PRIVACY AND DISCLOSURE OF MEDICAL INFORMATION

Our Notice of Privacy Practices provides information about how we may use and disclose your personal health information. By signing below, you acknowledge that you have received a copy of our use and disclosure form.

Patient or Guardian signature	Printed Name	Relationship to Patient	Date

RISE Community Hospital NOTICE OF PRIVACY PRACTICES

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

Your Privacy is important to us.

RISE Community Hospital understands how important your personal medical information is to you. We protect the privacy of your health information because it is the right thing to do. We also follow federal and state laws that govern your health information. We use your health information (and allow others to have it) only as permitted by federal and state laws. These laws give you certain rights regarding your health information. This Notice describes the privacy practices of RISE Community Hospital.

Our Privacy Obligations

We understand that your health information is personal, and we are committed to protecting your privacy. In addition, we are required by law to maintain the privacy of your health information, to provide you with this Notice of our legal duties and privacy practices with respect to your health information, and to notify you in the event of a breach of your unsecured health information.

Uses and Disclosures of Your Health Information Without Your Written Authorization

When we care for you, we will gather your health information. In certain situations (described below) we must obtain your authorization in order to use and/or disclose your health information. However, we may use and disclose your health information without your authorization for the following purposes:

A. For Treatment. We may use or disclose your health information to help with your health care including:

- Appointment reminders
- Possible treatment options and health-related benefits, disease prevention or services that may be of interest to you.
- Sending your information to a specialist as part of a referral
- Sharing information with pharmacies, laboratories, or radiology for the coordination of different treatments.

B. For Payment. We may use and disclose your health information to receive payment for health care treatment, services, and supplies you receive from health care providers.

C. Health Care Operations. We may use and disclose your health information for our health care operations, which help us operate our business, including sharing information with medical residents, trainees, students for education and training purposes and partnering with volunteers to support our volunteer program.

D. Facility Directory. Unless you object, your name, location in the facility, and general condition will be used in our patient directories in those facilities where such directories are maintained. This information may be provided to people who ask for you by name. You may opt out of the facility directory at any time by speaking with the Patient Access staff.

E. Quality Improvement. We may use and disclose your health information for internal administration and planning and various activities for improving the quality and cost effectiveness of the care that we deliver to you. We may use your health information for case management or to perform population-based studies designed to reduce health care costs. We may use or disclose your health information to conduct compliance reviews, audits, and/or for fraud and abuse detection. We are prohibited from using or disclosing your genetic information for underwriting purposes.

F. To a Business Associate. Certain services are provided to us through contracts with third party entities known as “business associates” that require access to your health information in order to provide such services. RISE Community Hospital requires these business associates to appropriately protect your health information in compliance with all laws.

G. Family and Friends. We may disclose your health information to a friend or family member who is involved in your medical care, helps pay for your care or for notification of your location and condition during emergencies or disasters.

H. Continuity of Care. For your ongoing health care management, your information may be shared with other health care providers such as home health agencies, health care suppliers and community services agencies in order to obtain their services on your behalf. These care continuity activities help improve health care outcomes, patient satisfaction and overall quality of care.

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I. Required Uses of Health Information. The law sometimes requires and/or permits us to share information for specific purposes, with:

- Public Health Agencies to report public health activities such as communicable diseases, traumatic injuries, or birth defects, or for vital statistics, such as a baby's birth,
- Activities related to death such as a funeral director or an organ-donation agency or with a medical examiner to investigate a death,
- The appropriate governmental agency, if an injury or unexpected death occurs at our facility,
- State authorities, to report child or elder abuse,
- Law enforcement, for certain types of crime-related injuries,
- Governmental inspectors/agencies to make sure our facilities are safe or to report a breach of health information privacy,
- Military command authorities or the Department of Veterans Affairs, when we treat patients that are in the military or veterans,
- A correctional institution, if a patient is an inmate,
- The Secret Service or NSA, to protect the country or President,
- A medical device's manufacturer, as required by the FDA,
- Court officers, as required by law, in response to a court order or a valid subpoena,
- Governmental authorities, to prevent serious threats to the public's health or safety,
- A worker's compensation program, if a person is injured at work and claims benefits under that program.

J. Marketing. We may only use your health information for limited marketing purposes as follows: face- to-face communications, promotional gifts of nominal value, refill reminders, or to otherwise tell you about a drug related to your treatment or our health care operations as described in this Notice.

K. Research. We may use or disclose your PHI to conduct health care research as authorized by law. We may also de-identify your health information as permitted by HIPAA. We may use or disclose to others the de-identified information for any purpose, without your further authorization or consent, including but not limited to research studies, development of artificial intelligence tools, and health care/health operations improvement activities.

State law may further limit the permissible ways we use or disclose your health information. If an applicable state law imposes stricter restrictions, we will comply with that state law.

Uses and Disclosures that Require Your Written Authorization

For any purpose other than the ones described above, we only use or disclose your health information when you give us your written authorization.

A. Sale of Health Information. We will not disclose your health information for the purpose of selling your information without your written authorization.

B. Psychotherapy Notes. We will not use or disclose psychotherapy notes about you without your authorization except for use by the mental health professional who created the notes to provide treatment to you, for our mental health training programs, or to defend ourselves in a legal action or other proceeding brought by you.

C. Revocation of Your Authorization. You may revoke your authorization at any time by completing a written revocation form and submitting it to our Privacy Office. If you revoke your authorization, we will no longer use or disclose your health information except as described above (or as permitted by any other authorizations that have not been revoked). However, your revocation will not be effective with respect to any health information previously disclosed to a third party in reliance on your prior authorization.

Your Health Information Rights

A. Right to Receive this Notice of Privacy Practices. You have the right to receive a copy of this Notice at any time. You may obtain a paper copy of the current notice in all clinical areas or an electronic copy by visiting our website.

B. Right to Request Restrictions. You may request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You may also 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. We are not required to agree to a restriction that you may request. If we do agree to the requested restriction, we may not use or disclose your medical information in violation of the restriction unless it is needed to provide emergency treatment. You may request that a health care item or service not be disclosed to your health plan for payment purposes or health care operations. Unless prohibited by law, we are required to honor your request if the item or service is paid out of pocket and in full. This restriction does not apply to the use or disclosure of your medical information related to your treatment.

C. Right to Receive Communications by Alternative Means or at Alternative Locations. You may request, and we will accommodate, any reasonable written request for you to receive your health information by alternative means of communication or at alternative locations.

D. Right to Review and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to review and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from Patient Access and submit the completed form to Patient Access. If you request copies, we may charge you a reasonable copy fee.

E. Right to Amend Your Records. You may request in writing that your health information be amended if you think there is an error. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

F. Right to Receive an Accounting of Disclosures. You may request an accounting of certain disclosures when your identifiable health information is shared outside of RISE Community Hospital for a purpose other than treatment or payment. If you request an accounting more than once during a twelve (12) month period, we may charge you a reasonable fee for the accounting statement.

G. Personal Representatives. You may exercise your rights through a personal representative, as permitted under our health information privacy policy, and as determined under applicable state law. Your personal representative must complete a Personal Representative Form. We reserve the right to deny access to your personal representative, as permitted by law.

H. Notice of Breach. You will receive notice if we or our business associates have breached the confidentiality of your unsecured health information.

I. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your health information, you may contact our Privacy Office. Be assured that we will investigate your concern thoroughly, support you appropriately, and not retaliate against you in any way. You may also file written complaints with the Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Office for Civil Rights. We will not retaliate against you if you file a complaint with us or with the Office for Civil Rights.

Privacy Office Contact Information

If you have a question, concern, or complaint regarding how your health information is protected, used, and/or disclosed, you may contact the Privacy Office by any of the following means:

Email: privacy@RISECH.com

Phone: 225.755.9765

Right to Change Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request.