

NOTICE OF PRIVACY PRACTICES

Riverview Health takes the privacy of your Protected Health Information (PHI) seriously.

This Notice of Privacy Practices is provided for you to understand our duties and practices with respect to your information.

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.

HOW RIVERVIEW HEALTH MAY USE AND DISCLOSE YOUR HEALTH INFORMATION.

- Your PHI may be shared with and used by healthcare providers to provide, manage, and collaborate treatment, healthcare, or other services related to your care.
- Your PHI may be disclosed as needed for the purposes of payment; to bill and collect for the services we provide to you.
- Your PHI may be used by Riverview Health to ensure you receive quality healthcare and to maintain and improve the quality of care we provide.
- Your PHI may be shared with other organizations that have a relationship with you in accordance with privacy laws.
- Your PHI may be disclosed to various governmental or accreditation entities as required to maintain our license and accreditation and to other agencies providing oversight activities such as audits and investigations.
- Occasionally, we may inadvertently use or disclose your PHI such as when a conversation between healthcare providers is overheard. We have safeguards in place to avoid these unintended situations as much as possible.
- Upon request by you, we may use or disclose your PHI in accordance with your request.
- We may use or disclose certain parts of your PHI for purposes of research, public health reasons or healthcare operations.
- Your PHI may be disclosed to the Secretary of the Department of Health and Human Services in the case of a compliance review to determine whether we are complying with privacy laws.
- We may disclose your PHI to third parties with whom we contract or hire to perform services on our behalf. In accordance with privacy laws, all third parties sign confidentiality agreements. One of these third-party vendors uses PHI to create information that does not identify you in any way. De-identified information can be used or disclosed according to law.

- Members of our workforce may disclose your PHI to authorities or attorneys hired by the workforce member if they believe there is unlawful conduct or activity that may endanger patients, workers or the public.
- We are required by law to report certain information to public authorities if we believe that a child or adult is a victim of abuse or neglect.
- We may use and disclose your PHI to communicate with you about health-related products or services related to your treatment, case management, care coordination, providers, etc. We must obtain authorization from you for any other use or disclosure of PHI for marketing purposes or when we are paid in exchange for disclosure of your PHI, and you may revoke this authorization at any time.
- We will disclose your PHI when required to do so by federal, state or local law which may include public health activities that involve preventing or controlling disease, reporting births and deaths, reporting defective medical devices or problems with medications, or exposure to disease.
- We may disclose your PHI in response to a court order; subpoena, warrant or summons; an administrative order from a law enforcement official to identify a suspect, fugitive, witness or missing person; about victims of crimes; about a death we believe to be the result of criminal conduct; about criminal conduct at Riverview Health; or to report a crime, if any such disclosures are required by law.
- We may disclose your PHI to a coroner, medical examiner or funeral director.
- We may disclose your PHI 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.
- We may disclose your PHI for research purposes. Research projects require special approval and any PHI utilized requires express permission from the Privacy Officer.
- We may use and disclose your PHI when we believe in good faith that it is necessary to prevent a serious threat to the health or safety of you, another person or the public. This could include law enforcement or federal authorities, if concerns include national security, intelligence, or protection to the President.
- We may release your PHI to military command authorities if you are a member of the armed forces.
- We may disclose your PHI to a correctional institution or law enforcement authority if you are an inmate in a correctional institution or otherwise held in lawful custody, or if you have escaped from lawful custody.
- We may disclose your PHI to avert a serious threat to health or safety if you have admitted participation in a violent crime to us for a purpose

unrelated to any treatment or therapy for the propensity to commit violence.

- We may disclose your PHI as authorized by and to the extent necessary to comply with workers' compensation laws.
- We may use and disclose your PHI to tell you about or recommend treatment alternatives, appointment reminders and health-related benefits. If you do not wish to be contacted about services or appointments, you must notify us in writing and state which activities you wish to be excluded from.
- We may use your PHI to contact you for efforts to raise money for Riverview Foundation. Disclosure involves limited information. You may opt out of this at any time.
- We may include certain limited information in our facility directory such as your name, location in the hospital, your general condition, and religious affiliation.
- We may disclose certain PHI about you to a family member, other relative or other person identified by you who is involved in your healthcare or assists with the payment of your healthcare. We may also tell family, friends, a personal representative or other person responsible for your healthcare that you are at the hospital and your condition.
- We will not disclose your PHI related to reproductive health care for purposes of investigating or imposing liability on anyone for lawful reproductive health care. We will not disclose your PHI related to reproductive health care for purposes of law enforcement, health oversight, or judicial or administrative proceedings, or to coroners or medical examiners, unless we first obtain an attestation from the requester that the PHI will not be used to investigate or impose liability on someone for lawful reproductive care.
- Federal law prohibits release of your PHI if it contains information about drug or alcohol abuse without your written permission, except in very limited situations. We will not release or testify about your information contained in any substance use disorder treatment records that we receive from a program subject to 42 CFR Part 2, unless you provide written consent or a court order requires us to do so. If we intend to use your PHI related to substance use disorder for fundraising, we will first provide you with a clear opportunity to elect against receiving any fundraising communications.
- If your records contain information regarding your mental health, we are restricted in the ways we can use and disclose this special PHI. We can disclose such records without written permission in specific situations. We must obtain your authorization, which you may revoke, to use or disclose

psychotherapy notes except to carry out specific treatment, payment, and health care operations.

- PHI, we disclose pursuant to applicable law, and this Notice may potentially be subject to redisclosure by the recipient and no longer protected by 45 CFR Part 164, Subpart E.

OTHER USES OF HEALTH INFORMATION

- Other uses not noted on this Notice require your written authorization. You have the right to revoke that authorization, in writing, at any time.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- You have the right to request to reasonably restrict information we provide to those involved in your care or for the payment of your care. We are not required to comply with all requests to restrict our use or disclosure of PHI, but we will in most cases.
- You may designate how you would like us to communicate with you about upcoming appointments, treatment alternatives and such by telephone or at an address other than your home address. We are only required to agree to reasonable requests and will comply with your requests except in case of an emergency. You are required to notify us if you wish to change or update these restrictions.
- You have the right to request that we communicate with you or your designee confidentially, in an alternative way or at a certain location.
- You have the right to inspect and copy PHI that may be used to make decisions about your care and treatment.
- You have the right to request an amendment to your health and/or billing information if the information is kept by us. We may deny your request under certain circumstances.
- You have the right to request a list of certain disclosures of your PHI made by Riverview Health.
- You have the right to receive written notice in the event we learn of unauthorized access, use or disclosure of your PHI. We will notify you of the breach as soon as possible, but no later than 60 days after its discovery. We are required by law to maintain the privacy of PHI, notify you of our legal duties and privacy practices, and notify you following a breach of your unsecured PHI.
- This posting is an abbreviated version of the full Notice of Privacy Practices of Riverview Health. You have the right to request a full and complete paper copy of this Notice. We reserve the right to change this Notice and make the changes effective for all PHI we maintain. If we revise this Notice, we will post revised copies at our facilities and on our

website, and we will use your contact information to provide you with a copy.

- This Notice applies to Riverview Health practices and those of any healthcare professional authorized to enter information into or consult your PHI, all departments and units, any member of a volunteer group we allow to help you; all employees, staff and other Riverview Health personnel; the medical staff and its members. Riverview Health also includes Riverview Health Physicians, Riverview Surgical Management Association, Riverview Health Emergency/Urgent Care Centers, WorkMed, Employer Clinics and Franciscan Riverview Health Accountable Care Organization. Riverview Health is required to abide by the terms of this Notice currently in effect.
- Riverview Health provides language assistance services and appropriate auxiliary aids free of charge to the extent required by law. Please use the contact information below to obtain more information about language assistance and auxiliary aids.

To communicate about this Notice, change your disclosure requests or file a complaint, please call or write: Riverview Health Privacy Officer, 395 Westfield Road, Noblesville, IN 46060. 317.776.7230. You will not be penalized or otherwise retaliated against for filing a complaint.