

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003 Revised May 18, 2005, August 1, 2013, November 2, 2015, January 10, 2024, July 25, 2024

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.

Facilities Using This Notice: Saint Francis Health System hospitals, Warren Clinic, outpatient services, home care companies and affiliated professional staff creates and maintains a record of the care and services you receive at each facility.

The separate facilities of Saint Francis Health System and affiliated covered entities listed herein are participants in an "organized system of health care", referred to as an Organized Health Care Arrangement, under the Health Insurance Portability and Accountability Act (HIPAA), as amended. Your medical records and billing information are systematically created and retained in a variety of forms which may include electronic, digital, paper and films.

The hospitals, its professional staff, and Warren Clinic use a common electronic medical record; other providers may adopt the common medical record. That medical record is accessible to facility workforce and members of the professional staff, with access limitations based on the role of the user. The common electronic medical record also allows patients and patient representatives to access their own information and interactively message their physicians through a secure portal known as MyChart. Visit the web site listed at the end of this Notice for more information about MyChart or for instructions on how to register for MyChart. Registration with MyChart is subject to certain terms and conditions available in the registration process.

Although it is not impossible for unauthorized access to your medical information to occur, proper safeguards and sanctions are in place to protect against improper use or access. We are required by law to protect the privacy and confidentiality of your personal and protected health information and records. The electronic medical record keeps an audit log of each time your information is accessed. These audit logs are used internally to monitor the proper access to information. These logs are not available to the public.

This Notice of Privacy Practices ("Notice") describes your rights and our legal duties regarding your protected health information. A list of the specific Facilities and sites covered by the Notice is available on the web site, or through request to the Privacy Officer. Both are listed at the end of this Notice.

Professional Staff Included in Notice. Each hospital facility, with its professional staff and workforce, are part of a "clinically integrated care setting" that constitutes an Organized Health Care Arrangement. This arrangement involves participation of legally separate health care providers in which no provider is responsible for the medical judgment or patient care decisions made by the other providers in the facility. Sharing information allows us to enhance the delivery of quality care to our patients. Professional staff members that have agreed to join in this Notice will follow this Notice while working in the hospital setting. You will not receive a separate Notice in the hospital from professional staff members joining in this Notice. You may, however, receive a Notice from each independent physician (and other health care providers in their office) which may be different from this Notice, and which will relate to the use and disclosure of protected health information created and maintained by that provider in their office.

Definitions and Commonly Used Terms. At times, you may see the following terms used in relation to this Notice:

- A. **Protected Health Information or PHI.** Your personal and protected health information that we use to provide care to you and bill for services provided. This information includes, but is not limited to, your name, address, phone number, facility visits, and services or procedures received.
- B. **Privacy Officer.** The individual who has responsibility for developing and implementing all policies and procedures for Saint Francis Health System concerning your protected health information and receives and investigates any complaints you may have about the use and disclosure of your protected health information. The address and phone number of the Privacy Officer is listed at the end of this notice.
- C. **Professional Staff.** Medical and other health care providers employed by Saint Francis Health System, including those which are independently contracted, and/or who have been granted privileges to practice at the facility.
- D. **Facility.** Any Saint Francis Health System hospital, Warren Clinic, outpatient services, or home care companies with a workforce and a Professional Staff. Other facilities may include health clinics outside of the Saint Francis Health System.
- E. **Business Associate.** An individual or business, independent of the facility, that works on behalf of the facility to help provide the facility or you with services.
- F. **Authorization / Consent.** When required, we will obtain written permission from you to use or disclose your protected health information for purposes other than your treatment, to obtain payment of your bills and/or for health care operations of the facility or the Organized Health Care Arrangement. An authorization contains certain information the patient needs to understand and is mandated by HIPAA. Consent, a verbal or written permission, is allowed in certain circumstances concerning the use or disclosure of your protected health information. For instance, we may discuss your medical condition in the presence of other persons if you consent to the discussion, or from circumstances apparent, your consent is reasonably implied, such as the patient who is assisted by a caregiver in coming to the physician's office for the appointment and permits the individual to accompany them into the examination room. See also, items # 5 – 9 below.
- G. **Organized Health Care Arrangement.** Each facility within Saint Francis Health System and its Professional Staff are part of a clinically integrated care setting in which your protected health information will be shared for purposes of treatment, payment, and health care operations as described below. Participants in the Organized Health Care Arrangement may engage in joint activities for the efficient delivery of quality health care under HIPAA.
- H. **Affiliated Covered Entities.** Legally separate entities, such as health care providers not employed by Saint Francis Health Systems or health plans that may designate themselves as a combined entity for purposes of this notice and HIPAA.
- I. **Health Plan.** An individual or group plan that provides or pays the cost of health care. This may include a private insurer, an employer health plan, an HMO or Medicare and Medicaid.

TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

The Organized Health Care Arrangements participants may use and disclose your protected health information without your authorization for treatment, payment and health care operations:

1. **Treatment.** A facility and its professional staff may use protected health information about you to provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility or at service sites outside of the Saint Francis Health System. For example, a physician treating you for a broken leg may need to know if you are diabetic because diabetes may slow the healing process. In addition, a physician may need to know the medications you have been prescribed so that he can arrange for appropriate treatment and/or follow-up care. For patients discharged from inpatient care at one of our hospitals, your discharge information will be automatically faxed to your listed primary care physician. However, patients of the Laureate Chemical Dependency Center must provide written authorization for providing their protected health information to other providers; an authorization would not be required for patients experiencing a medical emergency. We may participate in an outside Health Information Exchange ("HIE") with health care providers outside of Saint Francis Health System, using a confidential electronic network organization for the exchange of patient health information to assist other providers who have a relationship with you for treatment. The HIE is subject to HIPAA compliance. (Laureate Psychiatric Clinic and Hospital and the Laureate Chemical Dependency Center do not exchange patient information with outside HIEs.) You have the right to block your information from being accessed by other participants of the HIE by signing an opt-out form, available upon request. This form may be requested at our physician or hospital locations, who can ask the Privacy Officer to send you this form. You may contact the Privacy Officer directly for this opt-out form. (See contact information at end of this Notice.)

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- 2. Payment.** A facility and its professional staff may ordinarily use and disclose protected health information about you in order to bill you, your health plan or its designee for health care services that we have provided to you. For example, we may need to give your health plan information about surgery you received at the facility so your health plan will pay us or reimburse our claim for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior authorization. We may use the phone numbers or the mailing address you give us to contact you about your bill. Physicians or their billing agents may be provided with your information so they can send claims to your health plan or to you. Payment activities of one facility may be conducted through another facility within the Saint Francis Health System. We will obtain your consent or authorization for release of certain sensitive, protected health information for claims purposes as required by law, such as information involving communicable or venereal disease, or substance abuse treatment. Information may be given directly to the health plan or through an HIE described in the preceding paragraph.
- 3. Health Care Operations.** A facility and its physicians may use and disclose protected health information about you for facility operations. These uses and disclosures are necessary to manage the facility and to ensure that all of our patients receive quality care. For example, we may use protected health information about your high blood pressure to review our treatment and services, to evaluate the performance of our staff and to train health professionals. Protected health information about many facility patients may be combined to decide what additional services the facility should offer, what services are not needed, and whether certain new treatments are effective. We may also compare the health information we have with information from other hospitals and health care facilities to see where we can improve the care and services we offer. Your health information may be provided to your health plan directly or through an HIE, described above, for its quality assessment and improvement activities, outcomes evaluation and for other health care operations purposes.
- 4. Business Associates.** Saint Francis Health System contracts with outside entities to provide certain business services. These services may include but are not limited to billing, medical transcription, accounting, and legal or professional consultation services. A facility and its professional staff may disclose your protected health information to Business Associates from whom we have received satisfactory written assurance that the Business Associate will properly safeguard your privacy and the confidentiality of your protected health information. Outside HIE's are Business Associates. We may provide medical records to our legal counsel for consultation and assistance with claims or disputes; these firms commit to being Business Associates under HIPAA rules.

DISCLOSURES NEEDING YOUR CONSENT OR PERMITTING YOUR OBJECTION

- 5. Appointment Reminders / Phoned Information.** The contact information, including cell phone numbers, you provide may be used by us, or our third party messaging service, to call or text appointment reminders or your medical data to you. This information may be left on your answering machine or, if you are unavailable, to the person who answers the call. You have the right to stop appointment reminders by informing a member of the facility's staff of your decision to opt-out. Information gathered from the Epic MyChart SMS feature will not be shared for marketing purposes.
- 6. Health Related Benefits and Services.** A facility and its professional staff may use and disclose your protected health information to tell you about health-related benefits or services or to recommend possible treatment options or alternatives that may be of interest to you.
- 7. Fundraising Activities.** A facility and its professional staff may use or disclose your protected health information, such as your name, contact information, and the dates you received treatment in order to contact you in an effort to raise money for the facility and its operations. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services at a facility. Solicitations will be accompanied by a notice explaining how you may opt-out of being contacted in the future for fundraising. If you do not want a facility to contact you for fundraising efforts, please notify the contact person stated in the letter.
- 8. Hospital Directory.** Your name and location in the hospital will be included in an inpatient Hospital Directory while you are a patient at the facility with the exception of Laureate Psychiatric Clinic and Hospital which does not utilize an inpatient hospital directory. Your general condition (e.g., fair, stable, etc.) may be released to people who ask for you by name. In addition, if you declare a religious affiliation upon admission, your name may be given to clergy of that religion, even if they do not ask for you by name. This information is provided so your family, friends and clergy can visit you in the facility and generally know how you are doing. If you do not want others or the clergy to know you are a patient at the hospital, you should object to participation in the Hospital Directory by telling admitting or clinical personnel.
- 9. Individuals Involved in Your Care or Payment for Your Care.** The facility and its professional staff may release protected health information to a friend or family member who is involved in your medical care. Laureate Psychiatric Clinic and Hospital follows a different procedure for releasing protected health information to family members or friends who may be involved in your care. We may also give protected health information to someone who helps pay for your care. You may object to disclosures to these individuals by making your wishes known to clinical personnel. If your physician or your nurse attempts to discuss your health care with visitors in the room, you should stop the discussion immediately if you do not want your information disclosed to the visitor. We may also disclose protected health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

SPECIAL SITUATIONS WHERE DISCLOSURE MAY OR MAY NOT REQUIRE YOUR CONSENT

- 10. Research.** Under certain circumstances, the facility and its professional staff may use and disclose protected health 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 special approval process. This process evaluates a proposed research project and its use of protected health information, in order to balance the research needs with patients' need for privacy of their protected health information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, and your authorization will generally be required. We may, however, disclose protected health information about you to researchers preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the protected health information they review does not leave the facility. We will generally ask for your specific authorization if the researcher will have access to your name, address or other information that reveals who you are, or if the researcher will be involved in your care at the facility.
- 11. As Required by Law.** The facility and its professional staff will disclose protected health information about you when required to do so by federal, state or local law. For example, Oklahoma law requires us to report all deaths that occur in a hospital facility to the Oklahoma Department of Health.
- 12. To Avert a Serious Threat to Health or Safety.** The facility and its professional staff may use and disclose protected health 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 or respond to the threat.
- 13. Organ and Tissue Donations.** If you are an organ donor, the facility and its professional staff may release protected health 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. The procurement or transplantation organization requires your authorization for any actual donations.
- 14. Military.** If you are a member of the armed forces, a facility and its professional staff may release protected health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.
- 15. Workers' Compensation.** The facility and its professional staff may release protected health information about you for workers' compensation or similar programs as authorized by state laws. These programs provide benefits for work-related injuries or illness.

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- 16. Public Health Reporting.** The facility and its professional staff may disclose protected health information about you for public health activities, for example:
- to prevent or control disease, injury or disability;
 - to report birth defects or infant eye infections;
 - to report cancer diagnoses and tumors;
 - to report child abuse or neglect or a child born with alcohol or other substances in its system;
 - to report abuse or exploitation of vulnerable adults such as the elderly or dependent adults with limited physical or mental capacity.
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify the Oklahoma State Department of Health that a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition such as HIV, Syphilis, or other sexually transmitted diseases;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence, if you agree or when required by law.
- 17. Health Oversight Activities.** The facility and its professional staff may disclose protected health information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws. These oversight activities include audits, investigations, inspections, medical device reporting to manufacturers and agencies (including social security numbers) and licensure.
- 18. Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, the facility and its professional staff may disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you or your attorney about the request or to obtain an order protecting the information requested. For certain categories of medical information, patient authorization may be required for disclosure pursuant to a subpoena. For instance, substance abuse treatment records may require patient authorization or a court order for release to third parties under a subpoena.
- 19. Law Enforcement.** The facility and its professional staff may release protected health information if asked to do so by a law enforcement official:
- in response to a court order, subpoena, warrant, summons or similar process;
 - 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 consent;
 - about a death we believe may be the result of criminal conduct;
 - about criminal conduct at the facility; 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.
- 20. Coroners, Medical Examiners and Funeral Directors.** The facility and its professional staff may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release protected health information about patients of the facility to funeral directors as necessary to carry out their duties.
- 21. National Security and Intelligence Activities.** The facility and its professional staff may release protected health information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. This information will only be provided after our Privacy Officer has validated the request.
- 22. Protective Services for the President and Others.** The facility and its professional staff may disclose protected health 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.
- 23. Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the facility and its professional staff may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the correctional 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.

OTHER RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding protected health information we maintain about you:

- 24. Right to Inspect and Copy.** You have the right to inspect and request a copy of your protected health information in the "designated record set", except as prohibited by law. The "designated record set" is the medical and billing records used to make decisions about your care, as determined by the facility. You also have the right to authorize third parties to obtain your protected health information.
- To inspect, by appointment, and/or request a copy of your protected health information in the designated record set, you must submit your request in writing on an approved Authorization form. These forms are available upon request of the admitting or medical office personnel. If you request a copy of the information, we may charge a reasonable, cost-based fee.
- We may deny your request to inspect and copy in certain circumstances. If you are denied access to certain protected health information, you may request that the denial be reviewed. Some types of records, such as psychotherapy notes, may be denied to you and no review is allowed. Other records may be denied for personal safety or potential harm reasons, but you may obtain a review of this denial. Another licensed health care professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.*
- You have the right to revoke in writing an Authorization, but prior disclosures will not be affected. Submit the revocation to the facility's medical record custodian.*
- 25. Right to Information Concerning Disclosure.** If we become aware that your protected health information may have been compromised, we will investigate the matter, and if we determine that a material compromise of your protected health information has occurred, we will mitigate the harm, employ sanctions to those responsible and/or amend a process, and notify you in writing of the matter, what we have done in response to this issue and what you may do to protect yourself.
- 26. Right to Amend.** If you feel that your protected health information in a designated record set is incorrect or incomplete, you may ask the facility to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. To request an amendment, your request must be made in writing and state the reason for the request. A form for this purpose is available upon request of the admitting or medical office personnel. Submit your request to the medical record custodian of the facility.

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We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the protected health information kept by or for the facility;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

If we deny your amendment, you may request that a concise statement be added to your chart describing the entry you believe is incorrect and what you believe is accurate. We reserve the right to edit out any extraneous comments other than the statement of objective information.

27. Right to an Accounting of Disclosures. You have the right to request one free accounting, every 12 month of certain disclosures a facility made of protected health information about you to third parties or agencies, unless those disclosures were made for treatment, payment or healthcare operations or were subject to an Authorization. To request this list, you must submit your request in writing to the medical record custodian. A form for this purpose is available upon request of the admitting or medical office personnel. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically). For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

28. Right to Request Restrictions. You have the right to request a restriction or limitation on the protected health information a facility uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had or a medication you are taking. Or, you may request that we not disclose certain information to your health plan when you have opted to pay the full charges at the time of care. You may request that we not auto-fax inpatient discharge information to your primary care physician

In certain situations, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing. We will assist you or provide a form for this purpose upon request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

29. Right to Request Confidential Communications. You have the right to request that a facility communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to admitting or medical office personnel. We will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

30. Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

To obtain a paper copy of this Notice, contact admitting or medical office personnel or:

Privacy Officer
c/o Saint Francis Health System
6161 South Yale Avenue
Tulsa, Oklahoma 74136
(918) 494-3503

You may obtain a copy of this Notice at our web site, www.saintfrancis.com.

RESERVATIONS ABOUT THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for protected health 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 the facility. The Notice will contain on the first page, near the top, the effective date. In addition, we may not offer a Notice to you each time you register at the facility for treatment or health care services if you have already received a current version, but we will give you another copy upon request.

AUTHORIZATION FOR OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. You may revoke an authorization at any time, but prior release of information will not be affected.

QUESTIONS, REQUESTS, AND COMPLAINTS

If you have a question or request, you may contact the Privacy Officer listed below. If you believe your privacy rights have been violated, you may file a written complaint with the facility or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

To file a complaint with the facility, submit it to:

Privacy Officer
c/o Saint Francis Health System
6161 South Yale Avenue
Tulsa, Oklahoma 74136
(918) 494-3503

A form for this purpose is available upon request to the admitting or medical office personnel.

To file a complaint with a member of the independent medical or allied health professional staff, the Privacy Officer can furnish information to accomplish this.