

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013 | Date(s) Amended: October 19, 2021, February 18, 2026

THIS NOTICE HAS TWO SECTIONS. THE FIRST SECTION DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION RELATED TO HIPAA COVERED ENTITIES. THE SECOND SECTION DESCRIBES HOW YOUR PART 2/ SUBSTANCE USE DISORDER INFORMATION MAY BE USED AND DISCLOSED. PLEASE REVIEW BOTH SECTIONS CAREFULLY.

WHO WILL FOLLOW THIS NOTICE:

This notice describes the privacy practices of our network of providers who may share medical information about you as a patient, and that of:

- Any healthcare professional authorized to enter information into your medical chart.
- Healthcare providers and employees that make up our Organized Health Care Arrangement (OHCA) as listed at www.infirmaryhealth.org/hipaa (see OHCA).
- All members of a volunteer group we allow to help you while a patient in an identified hospital.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at each of our health care facilities. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our health care providers, whether made by our personnel or your personal doctor. If your doctor is not a member of one of our medical clinics, he or she may have different policies or notices regarding the use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- provide you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed.

However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

FOR TREATMENT: We may use your medical information to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Companies that are part of our organization may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, x-rays, home care, medical supplies or equipment for home, and hospice care. We also may disclose medical information about you to people outside the organization who may be involved in your treatment.

FOR PAYMENT: We may use and disclose medical information about you so that the treatment and services you receive from our providers may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to tell your health plan certain information about an office visit, surgery, or nursing care you received at one of our providers so your health plan will pay us or reimburse you for the service. We may also tell your health plan about home medical equipment or a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment or equipment.

FOR HEALTH CARE OPERATIONS: Any medical information about you that is maintained by our health care providers may be used and disclosed for health care operations. These uses and disclosures are necessary to run the business of each entity and make sure that our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many medical patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other healthcare personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

We also may disclose medical information about you to people outside the organization who may be involved in your treatment, such as family members, clergy, social service agencies or others we use to provide services that are part of your care.

APPOINTMENT REMINDERS: We may contact you as a reminder that you have an appointment for treatment at one of our providers.

TREATMENT ALTERNATIVES: We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

HEALTH-RELATED BENEFITS AND SERVICES: We may tell you about health-related benefits or services that may be of interest to you, such as, disease-specific support groups or childbirth education services and classes.

HOSPITAL DIRECTORY: We may include certain limited information about you in our hospital directory while you are a patient at a hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest, rabbi, or minister even if they don't ask for you by name. This is so your family and friends can visit you in the hospital and generally know how you are doing. You may make a request to be excluded from the hospital directory by contacting the Admission Department at any time during your stay. Patients admitted to the inpatient psychiatric units, or under certain situations, are automatically excluded from the directory.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: We may release medical information about you to a friend or family member who is involved in your medical care or who may help pay for your care. We may also tell your family or friends your condition and that you are in one of our hospitals. In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

RESEARCH: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a strict approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will be approved through this research-approval process. We may, however, disclose medical information about you to our clinical research staff, as long as the medical information they review is limited to use by our facility, in preparation for a research project. This helps them look for patients with specific medical needs who may benefit from new treatments or procedures. We may release information that reveals who you are to researchers or others involved in your care at the facility. If a research project is identified that may benefit you, your physician will be contacted to advise him of the availability of the study. This information will be discussed only with your physician and the researcher.

AS REQUIRED BY LAW: We will disclose medical information about you when required to do so by federal, state, or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

AS A PARTICIPANT IN HEALTH INFORMATION EXCHANGES: We may use and disclose medical information about you when participating in health information exchanges (HIE), such as Alabama's One Health Record. Health Information Exchanges are defined at HealthIT.gov as a means that "allows doctors, nurses, pharmacists, other health care providers to appropriately access and securely share a patient's vital medical information electronically; improving the speed, quality, safety and cost of patient care." (<https://www.healthit.gov/topic/health-it-and-health-information-exchange-basics/what-hie>)

Additional information about Alabama's One Health Record can be found at <https://onehealthrecord.alabama.gov>. To request that your information not be shared by Alabama One Health Record, you can fill out the Request for Restrictions on Use and Disclosure of Protected Health Information form that can be found at www.infirmaryhealth.org/hipaa.

SPECIAL SITUATIONS:

ORGAN AND TISSUE DONATION: If you are an organ or tissue donor, we may release medical information 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.

MILITARY AND VETERANS: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

WORKERS' COMPENSATION: We may release medical information about you for workers' compensation or similar programs according to applicable law.

PUBLIC HEALTH ISSUES: We may disclose medical information about you for public health activities. The reasons we may disclose information would be in order to:

- prevent or control disease, injury or disability; report births and deaths;
- report child abuse or neglect;
- report reactions to medications or problems with products; notify people of recalls



of products they may be using;

- notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; We will only make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

FUNDRAISING ACTIVITIES: Limited information may be provided to a related foundation or business associate in an effort to raise money for our hospitals. Funds raised will be used to expand and support our effort to provide health care and related services to the community. You have a right to opt out of receiving such notices with each communication.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, we will disclose medical information about you, where required, in response to a court or administrative order. We will also, where required, disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after efforts have been made through the judicial process to tell you about the request or to obtain an order protecting the information requested.

LAW ENFORCEMENT: We reserve the right to release medical information to a law enforcement official or other governmental representative:

- for a non-binding administrative request;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct of a provider; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS: We may release medical information to coroners, medical examiners, or funeral directors consistent with applicable law to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS: We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

INMATES: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

SUBSTANCE USE DISORDER TREATMENT RECORDS ("SUD RECORDS"):

If we maintain or receive records related to SUD records that are subject to 42 CFR Part 2 ("Part 2"), which are protected by special federal confidentiality rules in addition to HIPAA, we will follow the more stringent Part 2 requirements. The above HIPAA provisions of this Notice apply to SUD records to the extent they do not conflict with Part 2.

For more information on your protections under Part 2 refer to the section of this notice titled "Notice of Privacy Practice- Substance Use Disorder Treatment Records (Part 2)".

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

With regard to your medical information that we maintain, you have the right to: Inspect and obtain a copy of your medical information from the provider that has your records as provided for in 45 CFR 164.524. Usually this includes medical and billing records, but does not include psychotherapy notes. We may charge a fee for the cost of copying, mailing or other supplies associated with your request. Please contact the provider that treated you for assistance.

Request an amendment of your medical information as provided for in CFR 164.526. The request must be in writing and submitted to the Health Information Management Department at the Infirmary Health facility at which care was provided or the Privacy Officer.

Obtain an accounting of disclosures of your health information as provided for in 45 CFR 164.528. Contact the Privacy Office to make arrangements. Request restrictions on certain uses and disclosures of protected health information as provided for in 45 CFR 164.522 (a).

- A) We will comply if the request relates to services paid for out-of-pocket and in full before the service is provided, the request is for nondisclosure to a health plan related solely to such services, and the request is submitted in writing prior to, or at the time of scheduling / registering for the service. Otherwise we are not required to agree to your request.

- B) For other requests for restrictions, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. For requests (other than described in section A above), you must make your request in writing to HIPAA Privacy Office for consideration. If possible, the request will be accommodated.

Request confidential communications by alternative means or at alternative locations as provided for in 45 CFR 164.522 (b). To request confidential communications, you must make your request in writing to the Privacy Office. Receive notice of any breach of your unsecured personal health information.

Receive a copy of this notice upon request. You may obtain a copy of this notice at our website www.infirmaryhealth.org/hipaa (see Notice of Privacy Practices), at the Registration / Admission desk, or in the Medical Records Release of Information Office at any of our provider's locations.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each of our health care provider's facilities. The notice will contain the effective date in the top right-hand corner of the first page. In addition, each time you register at or are admitted to a facility for treatment or health care services as an inpatient or outpatient, a copy of the current notice in effect will be available upon request.

TO REPORT A PROBLEM

If you believe your privacy rights have been violated, you may file a complaint with your health care provider/Infirmary Health or with the Secretary of the Department of Health and Human Services. To file a complaint with Infirmary Health, contact the Privacy Officer or call the HIPAA Hotline 251-435-3900. There will be no retaliation for filing a complaint.

RELATIONSHIPS

The relationship represented by this Joint Notice of Privacy Practices is for the sole purpose of sharing medical information about you as appropriate medical care is provided. No Joint Venture, financial or similar liability related relationship is implied, expressed, or intended by this notice. You may review the list of entities covered by this Joint Notice of Privacy Practices on our website at www.infirmaryhealth.org/hipaa (see OHCA.)

OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. Examples of uses or disclosures requiring your authorization include most disclosures of psychotherapy notes, uses and disclosures for marketing activities, and disclosures that constitute a sale of protected health information. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

NOTICE OF PRIVACY PRACTICES SUBSTANCE USE DISORDER TREATMENT RECORDS (PART 2)

Effective February 16, 2026, Amended March 3, 2026

This part of the notice describes how your Part 2 health information may be used or disclosed and your rights with respect to your Part 2 health information which is more stringent than HIPAA. This notice also provides how to file a complaint concerning a violation of privacy or security of your Part 2 health information, or of your rights concerning your information.

WHO WILL FOLLOW THIS PART OF THE NOTICE

Part 2 rules apply to any federally assisted program that provides Substance Use Disorder (SUD) diagnosis, treatment, or referral for treatment, such as The Harbor at Thomas Hospital.

We are required by law to maintain the privacy of your Part 2 records, provide you with notice of our legal duties and privacy practices and notify you of a breach of unsecured records in the same way as described under HIPAA.

We are required to abide by the terms of this notice currently in effect and provide a revised notice if there are any changes to the privacy practice. We reserve the right to change the terms of this notice and make the new notice provisions effective for records that are maintained. We will provide you with an updated notice if changes occur.

We will only use or disclose your Part 2 records as described in this notice or with your written consent. You may revoke consent at any time by submitting a written request to the Privacy Officer. If a revocation is requested, it does not apply to any records that have already been used or disclosed with your permission.

We may use or disclose your Part 2 records without your consent in the following ways:

- **Medical Emergencies.** We may disclose your Part 2 records to medical personnel when necessary to meet a bona fide medical emergency and

your written consent cannot be obtained, or we are closed and unable to provide services or obtain your written consent during a temporary state of emergency declared by state or federal authorities because of a natural disaster until normal operations resume. We may also disclose without your consent to medical personnel of the Food and Drug Administration (FDA) who believe your health may be threatened by an error in the manufacturer, labeling, or sale of a product under the FDA jurisdiction, and that your Part 2 records will be used for the exclusive purpose of notifying you and/or your providers of potential danger.

- **Scientific Research.** We may use or disclose your Part 2 records without your consent for research purposes under certain circumstances to the extent permitted by HIPAA, FDA, and HHS regulations related to human subject research where a waiver of consent has been granted.
- **Management and Financial Audits and Program Evaluation.** We may use or disclose your Part 2 records for the performance of certain program financial and management audit and evaluations, such as to federal, state, or local government agencies that provide financial assistance to the Part 2 program or is authorized by law to regulate the activities of Part 2 programs. We may disclose your Part 2 information to qualified personnel who are performing audit or evaluation functions on behalf of any person that provides financial assistance to the Part 2 program that is a third -party payer or health plan covering your treatment, or to a quality improvement organization (QIO) performing QIO review, the contractors, subcontractors, or legal representatives or such person or QIO, or an entity with direct administrative control over the program.
- **Public Health.** We may use or disclose your Part 2 records to a public authority for public health purposes when de-identified in accordance to requirements under HIPAA regulations and there is no reasonable basis to believe the information can be used to identify you.
- **Fundraising.** Consistent with other provisions of fundraising elsewhere in this notice, we may use or disclose your Part 2 records for fundraising purposes only after providing you with a clear and conspicuous opportunity to elect not to receive fundraising communications.

We will obtain your consent prior to the use or disclosure of your Part 2 records for the following purposes:

- **Designated person or entities.** We may use or disclose your Part 2 records with any person or entity you identify as a designated person or entity with your written consent. For example, if you name your spouse or a healthcare provider as a designated person/entity we will share your health information with them as outlined in your consent.
- **Single consent for Treatment, Payment, and Healthcare Operations (TPO).** We may release your Part 2 records for treatment, payment, and for health care operations only after receiving your written consent. This consent will be valid for all future uses or disclosures of TPO unless revoked. For example, we will ask for you to sign a consent to allow us to disclose your Part 2 records to other providers involved in your care, for submission to insurance companies, and so that we can use your information for healthcare operations as defined under the HIPAA regulations and referenced in other provisions of this notice.

Records that are disclosed to a part 2 program, covered entity, or business associate pursuant to your consent for TPO may be further used or disclosed by the part 2 program, covered entity, or business associate without additional consent, to the extent allowed under HIPAA.

- **Central Registry or Withdrawal Management Program.** We may disclose your Part 2 records to a central registry or to any withdrawal management or treatment program for the purpose of preventing multiple enrollments with your written consent. For example, if you consent to participating in a drug treatment program, we may disclose your information to the related program to coordinate care and avoid duplicate enrollment.
- **Civil, Criminal, Administrative or Legislative Proceedings.** We may disclose Part 2 records, or testimony relaying the content of such records, for civil, criminal, administrative or legislative proceedings against the individual only when (1) the individual consents in writing or (2) a court orders the use or disclosure of the records after an individual is provided with notice and an opportunity to be heard. The court order authorizing the use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested records is used or disclosed. For example, we can inform a court-appointed officer about your treatment status as part of legal proceedings only after obtaining your written consent.
- **Prescription Drug Monitoring Programs.** We may report any

medications prescribed or dispensed to applicable state prescription drug monitoring programs when required by law and after obtaining your consent.

YOUR RIGHTS REGARDING YOUR PART 2 MEDICAL INFORMATION:

Your rights under Part 2 include:

Disclosure Restrictions. You have a right to request restrictions of disclosures of your Part 2 records made with prior consent for treatment, payment and health care operations.

Restrictions of disclosures to your health plan can occur when you pay in full at the time of service.

Accounting of Disclosures. You have a right to an accounting of disclosures of electronic medical records for the past three years, including disclosures by an intermediary.

Opt out of Fundraising communications. You have the right not to receive fundraising communications.

The right to a copy of this notice. You have a right to request a copy of this notice in paper or electronic form, and to discuss it with the Privacy Officer at 251-435-2888/ compliance@infirmaryhealth.org

Privacy complaints about the Part 2 program can be made to the Infirmary Health Compliance Office or the Department of Health and Human Services at the contact information below. You will not be retaliated against for filing a complaint.

HIPAA and Part 2 Privacy Complaints can be reported to:

Infirmary Health System, Inc.
 PO Box 2226
 Mobile AL 36652
 Attention: Privacy Officer
 251-435-2888 / compliance@infirmaryhealth.org

or

U.S. Department of Health and Human Services
 200 Independence Avenue, S.W.
 Room 59F HHH Bldg.
 Washington, D.C. 20201
OCRComplaints@hhs.gov