

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.

Understanding Your Health Record/Information

This notice describes the practices of **Dignity Health St. Rose Dominican Neighborhood Hospitals** and that of any physician with staff privileges with respect to your protected health information created while you are a patient at the Hospital. The Hospital, physicians with staff privileges, and personnel authorized to have access to your medical chart are subject to this notice. In addition, the Hospital and physicians with staff privileges may share medical information with each other for treatment, payment or health care operations described in this notice.

We create a record of the care and services you receive at the Hospital. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care at the Hospital.

Notification

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. The Hospital is also required to notify you if there is a breach or impermissible access, use or disclosure of your medical information.

Examples of Uses Disclosures for Treatment, Payment, Health Care Operations and As Otherwise Allowed by Law.

Your PHI may be used and disclosed to treat you, obtain payment for services provided to you and conduct “health care Operations” as detailed below.

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 the ways we are permitted to use and disclose information should fall within one of the categories.

Treatment. Your PHI may be used and disclosed to provide treatment and other services to you.

For example: We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at the Hospital. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays. We may also provide your physician or a subsequent healthcare provider with copies of various reports to assist in treating you once you are discharged from care at the Hospital.

Payment. Your PHI may be used and disclosed to obtain payment for services provided to you.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the

bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Health Care Operations. Your PHI may be used and disclosed for health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care delivered to you.

For example: We may use the information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

USES AND DISCLOSURES NOT REQUIRING YOUR WRITTEN AUTHORIZATION

We will use your health information as otherwise allowed by law. The following are some examples of how we may use or disclose medical information about you.

Business Associates: There are some services provided in our organization through agreements with business associates. Examples include answering services and copy services. To protect your health information, however, we require business associates to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the Hospital, general condition, and religious affiliation for directory purposes without obtaining your authorization while you are a patient at the Hospital. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Disclosure to Relatives, Close Friends, and Other Caregivers: Your PHI may be disclosed to a family member, other relative, a close friend or any other person identified by you who is involved in your health care. If the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, the Hospital and/or Health Professionals would disclose only information believed to be directly relevant to the person's involvement with your health care. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Health Information Exchange: Your PHI may be used and disclosed with other health care entities for treatment, payment and healthcare operation purposes, as permitted by law, through the health Information Exchange. You may opt out and prevent your medical information from being searched through the Health Information Exchange by completing and submitting an Opt-Out Form.

Public Health Activities. Your PHI may be disclosed for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; and (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect or Domestic Violence. Your PHI may be disclosed to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence if there is a reasonable belief that you are a victim of abuse, neglect or domestic

violence.

Health Oversight Activities. Your PHI may be disclosed to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

Disaster Relief Efforts: Your PHI may be used and disclosed for purposes of assisting in disaster relief efforts. For example, the use and disclosure may involve the American Red Cross to assist in notifications regarding your location and condition.

Judicial and Administrative Proceedings. Your PHI may be disclosed in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials. Your PHI may be disclosed to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena. For example, your PHI may be disclosed to identify or locate a suspect, fugitive, material witness, or missing person or to report a crime or criminal conduct at the Hospital.

Correctional Institution. Your PHI may be disclosed to a correctional institution if you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain requests to us.

Research: Your PHI may be used or disclosed to researchers either when you authorize the use and disclosure of your health information, or an Institutional Review Board and/or Privacy Board approves a waiver of authorization for the use disclosure of your health information for a research study

To Avert a Serious Threat to Health or Safety. Your PHI may be used or disclosed to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

U.S. Military. Your PHI may be use or disclosed to U. S. Military Commanders for assuring proper execution of the military mission. Military command authorities receiving protected health information are not covered entities subject to the HIPAA Privacy Rule, but they are subject to the Privacy Act of 1974.

Other Specialized Government Functions. Your PHI may be disclosed to units of the government with special functions, such as the U.S. Department of State under certain circumstances for example the Secret Service or NSA to protect the country or the President.

Medical Examiner and Funeral -Director: Your PHI may be used or disclosed to a funeral director and medical examiner consistent with applicable law to carry out their duties.

Organ and Tissue Procurement Organizations: Your PHI may be disclosed to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Communications for treatment and health care operations: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising: Your PHI may be used or disclosed to a foundation related to us for the Hospital's fundraising efforts. We would release only information such as your name, address, contact information, age, gender, dates

of birth, health insurance status, dates of treatment or services and outcomes. We may also contact you as part of fundraising efforts. We do not condition treatment or payment for services on an individual's participation in fundraising. You have a right to opt of receiving such communications.

Food and Drug Administration (FDA): We may disclose to the FDA health information related to adverse events with respect to food, medications, devices, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Worker's compensation: Your PHI may be disclosed as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

As Required by Law. Your PHI may be used and disclosed when required to do so by any other law not already referred to in the preceding categories; such as required by the FDA, to monitor the safety of a medical device.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Use or Disclosure with Your Authorization. For any purpose other than the ones described above, your PHI may be used or disclosed only when you provide your written authorization on an authorization form ("Your Authorization").

Examples:

Marketing: If we receive payment from a third party in order to market or promote a product or service you may be interested in purchasing, then we are required to obtain your written authorization before we use or disclose your health information. However, we are not required to obtain your written authorization to discuss with you about the Hospital's healthcare treatment options, health-related products, case management or care coordination.

You have the right to revoke your marketing authorization and opt-out of marketing communications. To revoke your authorization or opt-out of marketing, contact your Privacy Officer. **Psychotherapy Notes:** If psychotherapy notes are maintained separate from the rest of your health information then these notes may not be used or disclosed without your written authorization, except as may be required by law.

Sale of Health Information: We will obtain your written authorization for any disclosure of your health information which the Hospital directly or indirectly receives remuneration in exchange for the health information.

Sensitive Medical Information: We may obtain a written permission from you, when required by state and federal laws, to use or disclose sensitive medical information, such as substance abuse, or genetic testing information.

CONFIDENTIALITY OF SUBSTANCE USE DISORDER (SUD) PATIENT RECORDS

Uses and Disclosures: We protect the confidentiality of your SUD treatment records with special care, even beyond standard HIPAA protections. These records are protected under federal law (42 CFR Part 2) and cannot be used against you in civil, criminal, administrative, or legislative proceedings without your explicit consent or a court order.

Legal Proceedings and Law Enforcement: Your SUD and related PHI records and/or testimony relaying the content of such records cannot be used in any civil, administrative, criminal, or legislative proceeding against you unless you give specific written permission or a court issues a specific order following the federal rules found at 42 CFR Part 2, Subpart E. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed. This protects against disclosure for things like child custody, housing, or employment denials.

Fundraising Communications: We may contact you to request a contribution to support important activities. In connection with any fundraising, your PHI may be used or disclosed to a foundation related to us for the Hospital's fundraising efforts. We would release only information such as your name, address, contact information, age, gender, dates of birth, health insurance status, dates of treatment or services and outcomes. We may also contact you as part of fundraising efforts. You have the right to opt-out of your SUD information being used for fundraising. If you do not want to receive any fundraising requests or wish to opt-out, you may contact us at compliance@emerus.com or 1-866-271-1033.

RIGHT TO ACCESS, INSPECT, AND COPY

Although your health record is the physical property of the Hospital, you have the right to look at or get copies of your PHI in a designated record set. You have the right to:

- Request a restriction on certain uses and disclosures of your information for treatment, payment, health care operations and as to disclosures permitted to persons, including family members involved with your care and as provided by law. While all requests for additional restrictions will be carefully considered, the Hospital and Health Professionals are not required to agree to these requested restrictions.
- Receive a paper copy of this notice;
- Inspect and request a copy of your health record as provided by law; You must make a request in writing. You may obtain a form by using the contact information listed at the end of this Notice.
- Request that the PHI maintained in your medical record file be amended by completing and submitting a medical record amendment form at the Hospital. We will notify you if we are unable to grant your request to amend your health record;
- Obtain an accounting of disclosures of your health information as provided by law;
- Request communication of your health information by alternative means. We will accommodate reasonable written requests; and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken in reliance on your authorization.

You may exercise your rights set forth in this notice by providing a written request to the Hospital. You have the right to receive language assistance services and appropriate auxiliary aids and services free of charge.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For Further Information or Complaints: If you are concerned that your privacy rights have been violated or disagree with a decision made about access to your PHI, you may file a complaint with the Privacy Officer at 1-866-271-1033 or via email at privacy@emerus.com. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Effective Date and Duration of This Notice

Effective Date. This Notice is effective on July 21, 2025.

Right to Change Terms of this Notice. The terms of this Notice may be changed at any time. If this Notice is changed, the new notice terms may be made effective for all PHI that the Hospital and Health Professionals maintain, including any information created or received prior to issuing the new notice. If this Notice is changed, the new notice will be posted in waiting areas around the Hospital and on our Internet site at <https://strosenh.org>. You also may obtain any new notice by contacting Compliance & Privacy.

HOSPITAL CONTACT INFORMATION:

Privacy Officer
1550 West Craig Rd.
North Las Vegas, Nevada 89032
E-mail: Privacy@emerus.com
Compliance & Privacy Hotline 1-866-271-1033