

CENTERLIGHT HEALTH SYSTEM
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)
JOINT PRIVACY NOTICE for its AFFILIATED ENTITIES

THIS JOINT 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.

INTRODUCTION

This Joint Notice is being provided to you on behalf of the **affiliated entities of CenterLight Health System** and it applies to all information and records related to your care that is received or created by CenterLight Health System and its employees, volunteers, medical staff, and consultants (collectively referred to herein as "We" or "Our"). We understand that your medical information is private and confidential. Further, we are required by law to maintain the privacy of your protected health information.

We are required by law to provide you with this notice of your rights, and our legal duties and privacy practices, with respect to your protected health information, and to abide by the terms of this notice that are currently in effect.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

"Protected health information" means individually identifiable health information that we transmit or maintain in any form, including electronic or paper files. It does not include information in certain educational and employment records.

We will use or disclose your protected health information for purposes of treatment, and payment and health care operations.

1. For Treatment: We will use or disclose your protected health information for the provision, coordination or management of your treatment and care. We may disclose your protected health information to CenterLight Health System and non-CenterLight Health System personnel who may be involved in your care, such as physicians, nurses, nurses' aides, therapists, and consultants. For example, a nurse caring for you will report any changes in your condition to your doctor. We may also disclose protected health information to individuals who will be involved in your care after you are discharged from a CenterLight Health System facility.
2. For Payment: We will disclose protected health information so that we can bill and receive payment for the treatment and services provided to you. For example, we may need to provide information to your health plan about your medical condition prior to providing services to determine whether the services will be covered and after providing services if necessary to obtain payment.
3. For Health care operations: CenterLight Health System covered entities will use and disclose protected health information in support of its operations, including such activities as quality assurance, case management, management and administrative activities. For example, we may use your protected health information to evaluate CenterLight Health System's services, including the performance of our staff.

USES AND DISCLOSURES FOR OTHER SPECIFIC PURPOSES

In addition to using and disclosing your information for treatment, payment and health care operations, we may use your protected health information in the following ways:

1. Appointment Reminders. We may contact you to provide appointment reminders for treatment or medical care.
2. Treatment Alternatives and Health-Related Benefits. We may contact you to tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.

¹CenterLight Health System refers to all entities under common ownership of CenterLight Health System. A list of those entities, as of July 1, 2022, is provided on the last page of this Notice. A current list is available on our website www.CenterLightHealthcare.org.

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3. Individuals Involved in Your Care or Payment for Your Care. We may disclose information about you to your family or friends or any other individual identified by you who is involved in your care, such as your location, your general condition or your death. We may also disclose your protected health information as necessary to allow such individuals to pick up your filled prescriptions, supplies, and other items, if in our professional judgment it is in your best interest to do so. If possible, we will give you an opportunity to object to these disclosures.

4. Facility Directory. Unless you object, we will include information about you in a facility directory if you are a patient or resident at a CenterLight Health System facility. This information may include your name, location and general condition, and your religious affiliation. We may release your information in the directory, except for your religious affiliation, to people who ask about you by name. We may release your directory information, including your religious information, to a member of the clergy.

5. Disaster Relief. We may disclose your protected health to an organization assisting in disaster relief efforts.

6. Fundraising. We may contact you as part of our fundraising efforts. You have a right to opt-out of receiving any fundraising communications.

7. Marketing. We cannot use or disclose your PHI for marketing purposes unless we have your written authorization to do so.

8. Research. We may use or disclose your protected health information for research purposes, subject to the requirements of applicable law. All research projects are subject to a special approval process which balances research needs with a patient's need for privacy.

9. Genetic Information. We will not use or disclose your protected health information containing genetic information for underwriting purposes. Genetic information includes genetic tests of you or your family members and manifestations of diseases or disorders in your family members. Underwriting purposes does not include determinations of medical appropriateness of a benefit under a CenterLight Health Plan.

10. Mental Health Information. We will not use or disclose any psychotherapy notes or other protected health information related to your mental health records without your express written authorization.

11. Military and Veterans. If you are a member of the Armed Forces, we may release protected health information about you as required by military authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

12. Worker's Compensation. We may release protected health information about you for programs that provide benefits for work-related injuries or illnesses.

13. Public Health Activities. We may disclose protected health information about you for public health activities, including: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety, or effectiveness of FDA-regulated products or services and to report reactions to medications or problems with products; 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; and to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect or domestic violence, if required or authorized by law.

14. Health Oversight Activities. We may disclose protected health information to Federal or State agencies that oversee our activities. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with laws, regulations and program standards.

15. Judicial and Administrative Proceedings. We may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process. Efforts will be made to tell you about the request or to obtain an order protecting the information.

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16. Law Enforcement. We may release protected health information if asked to do so by a law enforcement official: as required to comply with a court order, subpoena, warrant, summons or similar process; to identify or locate a criminal suspect, fugitive, material witness, or missing person; about the victim of a crime under certain limited circumstances; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises or in our programs; and to report information about a crime, in emergency circumstances.

17. Coroners, Medical Examiners, Funeral Directors and Organ Procurement Organizations. We may release protected health information to a coroner, medical examiner, funeral director, or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

18. National Security and Intelligence Activities; Protective Services for the President and Others. We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, or other national security activities, or to provide protection to the President, certain other persons, or foreign heads of state, or to conduct certain special investigations.

19. Serious Threats to Health or Safety. In accordance with applicable law and standards of ethical conduct, we may use and disclose your protected health information if we, in good faith, believe it is necessary to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of another person or the public. We will disclose your information only to a person who may be able to prevent the threat, or to law enforcement authorities to identify or apprehend an individual.

Note: Certain protected health information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be subject to additional protections under state and federal law. CenterLight Health System will comply with any such applicable protections.

YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF YOUR PROTECTED HEALTH INFORMATION

We will use or disclose your protected health information, other than as described in this notice or as required by law, only with your written authorization. You may revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization, or the authorization was a condition for obtaining insurance coverage and the insurer has a legal right to contest a claim.

We are prohibited from disclosing your protected health information in exchange for money or other remuneration unless we have your written authorization to do so.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your protected health information:

1. Right to Request Restrictions. You may request restrictions on our uses and disclosures of protected health information for treatment, and payment and health care operations. However, we are not required to agree to your request (except as noted below). You must make your request in writing.

We must comply with your request not to disclose your protected health information if (1) the reason we would disclose the protected health information is to obtain payment or for operational purposes (and not for treatment purposes), and (2) the protected health information pertains solely to health care services that you have paid for out of pocket, in full.

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2. Right to Request Confidential Communications. You may request to receive confidential communications of protected health information by alternative means or at alternative locations. For example, you can request that we contact you only at a certain phone number. We will try to accommodate your reasonable requests. You must make your request in writing.

3. Right of Access. You have the right to request to inspect and copy your medical and billing records and any other written information used by us to make decisions about your care. We may deny your request to inspect or receive copies of your records in certain limited circumstances. If we deny your request, in some cases you may have a right to request a review of the denial. You must submit your request in writing.

If you request a copy of your protected health information, we may charge you a reasonable fee for the costs of copying and mailing your records. If we maintain an electronic health record for you, then your right includes, at your option, access to the information in electronic format provided to you directly, or to an individual whom you clearly, conspicuously and specifically designate. For information provided to you in electronic format, CenterLight Health System will charge a fee that is no greater than the cost of labor in responding to your request.

4. Right to Request an Amendment. You have the right to request an amendment to your protected health information maintained by CenterLight Health System for as long as we hold the information. Your request must be made in writing. We may deny your request for amendment if the protected health information: was not created by us; the originator of the information is no longer available to act on your request; is not part of your medical or billing records, nor used by CenterLight Health System to make decisions about you; is not otherwise part of the information maintained by CenterLight Health System; or is accurate and complete, as determined by CenterLight Health System.

5. Right to an Accounting of Disclosures. You have the right to request an "accounting" of disclosures of protected health information. This is a listing of disclosures of your protected health information made by us to other individuals or entities. An "accounting" will not include disclosures made to carry out treatment, payment and health care operations, and disclosures for certain other excepted purposes.

To request an accounting of disclosures of your protected health information, you must submit your request in writing. Your request must state a specific time period for the accounting (e.g., the past three months), beginning after April 14, 2003 and that is within six (6) years of your request. The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the cost of providing the list.

6. Right to a Copy of This Notice. You have a right to obtain a copy of this notice, even if you have agreed to receive this notice electronically. You may request a copy from your care coordinator, or visit our websites at www.CenterLight.org or www.CenterLightHealthcare.org under the "About Us" tab.

7. Right to Notification of a Breach. A breach is the unauthorized acquisition, access, use, or disclosure of unsecured protected health information which compromises the security or privacy of the protected health information, as defined by federal law. Protected health information is "unsecured" if it can be used, read or deciphered by an unauthorized person.

There are three exceptions to this "breach notification" rule, where:

- in good faith, a member of our workforce unintentionally acquires, accesses, uses or discloses the information under the authority of CenterLight Health System or its business associate;
- an authorized person at CenterLight Health System or its business associate inadvertently discloses the information to another similarly situated individual at the same facility; or
- the unauthorized person to whom the information was disclosed would not reasonably be able to retain the information.

The exceptions do not apply if the information received as a result of a disclosure is further acquired, accessed, used or disclosed without authorization by any person. We will notify you if we believe your protected health information

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was accessed, acquired, or disclosed as a result of the breach. You have a right to be notified without delay, and in no case later than 60 calendar days after the breach is discovered. The notice will include a brief description of:

- what happened;
- the types of information that were involved (such as name, Social Security number, date of birth, home address, account number, diagnosis, disability code, or other information);
- steps you should take to protect yourself from potential harm;
- what we are doing to investigate the breach, mitigate harm to you, and protect against any further breaches; and
- contact information for you to ask questions or learn additional information.

CHANGES TO THIS NOTICE

This notice is effective as of April 14, 2003. We will revise this notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this notice. We reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information already received and maintained by CenterLight Health System, as well as for information that we receive in the future.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint by calling us at 1-833-252-2737 (TTY 711), 8AM-8PM, Monday-Friday, or by using our Anonymous Hotline at 1-855-231-0616. You also may file a complaint with the U.S. Secretary of Health and Human Services.

CONTACT PERSON

If you have any questions or would like further information about this notice, please call us at 1-833-252-2737 (TTY 711).

CENTERLIGHT HEALTH SYSTEM AFFILIATED ENTITIES

CenterLight Health System includes the following affiliated not-for-profit corporations, all of which are subject to this notice: Best Choice Home Health Care, Inc., CenterLight Healthcare*, CenterLight Healthcare Diagnostic & Treatment Center, and CL Healthcare.

*CenterLight Healthcare may separately distribute a privacy notice with its health plan documents. CenterLight Healthcare will be subject both to this notice and any additional notices distributed to participants in its health plans.

ACKNOWLEDGMENT

I acknowledge that I have been provided with a copy of CenterLight Health System's privacy notice.

Signature of Participant: _____ **Date:** _____

IF APPLICABLE:

Print Name of Legal Representative: _____

Relationship to participant: _____

Signature of Legal Representative: _____ **Date:** _____

Date signed form was received: _____

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