OHIO VALLEY SURGICAL HOSPITAL (OVSH)
HEALTH NOTICE OF PRIVACY PRACTICES ("NOTICE")

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.

I. Our Pledge Regarding Your Medical Information and your Right to Receive and Discuss this Notice with Us

Ohio Valley Surgical Hospital is committed to protecting medical information about you. We create a record of the medical care and services you receive at OVSH sites for use in your care and treatment. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all the records of your care relating to services provided in the hospital, outpatient and other facilities that comprise OVSH, as well as the physicians and other health care professionals who provide services within those facilities, whether made by employees of OVSH or your personal doctor. If your personal doctor is not an employee of OVSH, then your doctor may have different policies or Notices regarding how information maintained by the doctor's office or clinic is used or disclosed about you.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your information.

We are required by law to:

- **Make sure that your medical information is protected.**
- **Give you this Notice describing our legal duties to protect your privacy.**
- **Follow the terms of the Notice that is currently in effect.**
- **Notify you in the event of a breach of your unsecured protected health information (PHI) as required by law.**

You have the right to receive a copy of and discuss this Notice with our OVSH Compliance Officer at the number or address listed at the end of this Notice.

II. Who Will Follow This Notice?

This Notice describes the practices of OVSH and those of the following individuals and organizations (collectively, "we"):

- All divisions, subsidiaries, joint ventures, affiliates, facilities, departments, clinics, and physician practices, and any other entities of OVSH which are considered Covered Entities under Health Insurance Portability and Accountability Act (HIPAA);
- All employees, staff and other OVSH personnel;
- OVSH-based physicians, physician practices, residents, and medical students, with regard to services provided and medical records kept at an OVSH facility or by physicians employed by or under contract with OVSH; and
- Any member of a volunteer group, which we allow to help you while you are in an OVSH facility.

III. How We May Use and Disclose Medical Information About You

The following sections describe different ways that we may use and disclose your medical information. For each category of uses or disclosures we will describe them and give some examples. Some information, such as certain genetic information, certain drug and alcohol information, HIV information and mental health information may be entitled to special restrictions by state and federal laws. We abide by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed, however all of the ways we are permitted to use and disclose information will fall within one of the following categories.

A. **Treatment**: We may use or disclose medical information about you to provide you with medical treatment or health care services. We may disclose information about you to health care providers involved in your care. For example, a doctor may need to review your medical history before treating you. We may share medical information about you with other health care providers, agencies, or facilities not affiliated with OVSH in order to provide or coordinate the different things you need, such as prescriptions, lab work, and X-rays. We may contact you to provide appointment reminders, patient registration information, information about treatment alternatives or other health-related benefits and services that may be of interest to you or to follow up on your care.

B. **Payment**: We may use and disclose medical information about you for billing and payment activities of OVSH and others involved in your care, such as an ambulance company. For example, we may use and disclose information so that OVSH or others involved in your care can obtain payment from you, an insurance company or another third party. We may also tell your health insurance company about a treatment that you need to obtain prior approval or check if your insurance will pay for the treatment.

C. **Health Care Operations**: We may use and disclose medical information about you for our health care operations which are various activities necessary to run our business, provide quality health care services and contact you when necessary. For example, we may share your medical information to evaluate our doctors' and nurses' performance in caring for you and for quality improvement activities. We may disclose your medical information to medical or nursing students and other trainees for review and learning purposes.

D. **Health Information Exchange (HIE):** We may participate in an electronic Health Information Exchange ("HIE") to facilitate the sharing of your medical information for treatment purposes. An HIE is a network in which providers, such as doctors and other health care providers, participate in exchanging patient information in order to facilitate health care. There are many circumstances when it is beneficial for a non OVSH health care provider to have timely access to patient medical records to coordinate care. For example, if you arrive unconscious in an Emergency Room (ER), it would be ideal for the treatment team to know medications you are currently taking so they can avoid any harmful drug interactions. If the hospital where you are being treated is not part of the OVSH, your doctors and nurses may be able to have direct access to your medical information maintained at OVSH through the HIE so they can better coordinate your care. Please contact your Privacy Officer representative for state-specific information regarding your rights to opt in or opt out of sharing your medical information via an HIE.

E. **Sharing Information within an Organized Health Care Arrangement (OHCA):** We maintain our Designated Record Set through the use of an electronic health record ("EHR"). Through this EHR, your medical information is combined with that of other health care providers or "Covered Entities" that participate in the EHR (each, a "Participating Covered Entity" and collectively, the "Participating Covered Entities"), such that each of our patients, including you, have a single, longitudinal health record with respect to all services provided by the Participating Covered Entities. Through the EHR, the Participating Covered Entities have formed one or more organized systems of health care in which the Participating Covered Entities participate in joint utilization review and/or quality assurance activities, and as such qualify to participate in OHCA(s). As OHCA participants, all Participating Covered Entities, including us, may use and disclose the protected health information contained within the EHR for the Treatment, Payment and Health Care Operations purposes of each of the OHCA participants.

F. **Business Associates; Service Providers**: We may share your medical information with third parties referred to as "Business Associates." Business Associates provide various administrative services to or for OVSH. Examples include billing services, transcription services and legal services. We require our Business Associates to sign an agreement requiring them to protect your information and to use it only for the purposes for which we have contracted for their services in an effort to make sure your medical information is appropriately safeguarded. We may utilize Business Associates and other health services providers located outside of the United States to assist with various healthcare

treatment and operations, such as scheduling and care coordination. In some instances, these Business Associates and services providers may have access to or process your PHI. We ensure that all Business Associates and service providers, regardless of their location, are obligated to protect your PHI in accordance with U.S. and international laws, including the HIPAA. These measures include implementing appropriate safeguards to protect the privacy and security of your information.

G. Fundraising Activities: We may use or disclose limited information, as permitted by law, to contact you regarding fundraising activities that support our mission and operations. Participation is voluntary, and you may elect not to receive future fundraising communications. Each fundraising communication will provide information on how to opt out.

H. Facility Directory (Hospital Only): If you are hospitalized, we may include your name, location in the hospital (for example: room number), your general condition (for example: fair condition) and your religious affiliations in the facility directory. The directory information, except for your religious affiliation, may be released to people who ask for you by name so your family, friends and clergy can visit you in the hospital and generally know how you are doing. Your religious affiliation and directory information may be given to members of the clergy, such as priests, ministers, or rabbis even if they do not ask for you by name. If you object to any or all of this information being included in the facility directory, you must inform OVSH staff so that information about you may be removed from the directory.

I. Individuals Involved in Your Care or Payment for Your Care: Unless you tell us not to, we may release medical information to anyone involved in your medical care, such as a friend, family member, or any individual you identify. We also may give your information to someone who helps pay for your care. If you are unable to tell us your preference, for example, if you are not present or are unconscious, we may share your medical information that is directly relevant to the person's involvement with your care if we believe it is in your best interest. Additionally, we may disclose information about you to your legal representative.

J. Research: We may use and disclose medical information about you for certain research purposes in compliance with the requirements of applicable federal and state laws. All research projects, however, are subject to a special approval process, which establishes protocols to ensure that your medical information will continue to be protected. When required, we will obtain a written authorization from you prior to using your medical information for research.

K. Substance Use Disorder (SUD) Treatment Information (42 C.F.R. Part 2): Federal law provides special privacy protections for certain substance use disorder treatment records. If we receive or maintain SUD records pursuant to your written consent for treatment, payment, or health care operations, we may use and disclose those records for those purposes as described in this Notice. HIPAA-covered recipients may further use or disclose them as permitted by HIPAA. We will not use or disclose your SUD records in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order and a subpoena.

L. As Required or Authorized by Law: We will disclose medical information about you when required to do so by federal, state, and/or international law. This includes, however is not limited to, disclosures to mandated patient registries, including reporting adverse events with medical devices, food, or prescription drugs to the Food and Drug Administration. We also may disclose medical information to health oversight agencies for activities authorized by law. These oversight activities may include licensure activities and other activities by governmental, licensing, auditing, and accrediting agencies as authorized or required by law. We may disclose your medical information for public health activities including disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect or domestic violence; or notify a person who may have been exposed to a disease or condition. We may disclose information for law enforcement purposes as required by law or in response to a valid subpoena, summons, court order, or similar process.

M. Legal Proceedings, Lawsuits and Other Legal Actions: We may disclose medical information about you to courts, attorneys, court employees and others when we get a court order, subpoena, discovery request, warrant, summons or other lawful instructions. We also may disclose information about you to OVSH's attorneys and/or attorneys working on OVSH's behalf to defend ourselves against a lawsuit or action brought against us. We may disclose your medical information to the police or other law enforcement officials to report or prevent a crime or as otherwise required or permitted by law.

N. We may use and disclose your medical information in the following special situations:

- **Disaster-Relief Efforts**: 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.
- **To Avert a Serious Threat to Health or Safety**: We may use and disclose medical information about you to help prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person.
- **Organ, Eye and Tissue Donation**: We may release information to organizations that handle organ procurement, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military**: If you are a member of the armed forces, domestic (United States) or foreign we may release medical information about you to the military authorities as authorized or required by law.
- **Workers' Compensation**: We may disclose medical information about you for workers' compensation or similar programs authorized or required by law.
- **Coroners, Medical Examiners and Funeral Directors**: We may disclose medical information to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties.
- **National Security and Intelligence Activities**: We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as required by law.
- **Protective Services for the President of the United States and Others**: We may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President of the United States, other authorized persons, or foreign heads of state as authorized by law.
- **Inmates**: If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution or law enforcement officials as authorized or required by law.

O. Artificial Intelligence (AI): We may utilize AI technology to support operational decisions and recommendations about your treatment or care, including but not limited to, documenting care, supporting clinical assessments, treatment recommendations, and creating a care plan. AI technology may use your information to train and improve AI technology's functionality. AI technology partners are required to keep your information confidential.

IV. Uses of Medical Information Requiring Written Authorization

A. Psychotherapy Notes: We must obtain your written permission to disclose psychotherapy notes except in certain circumstances. For example, written permission is not required for use of those notes by the author of the notes with respect to your treatment or use or disclosure by us for training of mental health practitioners, or to defend OVSH in a legal action brought by you.

B. Marketing: We must obtain your written permission to use or disclose your medical information for marketing purposes except in certain circumstances. For example, written permission is not required for face-to-face encounters involving marketing, or where we are providing a gift of nominal value (example: a coffee mug), or a communication about our own services or products (example: we may send you a postcard announcing the arrival of a new surgeon or x-ray machine).

C. Sale of Medical Information: We must obtain your written permission to disclose your medical information in exchange for remuneration.

D. Other Uses and Disclosures: Other Uses and Disclosures of your medical information not covered by the categories included in this Notice or applicable laws, rules or regulations will be made only with your written permission or authorization. If you provide us with such written permission, you may revoke it at any time. We are not able to take back any Uses or Disclosures that we already made with your authorization. We are required to retain your medical information regarding the care and treatment that we provide to you.

V. You have the Right to Access your Medical Information by contacting the location where you received care or by calling the number at the end of this Notice.

At many locations, staff may not be available onsite, however you may be directed to them by contacting the telephone number and/or email address listed at the end of this Notice.

Right to Inspect and Get an Electronic or Paper Copy of your Medical Information: With certain exceptions, you have the right to inspect and/or receive an electronic or paper copy of your medical and billing records or any other of our records that are used by us to make decisions about your care. You may request that we send a copy of your medical information to a third party. To inspect and/or receive a copy of your medical records we require that you submit your request in writing to your OVSH care provider or the appropriate medical records department. If you request a copy of your medical records, we may charge you a reasonable cost-based fee for the cost of providing you with copies. In some cases, medical records may be provided free of charge. Under certain circumstances, we may deny your request to inspect or copy your records. If we deny your request, we will explain the reasons to you and in most cases, you may have the denial reviewed.

VI. Your Rights Regarding Medical Information About You

You have the following rights regarding your medical information:

A. Right to Request an Amendment: If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to correct the information for as long as the information is kept by or for OVSH in your medical and billing records. To request an amendment, your request must be submitted in writing to the OVSH Compliance Officer and provide the reason for the request. If we agree to your request, we will amend your record(s) and notify you of such. In certain circumstances, we cannot remove what was in the record(s), however we may add supplemental information to clarify. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

B. Right to an Accounting of Disclosures: You have a right to receive a list of certain disclosures we have made of your medical information in the six years prior to the date of your request. To request an accounting of disclosures you must submit your request in writing to the OVSH Compliance Officer. You must state the time period for which you want to receive the accounting, which may not be longer than six years and which may not date back more than six years from the date of your request. The first accounting you receive in a 12-month period will be free. We may charge you for responding to additional requests in that same period. We will inform you of the costs involved before any costs are incurred. You may choose to withdraw or modify your request at that time.

C. Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not disclose information to a family member about a surgery you had. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment, or we are required by law to disclose it. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations of the health plan, and the information pertains solely to a health care item or service for which we have been

paid out of pocket in full. For example, when a patient wants cosmetic surgery and pays for it out of pocket, upon request we will not send any claim to the insurance carrier. To request a restriction, you must make your request in writing to the OVSH Compliance Officer and 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, i.e., disclosures to your spouse. We are allowed to end the restriction if we tell you. If we end the restriction, it will only affect the medical information that was created or received after we notify you.

D. Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or by mail. If you want us to communicate with you in a certain way, you will need to give us specific details about how you want to be contacted, including a valid alternative address. We will not ask you for the reason for the request, and we will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

E. Right to a Paper Copy of This Notice: You have the right to have a paper copy of this Notice at any time, even if you have previously agreed to receive this Notice electronically. Copies of this Notice are available at OVSH facilities, including the hospital, clinics, and physician practices, our OVSH website at www.ovsurgical.com, or by contacting the OVSH Privacy Officer as shown below.

F. Right to Choose Someone to Act for You: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your medical information. We will verify that the person has this authority and can act for you before we take any action.

VII. Change to This Notice

We reserve the right to change this Notice and OVSH privacy practices. 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 on our OVSH website at www.ovsurgical.com. The Notice will specify the effective date of the Notice. Each time you visit our website, you will see a link to the current Notice in effect.

VIII. Questions/ Complaints

We do not discriminate on the basis of race, color, national origin, sex, age, or disability. Language assistance services are available free of charge via remote video interpreter or by calling 1-855-617-1895.

If you have questions or believe that your privacy rights have been violated, you may file a complaint with OVSH or with the Secretary of the Department of Health and Human Services. ***You will not be retaliated against for filing a complaint.***

Contact Information / How to file a Complaint	
OVSH Compliance Officer 100 W Main Street Springfield, OH 45502 **937.521.3900** Compliance.Officer@ovsurgical.com	**U.S. Department of Health and Human Services** 200 Independence Avenue S.W. Washington, D.C. 20201 **1.877.696.6775** or visit https://www.hhs.gov/hipaa/filing-a-complaint/index.html.

This Notice is effective 10/27/2026 and replaces all earlier versions.