

NOTICE OF PRIVACY PRACTICES

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.

We are committed to protecting the confidentiality of your protected health information (“PHI”), and are required by law to do so. This Notice of Privacy Practices (“Notice”) describes how we may use your PHI within Onvida Health, including but not limited to, Onvida Health Yuma Medical Center and Onvida Health Yuma Medical Group (collectively “ONVIDA HEALTH,” or “Hospital”), and how we may disclose your PHI to others. This notice also describes the rights you have concerning your own PHI.

WHICH HEALTH CARE PROVIDERS ARE COVERED BY THIS NOTICE?

This Notice applies to all ONVIDA HEALTH locations, workforce members, volunteers, students, and trainees. The Notice also applies to other health care providers that come to ONVIDA HEALTH to care for patients (such as physicians, physician assistants, advanced practice registered nurses, medical residents, therapists, medical transportation companies, medical equipment suppliers, and others) unless these other health care providers give you their own Notice that describes how they will protect your PHI. The Hospital may share your PHI with these providers for their treatment, payment, and health care operations. This arrangement is only for purposes of sharing information.

HOW WILL WE USE AND DISCLOSE YOUR INFORMATION?

Treatment: We may use your PHI to provide you with medical services and supplies. We may also disclose your PHI to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency services, medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your medical records to assist in your treatment at ONVIDA HEALTH and for follow-up care. We also may use and disclose your PHI to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

Payment: We may use and disclose your PHI to bill and get payment from health plans or other entities. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment.

Hospital Operations: We may use and disclose your PHI for our health care operations, which are activities to improve the quality of care we provide to patients or to run ONVIDA HEALTH. We may use your PHI to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may look at your medical record to evaluate whether Hospital personnel, your doctors, or other health care professionals did a good job.

Business Associates: We may use and disclose your PHI to others that assist us in operating ONVIDA HEALTH. They may perform various services for us. These outside companies are called “business associates.” They contract with us to keep any PHI received from us confidential in the same way we do. These companies may create or receive PHI on our behalf.

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Fundraising Activities: Many of our patients like to make contributions to benefit Onvida Health. We may share certain information with the Foundation of Onvida Health ("Foundation") to contact you for the purpose of raising money for the Hospital. You will have the right to opt out of receiving such communications with each solicitation. The money raised will be used to expand and improve the services and programs we provide the community. If you do not want the Foundation to contact you for fundraising and you will to opt out of these contacts, or if you wish to opt back in to their contacts, you must call or email the Foundation at 928-336-7045 or email foundation@onvidahealth.org. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services at ONVIDA HEALTH.

Shared Medical Record/Health Information Exchanges: We maintain PHI about our patients in shared electronic medical records. We also participate in electronic health information exchanges that allow us to make our PHI available electronically to those who need it to treat you.

Research: We may use or disclose your PHI for health research. These research projects must go through a special process that protects the confidentiality of your PHI.

Required by Law: Federal, state, or local laws sometimes require us to disclose patients' PHI. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the Arizona Workers' Compensation Program for work-related injuries.

Public Health: We may report certain PHI for public health purposes when required or permitted to do so by federal, state, or local law. For instance, we are required to report births, deaths, and communicable diseases to the State of Arizona. We may need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

Public Safety: We may disclose PHI for public safety purposes in limited circumstances. We may disclose PHI to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose PHI to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at the Hospital. We may disclose your PHI to law enforcement officials and others to prevent a serious threat to health or safety.

Health Oversight Activities: We may disclose PHI to a government agency that oversees ONVIDA HEALTH or its personnel, such as the Arizona Department of Health Services, the federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need PHI to monitor ONVIDA HEALTH'S compliance with state and federal laws.

Coroners, Medical Examiners and Funeral Directors: We may disclose PHI concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

Organ and Tissue Donation: To respond to organ and tissue donation requests, we may disclose PHI to organizations that handle organ, eye or tissue donation or transplantation.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your PHI as required by military command authorities or

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to the Department of Veterans Affairs. ONVIDA HEALTH may also disclose PHI to federal officials for intelligence and national security purposes or for presidential Protective Services, as appropriate.

Judicial Proceedings: ONVIDA HEALTH may disclose PHI if we are ordered to do so by a court or if ONVIDA HEALTH receives a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your PHI.

Information with Additional Protection: Certain types of PHI have additional protection under state or federal law. For instance, PHI about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of PHI. For those types of information, ONVIDA HEALTH is required to get your permission before disclosing that information to others in many circumstances.

Uses and Disclosures Related to Reproductive Health Care: Unless we have received an authorization from you, we are prohibited from disclosing your PHI when the request is made by someone other than you or your personal representative for either of the following activities (“Prohibited Purposes”):

- To conduct a criminal, civil, or administrative investigation into or impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, where such health care is lawful under the circumstances in which it is provided.
- The identification of any person for the purpose of conducting such investigation or imposing such liability.

For example, we may receive a subpoena requesting a patient’s records, and the subpoena was issued in a case seeking to prosecute a provider for prescribing a medication that could terminate a pregnancy or impact fertility, or to prosecute a patient for taking such medication. In that situation, if the prescription or ingestion of that medication was lawful under the circumstances, we are prohibited from providing any PHI in response to the request.

If we receive a request for records from someone other than you or your personal representative, and the requested records contain PHI that potentially relates to reproductive health care, we are required to obtain an attestation from the requestor if the request is for any of the following purposes:

- Health oversight activities
- Judicial and administrative proceedings
- Law enforcement purposes
- Disclosures to coroners and medical examiners

The attestation must include specific information about the request, a statement that the request is not for any of the Prohibited Purposes, a statement that an individual signing an attestation known to be false is subject to criminal penalties under federal law, and it must be signed by the requestor. We are prohibited from responding to requests that require an attestation if the attestation does not meet all legal requirements.

For example, we may receive a subpoena requesting a patient’s records from state law enforcement officials related to the criminal prosecution of an individual accused of submitting false claims to insurance companies, unrelated to reproductive health care. While the purpose

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of the investigation is not a Prohibited Purpose, the records requested contain PHI potentially related to reproductive health care, such as claims paid for pregnancy-related conditions. In that situation, we will require the law enforcement official to provide a valid, signed attestation before we will respond to the request.

Even where we receive a valid attestation, we will still ensure that the request satisfies all requirements under federal law before we disclose any PHI.

Note that there is a potential that information disclosed to third parties may no longer be protected by HIPAA, and those third parties could re-disclose your information.

Other Uses and Disclosures: For certain PHI, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. In these cases, we never share your PHI unless you give us written permission:

- Marketing purposes
- Sale of your PHI
- Most sharing of psychotherapy notes

If ONVIDA HEALTH wishes to use or disclose your PHI for a purpose that is not discussed in this Notice, we will seek your permission. If you give your permission to us, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you would ever like to revoke your permission, please notify Onvida Health, Attention: HIM at the address on the bottom of this Notice or Email: releaseofinformation@onvidahealth.org.

WHAT ARE YOUR RIGHTS?

Right to Request Your Information: You have the right to look at your own PHI and to get a copy of that information. This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your PHI, write to Onvida Health, Attention: HIM at the address on the bottom of this Notice. If you request a copy of your information, you will be requested to complete a written request, and we may charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.

Right to Request Amendment of Information You Believe Is Erroneous or Incomplete: If you examine your PHI and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your PHI, write to Onvida Health, Attention: Health Records at the address on the bottom of this Notice or Email: releaseofinformation@onvidahealth.org.

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Right to Get a List of Certain Disclosures of Your Information: You have the right to request a list of certain disclosures we make of your PHI. If you would like to receive such a list, write to Onvida Health, Attention: Health Records at the address on the bottom of this Notice or Email: releaseofinformation@onvidahealth.org. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

Right to Request Restrictions on How the Hospital or other ONVIDA HEALTH Businesses Will Use or Disclose Your Information for Treatment, Payment, or Health Care Operations: You have the right to ask us not to make uses or disclosures of your PHI to treat you, to seek payment for care, or to operate ONVIDA HEALTH. We are not required to agree to your request, but if we do agree, we will comply with that agreement. We will agree to restrict disclosure of PHI about an individual to a health plan if the PHI pertains solely to a service for which the individual, or a person other than the health plan, has paid ONVIDA HEALTH in full. For example, if a patient pays for a service completely out of pocket and asks us not to tell his/her insurance company, we will abide by this request. If you want to request a restriction, write to notify Onvida Health, Attention: HIM at the address on the bottom of this Notice or Email: releaseofinformation@onvidahealth.org. Please describe your request in detail.

Right to Request Confidential Communications: You have the right to ask us to communicate with you in a way that you feel is more confidential. You may request not to be contacted on your cell phone and or home phone using pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messaging or by any other form of electronic communication. You can also ask to speak with your health care providers in private outside the presence of other patients.

Right to Copy: you have the right to a paper copy of this Notice at any time. You may download a paper copy of the Notice from our Web site, at www.onvidahealth.org, or you may obtain a paper copy of the Notice by visiting any of our Information Desks or Patient Registration areas, going to our Health Information Management Department or requesting a copy by writing to Onvida Health, Attention: Privacy Officer at the address on the bottom of this Notice.

Duty to Notify You: We are required to notify you in the event that we, or one of our Business Associates, discovers a breach of your unsecured PHI.

CHANGES TO THIS NOTICE

From time to time, we may change our practices concerning how we use or disclose patient PHI, or how we will implement patient rights concerning their information. Any changes to this Notice will apply to all of the PHI we maintain about you. We will publish a revised Notice. You can get a copy of our current Notice at any time by visiting our Web site at www.onvidahealth.org.

DO YOU HAVE CONCERNS OR COMPLAINTS?

Please tell us about any problems or concerns you have with your privacy rights or how the Hospital uses or discloses your PHI. If you have a concern, please contact the Privacy Official at ONVIDA HEALTH. If for some reason the Hospital cannot resolve your concern, you may also file a complaint with the Secretary of the US Department of Health and Human Services. We will not penalize you or retaliate against you in any way for filing a complaint with the Hospital or the Secretary.

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DO YOU HAVE QUESTIONS?

The Hospital is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how the Hospital may use and disclose your PHI, please contact the Privacy Officer at 928-336-7600 or compliance@onvidahealth.org.

Address: 2400 South Avenue A, Yuma, Arizona, 85364

Effective Date: February 14, 2025