

**SUMMARY OF NOTICE OF PRIVACY PRACTICES OF
PHELPS HEALTH, PHELPS HEALTH MEDICAL GROUP, & PHELPS HEALTH HOMECARE
(together referred to as "PHELPS HEALTH")**

**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.**

Phelps Health has summarized the attached Notice of Privacy Practices ("Notice") on this first page. For a complete description of your rights and our responsibilities related to your medical information, please review this entire Notice.

Your Rights

Your rights related to your medical information include:

- The right to request restrictions on the way we use and disclose your medical information;
- The right to request how you receive your medical information from us;
- The right to review and receive copies of your medical information;
- The right to request we amend your medical information;
- The right to know how we disclosed your medical information;
- The right to be notified if you are affected by a breach of your unsecured medical information; and,
- The right to opt-out of including your medical information in a health information exchange.

We will not use or disclose your medical information without your authorization, except as otherwise described in this Notice.

What We Are Required to Do

It is our responsibility to:

- Protect your medical information;
- Provide you with this Notice; and,
- Abide by the terms of this Notice.

We can change our privacy practices described in this Notice. If we decide to change them, we will revise this Notice and post it in our facilities and on our website at www.phelpshealth.org. If you have any questions and/or would like additional information, please contact the Privacy Officer at (573) 458-7613.

* * * * *

ACKNOWLEDGMENT OF RECEIPT OF PHELPS HEALTH NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided with Phelps Health's Notice of Privacy Practices.

Patient or legal representative: _____

Relationship (if other than patient): _____

Date: _____

Patient was unwilling/unable to sign acknowledgment.

Reason: _____

Staff Initials: _____

Date: _____

NOTICE OF PRIVACY PRACTICES

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

THIS NOTICE APPLIES TO PHELPS HEALTH, PHELPS HEALTH MEDICAL GROUP, & PHELPS HEALTH HOMECARE (together referred to as “PHELPS HEALTH”)

Phelps Health is committed to protecting patient privacy and understands the importance of safeguarding your medical information. We are required by law to maintain the privacy of your identifiable medical information (known as “Protected Health Information” or “PHI”) and to provide you with this Notice, which explains our legal duties and privacy practices and your rights with respect to PHI. We are required to abide by the terms of this Notice currently in effect. We reserve the right to change the privacy practices described in this Notice and make the new practices effective for all PHI we maintain. If we decide to make such a change, we will revise this Notice and post it in our facilities and on our website at www.phelpshealth.org.

Uses and Disclosures of PHI That May be Made Without Your Authorization:

For Treatment: We may use and disclose your PHI to provide, coordinate, or manage your treatment. For example, we may use your PHI to provide you with medical treatment or services, and we may share your PHI with doctors, nurses, technicians, students in health care training programs, or other personnel who are involved in taking care of you.

For Payment: We may use and disclose your PHI for payment purposes. For example, we may share your PHI with your insurance company so we can receive payment for the health care services we provide to you. We may also tell your health insurer about a treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment.

For Health Care Operations: We may use and disclose your PHI for the purposes of our business operations. These business uses and disclosures are necessary to make sure our patients receive quality care and cost effective services. For example, we may use PHI to review the quality of our treatment and services, and to evaluate the performance of our staff, contracted employees, and students in caring for you.

Required By Law: We may use or disclose your PHI to the extent that the use or disclosure is required by federal, state, or local law.

Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.

Public Health: We may disclose your PHI for public health activities, such as disclosures to a public health authority or other government agency that is permitted by law to collect or receive the information (e.g., the Food and Drug Administration).

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Abuse or Neglect: If you have been a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a government agency authorized to receive such information. In addition, we may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect.

Judicial and Administrative Proceedings: We may disclose your PHI in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and, in certain conditions, in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: We may disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes, such as providing information to the police about the victim of a crime.

Coroners and Funeral Directors: We may disclose your PHI to a coroner, medical examiner, or funeral director if it is needed to perform their legally authorized duties.

Organ Donation: If you are an organ donor, we may disclose your PHI to organ procurement organizations as necessary to facilitate organ donation or transplantation.

Research: Under certain circumstances, we may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Serious Threat to Health or Safety: We may disclose your PHI if we believe it is necessary to prevent a serious and imminent threat to the public health or safety and it is to someone we reasonably believe is able to prevent or lessen the threat.

Specialized Government Functions: When the appropriate conditions apply, we may disclose PHI for purposes related to military or national security concerns, such as for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits.

National Security and Intelligence Activities: We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, protection of the President, other authorized, or foreign heads of state, for purposes of determining your own security clearance, and other national security activities authorized by law.

Workers' Compensation: We may disclose your PHI as necessary to comply with workers' compensation laws and other similar programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and we created or received your PHI in the course of providing care to you.

Business Associates: We may disclose your PHI to persons who perform functions, activities, or services for us or on our behalf and that require the use or disclosure of PHI. To protect your health information, we require business associates to appropriately safeguard your information.

Uses and Disclosures of PHI That May be Made with Your Agreement or Opportunity to Object:

Family Members and Friends: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, orally or in writing, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location or general condition.

Hospital Directory: When you are admitted to the hospital, as either an outpatient or inpatient, we may list certain information about you, such as your name, your location in the hospital, a general description of your condition (e.g., fair, stable, critical, etc.), and your religious affiliation, in a hospital directory. You have the right to request that your name not be included in the directory. If you request to opt-out of the directory, we cannot inform visitors of your presence, location, or general condition.

Uses and Disclosures of PHI That Require Your Authorization:

Marketing: We must obtain your written authorization to use and disclose your PHI for most marketing purposes.

Sale of PHI: We must obtain your written authorization for any disclosure of your PHI which constitutes a sale of PHI.

Other Uses: Other uses and disclosures of your PHI, not described above, will be made only with your written authorization (unless otherwise permitted or required by law). You may revoke your authorization, at any time, in writing, except to the extent that we have taken action in reliance on the authorization.

Your Rights Regarding Your PHI:

You have certain rights regarding your PHI, which are explained below. You may exercise these rights by submitting a request in writing to our Privacy Officer.

Right to Access Your PHI: You have the right to inspect or get a paper or electronic copy of most of your PHI that is contained in our medical and billing records. We will provide a copy or a summary of your PHI, usually within 30 days of your request. We may charge you a nominal fee for each page copied and postage if applicable. There are certain situations for which we may deny your request for access to your PHI.

Right to Request Restrictions: You have the right to request certain restrictions of our use or disclosure of your PHI. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, except we must agree not to disclose your PHI to your health plan if the disclosure (i) is for payment or health care operations and is not otherwise required by law, and (ii) relates to a health care item or

service for which you paid in full out of pocket. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment

Right to Request Confidential Communications: You have the right to request we communicate with you in a certain way or at a certain location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

Right to Amend: If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information that is contained in our medical and billing records. We may deny your request if, for example, we determine that your PHI is accurate and complete. If we deny your request, we will send you a written explanation and allow you to submit a written statement of disagreement. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Right to an Accounting: You have the right to receive an accounting of certain disclosures of your PHI. The right to receive this information is subject to certain exceptions, restrictions and limitations. Your request must specify a time period, which may not be longer than 6 years. You may request a shorter timeframe. You have the right to one free request within any 12-month period, but we may charge you for any additional requests in the same 12-month period. We will notify you about any such charges, and you are free to withdraw or modify your request in writing before any charges are incurred.

Right to be Notified of a Breach: You have the right to be notified if you are affected by a breach of unsecured PHI.

Right to Paper Copy of Notice: You have the right to obtain a paper copy of this Notice from us.

Right to Opt Out of Receiving Fundraising Communications. We may contact you for fundraising purposes. You have the right to opt out of receiving these communications from us.

Health Information Exchange

Phelps Health participates in one or more health information exchanges (“HIEs”). The HIEs allow us to share your PHI with, or access your PHI from, other health care providers for treatment, payment, and other permissible purposes. The purpose of the HIEs is to help us and the other health care providers give, better, more efficient and coordinated care to patients.

Unless you opt-out, your PHI will be available to any other authorized health care providers who participate in or have access to the same HIEs with which we participate. To allow other health care providers to access your PHI through the HIEs you do not have to do anything. By reading this Notice and not opting out, you consent to have your PHI be available through the HIEs (including mental health, genetic testing, drug/alcohol abuse, sexually transmitted diseases, HIV/AIDS testing/treatment, pregnancy and abortion records, or any other sensitive information). If you do not wish to share your PHI with other health care providers through the HIEs, you must opt-out.

To opt-out of any of the HIEs, or for more information about the HIEs with which we currently participate, please contact our Privacy Officer.

Complaints:

If you believe we have violated your privacy rights, you may file a complaint with us by notifying the Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you in any way for making a complaint.

Contact Information

Unless otherwise specified, to exercise any of the rights described in this Notice, for more information, or to file a complaint, please contact the Privacy Officer, at 573-458-7613. Or in writing: Phelps Health, Corporate Compliance and Privacy Officer; 1000 West 10th Street; Rolla, MO 65401.

This Notice is effective on 10/14/2020.