

Notice of Privacy Practices

This Notice of Privacy Practices (“Notice”) describes how medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

USE AND DISCLOSURE OF HEALTH INFORMATION

*Pallitus Health Partners**, a part of *Hosparus Health*, may use your health information for purposes of providing you treatment, obtaining payment for your care/service and/or conducting health care operations. Pallitus Health Partners will ask you to acknowledge that you have received this Notice. Your health information may be used or disclosed for purposes outlined below. Pallitus Health Partners has established policies to guard against unnecessary use, access or disclosure of your health information.

The following is a summary of the circumstances and purposes for which your health information may be used and disclosed without your authorization:

To Provide Treatment. Pallitus Health Partners may use and disclose your health information to coordinate care/service within Pallitus Health Partners and with others involved in your care or service, such as your attending physician, members of the Pallitus Health Partners interdisciplinary team and other health care professionals who have agreed to assist Pallitus Health Partners in coordinating care/service. For example, Pallitus Health Partners may disclose information about symptoms to physicians involved in a patient’s care so the physician can prescribe appropriate medications.

To Obtain Payment. Pallitus Health Partners may use and disclose your health information in order to collect payment from third parties for the care/service you may receive from Pallitus Health Partners. For example, Pallitus Health Partners may provide information regarding your health care status to your health care insurer so that the insurer will reimburse you or Pallitus Health Partners. Pallitus Health Partners may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for your care/services.

To Conduct Health Care Operations. Pallitus Health Partners may use and disclose health care information for its own operations to facilitate the function of Pallitus Health Partners and to provide quality care/services to all of Pallitus Health Partners patients/families/clients. Health care operations include, but are not limited to, activities such as:

- Quality and compliance purposes. For example, Pallitus Health Partners may use your health information to evaluate staff performance or evaluate how to more effectively serve patients/families/clients.
- Activities designed to improve health or reduce health care costs.

- Procedure development, case management and care coordination. For example, Pallitus Health Partners may use your health information to contact you as a reminder regarding a visit to or an appointment with you.
- Training programs in which students, trainees or practitioners learn under supervision.
- Accreditation, certification, licensing or credentialing activities.
- Business planning and development.
- Business management and general administrative activities of Pallitus Health Partners.

When Legally Required. Pallitus Health Partners may use and disclose your health information when it is required to do so by any federal, state or local law.

When There Are Risks to Public Health. Pallitus Health Partners may, in accordance with applicable laws, disclose health information for public health activities and purposes:

- To prevent or control disease, injury or disability, to report disease, injury, vital events such as birth or death, and for the conduct of public health surveillance, investigations and interventions.
- To report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration (FDA).
- To notify a person who may have been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To inform an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect Or Domestic Violence. Pallitus Health Partners is required to notify government authorities if it believes a patient/family member/client is the victim of abuse, neglect or domestic violence. Pallitus Health Partners makes this disclosure when required, or authorized by law. Resources and education will also be given to patient/family/client if they wish to make a report.

To Conduct Health Oversight Activities. Pallitus Health Partners may disclose health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, proceedings or actions, inspections, licensure or disciplinary action, or other activities necessary, as allowed by law. Pallitus Health Partners, however, may not disclose your health information if you are the subject of an investigation or activity and such investigation or activity does not arise out of and is not directly related to receipt of health care, or qualification for, or receipt of, public benefits or services when your health is integral to your claim for public benefits or services.

In Connection With Judicial And Administrative Proceedings. Pallitus Health Partners may disclose health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Pallitus Health Partners receives reasonable assurances that you or your personal representative has been given notice of the request for your health information and that a qualified protective order is being secured for this purpose.

For Law Enforcement Purposes. Pallitus Health Partners may disclose health information to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or other lawful request.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if Pallitus Health Partners suspects that a death was the result of criminal conduct including criminal conduct of Pallitus Health Partners.
- In order to report a crime that occurred on Pallitus Health Partners premises.
- In order to report a crime under certain circumstances if Pallitus Health Partners is providing emergency health care in response to a medical emergency.

To Coroners and Medical Examiners. Pallitus Health Partners may disclose health information for purposes of determining cause of death or for other duties, as authorized by law.

To Funeral Directors. Pallitus Health Partners may disclose health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to funeral arrangements. If necessary to carry out duties, Pallitus Health Partners may disclose health information prior to and in reasonable anticipation, of a death.

For Organ, Eye Or Tissue Donation. Pallitus Health Partners may use or disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

For Research Purposes. Pallitus Health Partners may use or disclose your health information for research purposes. However, before Pallitus Health Partners discloses any health information for such research purposes, the research project is subject to an extensive approval process in accordance with the law.

In the Event Of A Serious Threat To Health Or Safety. Pallitus Health Partners may, consistent with applicable law and ethical standards of conduct, disclose health information if it, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to health or safety.

For Specified Government Functions. In certain circumstances, Pallitus Health Partners may use or disclose health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation. Pallitus Health Partners may disclose your health information as authorized by the law and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, as established by law, that provide benefits for work-related injuries or illness without regard to fault.

Inmates. Pallitus Health Partners may disclose your health information to a correctional institution or law enforcement officer if you are an inmate or under the custody of law enforcement in order for the correctional institution to provide you with medical care; to protect your health and safety or the health and safety of others; and for the safety and security of the correctional institution.

For Fundraising Activities. Pallitus Health Partners may use information about you including your name, address, phone number, age, gender, date of birth and the dates you received care/service to contact you or your family to raise money for Pallitus Health Partners. If you do not want Pallitus Health Partners to contact you or your family, notify Pallitus Health Partners, a part of Hosparus Health (502-456-6200 or 1-800-264-0521) and indicate that you do not wish to be contacted.

Persons Involved In Your Care. Unless you indicate otherwise in accordance with our procedures, we may disclose to a family member or friend or any other person you identify, the portion of your health information which directly relates to that person's involvement in your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary for your care, if, based on our professional judgment, we determine that it is in your best interest. We may disclose protected health information to notify or assist in notifying a family member, friend or personal representative (or any other person who is responsible for your care) of your location, general condition or death. We may also use or disclose your protected health information to an authorized public or private entity to assist in disaster-relief efforts. Finally, if you are deceased, we may disclose your health information to a friend or family member who was involved in your medical care prior to your death, limited to information relevant to that person's involvement, unless doing so would be inconsistent with wishes you expressed to us during your life.

Business Associates. Certain entities, known as business associates, provide services to us through contracts. We may disclose your health information to these business associates and allow them to retain, create, use and disclose your information to perform duties for us. We seek assurances from the business associate that it has implemented appropriate safeguards to protect your information.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than stated above and as required by law, Pallitus Health Partners will not disclose health information without your written authorization. A few examples of disclosures that would require your authorization are disclosures to a life insurer for coverage purposes, health information used for marketing purposes, or health information that is sold to a third party. If you or your personal representative authorizes Pallitus Health Partners to use or disclose your health information, such authorization may be revoked in writing to Pallitus Health Partners at any time.

With regard to use or disclosure of your health information for marketing purposes, Pallitus Health Partners will obtain prior written authorization to use or disclose your health information for marketing purposes except for a face-to-face encounter or a communication involving a promotional gift of nominal value. With your prior written authorization, Pallitus Health Partners may use your health information to send community information mailings and may publish patients' names in the Pallitus Health Partners newsletter. Pallitus Health Partners will not sell or disclose lists of patients or families or your health information to third parties for the marketing purposes of the third party without your authorization.

If Psychotherapy Notes are created for your treatment, most uses and disclosures of these notes will require your written authorization. "Psychotherapy Notes" means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. "Psychotherapy Notes" excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Pallitus Health Partners maintains:

- **Right to request restrictions.** You may request in writing any desired restrictions on certain uses and disclosures of your health information, including but not limited to Pallitus Health Partners' disclosure of your health information to someone who is involved in your care. However, in most cases, Pallitus Health Partners is not required to agree to your request. If we agree with your request for restrictions, we will comply with your request unless your health information is needed to provide emergency treatment. Additionally, you may restrict disclosure of your health information to your health plan with respect to services for which you paid fully out of pocket. If you wish to make a request for restrictions, please send your request in writing to Medical Records at Pallitus Health Partners, a part of Hosparus Health, 6200 Dutchmans Lane, Louisville, Kentucky 40205-3271.

- **Right to receive confidential communications.** You have the right to request in writing that Pallitus Health Partners communicate with you in a certain way. For example, you may ask that Pallitus Health Partners only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please send your request in writing to Medical Records, Pallitus Health Partners, a part of Hosparus Health, 6200 Dutchmans Lane, Louisville, Kentucky 40205-3271. You are not required to provide any reasons for your request.
- **Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including medical records and billing records. A request to inspect and copy records containing your health information may be made in writing to the Medical Records Department, Pallitus Health Partners, a part of Hosparus Health, 6200 Dutchmans Lane, Louisville, KY 40205-3271. You have the right to receive a copy of your medical record in the format of your choice. If Pallitus Health Partners is unable to produce your medical record in the requested format or has concerns about the security of the records, Pallitus Health Partners will work with you to produce the medical record in an agreed upon format. If you request a copy of your health information, Pallitus Health Partners has 30 days to respond. If Pallitus Health Partners agrees to your request, Pallitus Health Partners must provide a free initial copy of your records. Thereafter, Pallitus Health Partners may charge a reasonable fee for copying and assembling costs associated with your request in accordance with applicable state laws. If we deny your request to review or obtain a copy of your medical or billing records, you may submit a written request for a review of that decision.
- **Right to amend health care information.** If you believe that your health information records are incorrect or incomplete, you may request that Pallitus Health Partners amend the records. That request may be made as long as the information is maintained by Pallitus Health Partners. A request for an amendment of records must be made in writing to Compliance Officer, Pallitus Health Partners, a part of Hosparus Health, 6200 Dutchmans Lane, Louisville, Kentucky 40205-3271. Pallitus Health Partners may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by Pallitus Health Partners, if the records you are requesting are not part of Pallitus Health Partners' records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of Pallitus Health Partners, the records containing your health information are accurate and complete.
- **Right to an accounting.** You have the right to request an accounting of disclosures of your health information made by Pallitus Health Partners. However, this right does not apply to disclosures (1) made to you or in response to an authorization form signed by you; (2) for national security or intelligence purposes; (3) made to your family or friends

who are involved in your care; or (4) made to correctional institutions or law enforcement in custodial situations. This right also does not apply to disclosures made for purposes of treatment, payment or health care operations unless Pallitus Health Partners maintains an electronic health record for you. The request for an accounting must be made in writing to Medical Records (800-264-0521). Accounting requests may not be made for periods of time in excess of six (6) years. However, requests for an accounting of disclosures of an electronic health record disclosure for purposes of treatment, payment or health care operations, may not be made for periods of time in excess of three (3) years. Pallitus Health Partners provides the first accounting you request during any twelve (12)-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

- **Right to a copy of this Notice.** You have a right to receive a copy of this Notice at any time, even if you previously received a copy. To obtain a copy, please contact the Medical Records at Pallitus Health Partners, a part of Hosparus Health (800-264-0521). You may also view the current version of this Notice at www.HosparusHealth.org.

STATE LAW RESTRICTIONS ON INFORMATION REGARDING CERTAIN CONDITIONS

Kentucky has more stringent laws than the HIPAA Privacy Rule with respect to HIV/AIDS status and mental health and chemical dependency records (we are allowed to disclose this information only under certain limited circumstances and/or to specific recipients). In situations in which these laws apply to your information, we will comply with these more stringent laws. If Kentucky law otherwise prohibits or materially limits our ability to make any uses or disclosures of your health information that would otherwise be permitted under the HIPAA Privacy Rule, we will follow the more stringent state law if it is applicable to your health information.

DUTIES OF PALLITUS HEALTH PARTNERS

Pallitus Health Partners is required by law to maintain the privacy of your health information and to provide to you with this Notice. Pallitus Health Partners will notify you if there is a reportable breach regarding the security of your health information in accordance with the law. Pallitus Health Partners is required to abide by terms of this Notice as may be amended from time to time. Pallitus Health Partners reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If Pallitus Health Partners changes its Notice, Pallitus Health Partners will provide a copy of the revised Notice to you upon your request and will post a copy of the revised notice on its website and at its physical service delivery sites. You have the right to express complaints to Pallitus Health Partners and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to Pallitus Health Partners should be made in writing to the Compliance Officer, Pallitus Health Partners, a part of Hosparus Health, 6200 Dutchmans Lane, Louisville, Kentucky 40205-3271. Pallitus Health Partners encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Compliance Officer, Pallitus Health Partners, a part of Hosparus Health, 6200 Dutchmans Lane, Louisville, Kentucky 40205-3271 (800-264-0521).

Please call if you have any questions regarding this notice.

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