

JOINT NOTICE OF PRIVACY PRACTICES

Effective Date: February 5, 2003 Revised: April 1, 2019

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.

WHAT IS THIS DOCUMENT?

Ascension Via Christi, which is comprised of physicians, hospitals, clinics and other health care providers who work together to deliver a broad range of health care services, is committed to protecting your health information ("protected health information" or "PHI"). We create and maintain a record of your care and services you receive on a variety of media, including paper, film and electronic. This information is available to workforce members, such as medical staff members, business associates and volunteers, who need this information to provide treatment to you, obtain payment for services provided or to support various operational functions necessary to provide health care. We are required by law to:

- Have reasonable safeguards in place to discourage improper use or access to your PHI;
- Maintain and protect your privacy and the confidentiality of your PHI and records;
- Provide you with this Joint Notice describing your rights and our legal duties regarding your PHI; and,
- Notify affected individuals in the event of a breach of unsecured PHI.

HOW DO WE USE OR DISCLOSE YOUR PHI?

We May Use and Disclose Your PHI for the Following Reasons Without Your Written Authorization.

Treatment: We may use and disclose your PHI to provide you medical treatment and services. Your PHI may be used by or disclosed to physicians, nurses, technicians, medical students and others who are involved in your care.

Example:

- We may tell your primary care physician, nursing home or other health care provider about your hospital stay so they can provide appropriate follow-up care.

Payment: We may use and disclose your PHI to bill for the treatment and services you receive and to collect payments from you, your insurance company or a third party.

Examples:

- We may tell your health plan about a proposed treatment for you to obtain prior approval or to determine if your plan will cover the treatment.
- We may disclose your PHI to physicians or their billing agents, so they can send their claims to your insurance company or to you.

Health Care Operations: We may use or disclose your PHI for health care operations. These uses, and disclosures are necessary to run our organizations and make sure patients receive quality care.

Examples:

- We may use PHI to review our treatment and services, evaluate staff performance and train health care professionals.
- We may use the PHI of many patients to decide if additional services should be offered if services are needed or if new treatments or processes are effective.

Business Associates: We may disclose your PHI to business associates with whom we contract to provide services on our behalf. We require business associates to take appropriate measures to safeguard your information.

Example:

- We may contract with a company outside the organization to provide medical transcription services or to provide collection services for past due accounts.

The Following Categories Describe Additional Ways that We May Use and Disclose Your PHI Without Your Written Authorization. Not Every Use or Disclosure is Listed.

Disclosures Required by Law: We may use or disclose your PHI when required to do so by federal, state or local law.

Victims of Abuse: We may disclose your PHI to notify the appropriate government authority if we believe that you have been

the victim of abuse or neglect. We will only make this disclosure if you agree or when required or authorized by law.

Electronic Health Information Exchanges: We may access or disclose your PHI to other health care organizations, health plans or the government through health information exchange organizations. These organizations are committed to securing the information and allowing your PHI to be available when needed for the purposes of treatment, payment or health care operations. You have the right to opt out of participating in a health information exchange.

Appointment Reminders and Health-Related Benefits or Services:

We may use and disclose your PHI to contact you by telephone, cell phone, text, email, patient portal or mail, as a reminder that you have an appointment for treatment or medical care or to give you information about treatment alternatives or other health care services or benefits we offer. This may be done through an automated system or by one of our associates. If you do not answer, we may leave this information on your voice mail or in a message left with the person answering the phone.

Research: We may disclose information to researchers when the research project has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Workers' Compensation: We may disclose your PHI for workers' compensation or similar programs as authorized by state law. These programs provide benefits for work related injuries or illnesses.

Coroners, Medical Examiners and Funeral Directors: We may disclose PHI to a coroner, medical examiner or funeral director.

Examples:

- To identify a deceased person or determine the cause of death.
- To assist the funeral director in completing the death certificate.

Organ and Tissue Procurement Organizations: We may disclose your PHI to organizations that handle organ, eye, or tissue procurement or transplantation, or to a donation bank as necessary to facilitate donation and transplantation.

Military: If you are a member of the Armed Forces, we may disclose PHI as required by military command authorities. We may also disclose PHI about foreign military personnel to the appropriate foreign military authority. In addition, we may disclose PHI of military veterans to Department of Veterans Affairs in certain situations.

Judicial, Administrative and Law Enforcement Purposes: We may disclose PHI about you for judicial, administrative and law enforcement purposes. This may include disclosures in response to subpoenas or court orders.

To Advert a Serious Threat to Health or Safety: We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. This disclosure would only be made to someone able to help prevent the threat.

Health Oversight Agencies: We may disclose PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections, and licensure or disciplinary actions, that are necessary for the government to monitor the health care system, government programs, and compliance with applicable laws.

Public Health: We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

National Security and Intelligence Activities: We may disclose your PHI to federal officials for intelligence, counterintelligence or other national security activities authorized by law.

Protective Services for the President and Others: We may disclose your PHI to federal officials, so they may provide protection for the

President, other authorized persons or foreign heads of state, or to conduct special investigations.

Custodial Situation: If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to the correctional facility or law enforcement official.

Following are Uses and Disclosures to Which You Have an Opportunity to Object.

Facility Directory: Unless you notify us that you object, we will use your name, your room number or other location within the facility, your general medical condition (critical, serious, good, fair, etc.), and your religious affiliation as part of our patient information system. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Individuals Involved in Your Care or Payment of Your Care: We may release PHI to a friend or family member who is involved in your medical care and those who help pay for your care. If you are unable to object, our health care professionals will use their best judgment in communicating with your family and others. We may disclose PHI about you to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status and location.

Fundraising: We may contact you as part of our fundraising activities, including through a foundation owned by or affiliated with Ascension Via Christi, but you have the right to opt out of receiving such communications. If you do not want to be contacted about our fundraising efforts, you must notify us in writing.

All Other Uses and Disclosures Require Your Prior Written Authorization.

Marketing: We must obtain your written authorization before we may use or disclose your PHI for marketing purposes, except for face-to-face communications made by us to you or a promotional gift of nominal value provided by us to you.

Any other uses or disclosures not covered by this notice or the laws that apply to us will be made only with your written authorization. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization, in writing, at any time. Your revocation will stop any future uses and disclosures to the extent that we have not taken any action relying on the authorization.

WHAT ARE MY RIGHTS REGARDING MY PHI?

You have the following rights regarding your PHI. You are required to submit in writing requests to exercise any of these rights for records that the facility creates and maintains.

Right to Inspect and Copy: You have the right to inspect and request a copy of your health record, except as prohibited by law. If you request a copy in either paper or electronic format, you may be charged a fee in accordance with federal and state law. In certain circumstances, we may deny your request to inspect a copy. If you are denied access, you may request that the denial be reviewed.

Right to Amend: If you believe the information in your records is incorrect or incomplete, you have the right to request that we amend your health record. We are not required by law to agree to a request to amend your health record. We will notify you in writing within 60 days if we are unable to grant your request.

Right to Accounting of Disclosures: You have the right to get a list of instances in which we have disclosed your PHI in the last six years unless you request a shorter time. The list will not include any disclosures for treatment, payment or health care operations or certain other disclosures not required to be accounted for under applicable law. We will respond within 60 days of receiving your request. We will provide the list to you at no charge, but if you make more than one request in the same 12-month period, we may charge you a reasonable, cost-based fee for each additional request.

Right to Request a Paper Copy of this Notice: You have the right to a paper copy of this notice even if you agreed to receive this notice electronically.

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or healthcare operations or disclose about you to a family member or friend involved in your care. We are not required by law to agree to a requested restriction, except when you request that we not disclose information to your health plan about services for which you paid out-of-pocket in full. For all other restriction requests, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or the use or disclosure is required by law.

Right to Request Confidential Communications: You have the right to request that we communicate with you about your PHI via a certain method or certain location. We will accommodate all reasonable requests.

Example:

- You may request that we only contact you via mail or at your work phone number.

CAN ASCENSION VIA CHRISTI CHANGE THIS NOTICE?

We reserve the right to change this notice and to make the revised or changed notice effective for PHI we already have about you as well as for any PHI we create or receive in the future. Each notice has an effective date. Copies of the current notice are posted in our facilities and on our website. Additionally, the current notice is available to you upon request. We are required to follow the terms of the notice currently in effect.

WHAT IF YOU HAVE QUESTIONS OR NEED TO FILE A COMPLAINT?

If you have questions or would like to file a complaint, you may contact our Privacy Officer. If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Ascension Via Christi
Attention: Privacy Officer
8200 E. Thorn
Wichita, KS 67226
1-800-707-2198
PrivacyProgram@ascension.org

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/

WHO WILL FOLLOW THIS JOINT NOTICE OF PRIVACY PRACTICES?

Ascension Via Christi, its medical staff and other health providers are part of a clinically integrated care setting that creates an organized health care arrangement (OHCA) under HIPAA. This allows sharing of information among these legally separate entities to enhance the delivery of quality care to our patients; however, no entity is responsible for the medical judgement or patient care provided by other entities in the arrangement. Medical staff and other independent health care providers may have different privacy practices for medical records they create or maintain in their offices.

These entities are designated as an Affiliated Covered Entity and follow the terms of this Joint Notice:

Ascension Via Christi Hospitals Wichita, Inc.
Ascension Via Christi Hospital Pittsburg, Inc.
Ascension Via Christi Hospital Manhattan, Inc.
Ascension Via Christi Hospital St. Teresa, Inc.
Wamego Health Center
Ascension Medical Group Via Christi, P.A.

Ascension Via Christi Rehabilitation Hospital, Inc.
Ascension Via Christi Imaging Wichita, LLC
Ascension Via Christi Health Partners, Inc.
Ascension Via Christi Home Medical Wichita, LLC
Affiliated Medical Services Laboratory, Inc.