not protect health information about a crime committed on Henry Community Health's premises or against any Henry Community Health personnel or about any threat to commit such crime. Part 2 also does not prohibit the disclosure of health information by Henry Community Health to report suspected child abuse or neglect under state law to appropriate state or local authorities. The restrictions on use and disclosure in Part 2 do not apply to communications of Part 2 Records between or among personnel having a need for them in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of patients with substance use disorders if the communications are within the program (or with an entity that has direct administrative control over the program the communications between a part 2 program) and to communications of Part 2 Records to a qualified service organization if needed by the qualified service organization to provide services to or on behalf of Henry Community Health (similar to provisions herein regarding Business Associates). To the extent applicable state 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 state law.

Please note that if Part 2 Records are disclosed to us or our business associates pursuant to your written consent for treatment, payment, and healthcare operations, we or our business associates may further use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this Notice regarding medical information.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights, subject to certain limitations, regarding medical information we maintain about you. These rights apply equally with respect to Part 2 Records.

- **Right to Inspect and Copy**. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled as it relates to civil, criminal, or administrative action or proceeding; information restricted by law; information related to medical research in which you have agreed to participate; information obtained under a promise of confidentiality; and information whose disclosure

10

may result in harm or injury to yourself or others. You also have the right to direct that we transmit a copy of such information directly to another person designated by you. If we maintain medical information about you in electronic format, you have the right to a copy of your medical information in the electronic form or format you request, so long as the information is readily producible in that form or format. If it is not readily producible in the form or format you request, we will provide it to you in a reasonable alternative format.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Director of Medical Records or Office Manager. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request, including where you designate a third-party recipient.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information for certain reasons, we will provide you with an opportunity to request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **You have a right to a summary or explanation of your medical information:** You have the right to request only a summary of your medical information if you do not desire to obtain a copy of your entire record. You also have the option to request an explanation of the medical information to which you were provided access when you request your entire record.
- **You have the right to obtain an electronic copy of medical records:** You have the right to request an electronic copy of your medical record for yourself or to be sent to another individual or organization when your medical information is maintained in an electronic format. We will make every attempt to provide the records in the format you request; however, in the case that the information is not readily accessible or producible in the format you request, we will provide the record in a standard electronic format or a legible hard copy form. We provide the Henry Community Health patient portal as one option for patients to electronically access their medical information. You may set up access to the Henry Community Health patient portal by requesting a form from your health care provider. There is no fee for you to access information through the Henry Community Health patient portal.

- **Right to Amend**. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to the Director of Medical Records. In addition, you must provide a reason that supports your request. Please note that submitting a

request for an amendment does not necessarily mean the medical information will be amended. If we approve your request, we will include the amendment in any future disclosures of the relevant medical information. If we deny your request for an amendment, you may file a written statement of disagreement, which we may rebut in writing. The denial, statement of disagreement, and rebuttal will be included in any future disclosures of the relevant medical information.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

- is not part of the medical information kept by or for the hospital;
- is not part of the information which you would be permitted to inspect and copy; or

11

- is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you. Certain disclosures are exempt from the accounting requirement, such as (but not limited to) disclosures made for the purposes of treatment; payment; health care operations; notification and communication with family and/or friends; and those required by law.

To request this list or accounting of disclosures, you must submit your request in writing to the Director of Medical Records or Office Manager. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

If you are requesting an accounting of disclosures of Part 2 Records made pursuant to your written consent in the 3 years prior to the date of the request (or a shorter time period chosen by you), we will provide such accounting consistent with these HIPAA requirements and Part 2. When regulations are effective requiring such accountings pursuant to HIPAA and Part 2, we will provide a patient with an accounting of disclosures of records for treatment, payment, and health care operations only where such disclosures are made through an electronic health record and during only the 3 years prior to the date on which the accounting is requested.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

For any services for which you paid out-of-pocket in full, we will honor any request you make to restrict information about those services from disclosure to your health plan for payment and health care operations purposes, provided that such release is not necessary for your treatment. ***In all other circumstances, we are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Medical Records Director or Office Manager. 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) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. If we maintain health information about you in electronic format, you also have the right to obtain a copy of such information in electronic format and to direct us to transmit such information directly to an entity or person clearly, conspicuously, and specifically designated by you.

To request confidential communications, you must make your request in writing to the Medical Records Director or Office Manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Designate a Personal Representative.** You have the right to appoint a personal representative, such as a medical power of attorney or if you have legal guardian. Your personal representative may be

12

authorized to exercise your rights and make choices about your medical information. We will confirm the person has this authority and can act for you before we take any action based on their request.

- **Right to Receive a Notice of Breach.** In the event of a breach of your unsecured medical information, you have the right to be notified of such breach. We will notify you of breach of your unsecured medical information experienced by us or one of our Business Associates in accordance with applicable law.
- **Right to a Paper Copy of This Notice.** You have the right to 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 are still entitled to a paper copy of this notice. You may also access this notice on our website at www.hchcares.org/NPP.

To obtain a paper copy of this notice, pick one up at Patient Registration or at the Information Desk in the front Lobby.

ELECTRONIC MEDICAL INFORMATION SHARING THROUGH APPLICATION PROGRAMMING INTERFACES

You have the right to request or authorize that your electronic medical information in your designated record set be transmitted to you or another person or organization through an application programming interface (API). APIs are computer coding mechanisms that permit two or more electronic computer applications or software programs to communicate with each other and share information. Henry Community Health is required by law to comply with requests regarding API transmissions, subject to certain exceptions. You understand that medical information transmitted through an API at your request will no longer be under Henry Community Health's protection and control, will no longer be subject to the protections and rights outlined in this Notice, and may no longer be subject to the same laws, regulations, policies or procedures regarding its confidentiality, security, privacy, use, or disclosure. You understand and agree that you make any request to Henry Community Health to transmit your medical information through an API at your own risk and you assume all liability for the consequences of such action taken by Henry Community Health at your direction. Henry Community Health cautions you to confirm any confidentiality, security or privacy protections with respect to your transmitted medical information with the recipient of the medical information prior to submitting a request to Henry Community Health to transmit your medical information through an API.

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. Law applicable to the recipient may limit their ability to use and disclose the medical information received, such as if they are another covered entity subject to HIPAA or a program or entity subject to Part 2.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital and on our website. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, we will provide you with a copy of the current notice in effect upon written request.

COMPLAINTS AND QUESTIONS

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. If you have questions about this notice or you wish to file a complaint with the hospital, contact Privacy Officer, Henry Community Health, 1000 N. 16th St., New Castle, IN 47362, (765) 599-3135. All complaints must be submitted in writing. If you wish to file a HIPAA complaint with the Secretary of the United States Department of Health and Human Services, please go to the website of the Office for Civil Rights (www.hhs.gov/ocr/hipaa/), call 202-619-0257 (toll free 877-696-6775), or mail to 200 Independence Ave S.W., Washington, D.C. 20201. To file a complaint with the Secretary, you must 1) name the

13

Henry Community Health place or person that you believe violated your privacy rights and describe how that place or person violated your privacy rights; and 2) file the complaint within 180 days of when you knew or should have known that the violation occurred. Violation of Part 2 is a crime. You may report suspected violations of Part 2 to the Secretary of the United States Department of Health and Human Services in the same manner as HIPAA violations are reported.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

We will not disclose or use your medical information in the situations listed below without first obtaining written authorization to do so. Other uses and disclosures of medical information or Part 2 Records not described in this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information or Part 2 Records about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information or Part about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. You can obtain an authorization/consent form from us upon request.

- **Disclosure of Psychotherapy Notes**: Unless we obtain your written authorization, in most circumstances we will not disclose your psychotherapy notes. Some circumstances in which we will disclose your psychotherapy notes include the following: for your continued treatment; training of medical students and staff; to defend ourselves during litigation; if the law requires; health oversight activities regarding your psychotherapist; to avert a serious or imminent threat to yourself or others; and to the coroner or medical examiner upon your death.
- **Marketing**: Disclosures for marketing purposes which result in our receiving financial payment from a third party whose product or services is being marketed will require your written authorization. This does not include compensation that merely covers our cost of reminding you to take and refill your medication or otherwise communicate about a drug or biologic that is currently prescribed to you. However, we may use or disclose your medical information without your authorization to send you information about alternative medical treatments, our own programs or about health-related products and services that may be of interest to you, provided that we do not receive financial remuneration for making such communications. For example, if you suffer from a chronic illness or condition, we may use your medical information to assess your eligibility and propose newly available treatments. When we see you

face-to-face, we may also use your medical information without your authorization to encourage you to maintain a healthy lifestyle and get recommended tests, suggest that you participate in a disease management program, provide you with promotional gifts of nominal value, or tell you about government sponsored health programs.

- **Sale of Medical Information**: Any activity constituting a sale of your medical information, as defined by applicable law, will require your prior written authorization.