

VIVENT HEALTH NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Updated April 29, 2022

At Vivent Health we are grateful for the trust you place in us to provide you with health services. Our organization is required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with a notice that describes our organization's legal duties and privacy practices and your privacy rights with respect to your health information. Vivent Health is committed to keeping your personal health information confidential and we will follow the privacy practices described in this notice. We believe that protecting your privacy is one of our most important responsibilities.

Because you have entrusted our organization to protect your privacy, we want to provide you with a complete explanation of how your personal health information may be used and to whom it may be disclosed. We will explain the use and disclosure of your health information when needed for your treatment, payment for health care or other health care operations, and when required or allowed by law. We will also explain your rights to access and control how your personal health information is used.

Personal health information is about you. It includes health information that identifies who you are and may include your contact information; your past, present or future health conditions; and the health services you receive including medical, dental, mental health, substance use disorder, pharmacy, and other health services. It is important that you carefully review the information we are providing you. If you have any questions or if you prefer that we not use or disclose your personal health information in the manner that we describe, please contact the Health Services Administrator in your state:

WISCONSIN
820 North Plankinton Avenue
Milwaukee, Wisconsin 53203
414-225-1639

COLORADO
5250 Leetsdale Drive
Denver, Colorado 80246
303-393-8050

ST. LOUIS
2653 Locust Street
St. Louis, Missouri 63103
855-751-8879

KANSAS CITY
4309 E 50th Terrace
Suite 100 & 200
Kansas City, MO 64130
816-561-8784

TEXAS
6505 Airport Blvd. Ste 100
Austin, Texas 78752
512-648-2273

YOUR PERSONAL HEALTH INFORMATION & ELECTRONIC HEALTH RECORD

Each time you visit a hospital, medical clinic, physician, dentist, mental health therapist, pharmacy, substance use disorder counselor, or other provider, a record of your visit is made. Typically, this record contains your symptoms, examinations and test results, diagnoses, and details on current or future care or treatment. This information, often referred to as your healthcare or medical record, serves as:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which your third-party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source of information for public health officials charged with improving the health of the nation
- Source of data for facility planning and marketing
- Tool with which we can assess and continually work to improve care and health outcomes.

Understanding what is in your record and how your health information is used helps you to:

- Ensure accuracy
- Better understand who, what and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

ALL ELECTRONIC HEALTH RECORDS

Our organization is part of an organized health care arrangement, the Oregon Community Health Information Network (OCHIN) for electronic health record and other purposes. A current list of OCHIN participants is available at <https://ochin.org/member-map>. As a business associate of our organization, OCHIN supplies information technology and related services to us and other OCHIN participants utilizing Epic and other software. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operations may also include geocoding your residence location to improve the clinical benefits you receive.

HEALTH INFORMATION EXCHANGES

Our organization also participates in various Health Information Exchanges (HIEs) or similar arrangements for treatment, operations and payment purposes. For example, we participate in the Wisconsin Statewide Health Information Network (WISHIN) for Wisconsin patients. In compliance with federal and state laws, we may make your Protected Health Information (PHI) available electronically through HIEs and similar arrangements to select health care providers that may request your information for purposes of treatment; and to public health entities as permitted by law. Our organization may access your PHI from other HIE participants for treatment and healthcare operations purposes. Our participation may be able to assist in avoiding medical errors during a health emergency. For example, an emergency room physician with access to an HIE may access PHI from our organization for the purposes of providing emergency care.

Our organization also participates in immunization registries to enable your health care providers to locate needed information concerning your immunizations. For example, if you receive a vaccination for Hepatitis A at one of our clinics that information may be accessible to external health providers who also provide care for you.

HOW WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION

The following categories describe some of the different ways that we may use and disclose healthcare information without obtaining written authorization.

For Treatment. Our organization may use health information about you to provide, coordinate and manage your treatment or services internally and externally. We may disclose healthcare information about you to other doctors, pharmacists, nurses, behavioral health providers, lab technicians, case managers, patient services representatives, legal staff, medical, dental, nursing, pharmacy students, or others as needed who are involved in your care and services. For example, a laboratory or medical specialist may need to know information about you to run tests or to provide treatment, or a patient services representative or other staff may need to access your record to set-up and coordinate your appointments.

We may also provide subsequent healthcare providers with copies of various reports that may assist them in treating you. For example, your healthcare information may be provided to a physician to whom you have been referred so that the physician has important information regarding your previous treatment, diagnoses, or medications.

For payment. We may use and disclose healthcare information about your treatment and services to bill and collect payment from you, your insurance company, or a third-party payer such as Medicaid or Medicare. For example, we may need to give your insurance company information before it approves or pays for the health care services we recommend for you. The insurance company may use that information to make a determination of eligibility or when undertaking review activities. For example, obtaining approval for a medical procedure may require that your health information be disclosed to the health plan to obtain approval for the hospital admission.

For Health Care Operations. We may use or disclose, as needed, your health information in order to support our business activities. These activities may include, but are not limited to, quality assessment and improvement, financial audits, employee performance reviews, scheduling, student training, licensing and accreditation, marketing, legal advice, accounting support, healthcare records storage, transcription, complaint resolution, and other agency operations. For example, we may provide your contact information to a third-party patient evaluation organization to conduct a survey to assist us in care improvement.

Research. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all individuals who receive one medication to those who receive another. All research projects, however, are subject to a special approval process to ensure adherence to

privacy rules and those who receive this information are obligated to maintain its confidentiality under federal and state laws. Lastly, if certain criteria are met, we may disclose your health information to researchers after your death when it is necessary for research purposes.

USES AND DISCLOSURES MADE WITH YOUR CONSENT OR OPPORTUNITY TO OBJECT

Individuals Involved in Your Care or Payment for Your Care. If you do not object and the situation is not an emergency, and disclosure is not otherwise prohibited by law, privacy laws permit us to use professional judgment to disclose information to family members, relatives, close friends, or others involved in your care or helping you pay your medical bills.

Communications. We will communicate to you via all means including mailings, through electronic communications such as telephone, text, voicemail or email, or any other means regarding, but not limited to: treatment options, appointment reminders, prescriptions and medicines, information on health-related benefits or services, disease-management programs, policy changes or announcements, wellness programs; to assess your satisfaction; to remind you of appointments; as part of fund raising efforts; for population-based activities relating to training programs or reviewing competence of health care professionals; or other community based initiatives or activities in which we are participating.

If you are not interested in receiving certain communications or materials, please contact your local Health Services Administrator. Vivent Health will review all reasonable requests. However, for billing we must have an address to send bills to you. If you would prefer your bills to be mailed to an alternative address please contact your local Health Services Administrator.

USES AND DISCLOSURES MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

The following categories describe the ways our organization may use and disclose your health information without your authorization and without providing you an opportunity to object:

- When required by law, including law enforcement, court order, judicial or administrative proceedings, or other requirements
- Public health authorities, including local, state or federal agencies as required
- Health care oversight agencies authorized for audits, investigations or other proceedings
- For judicial and administrative proceedings
- Law enforcement authorities
- Government authorities involving victims of abuse, neglect or violence
- Coroners, medical examiners and funeral directors
- Organ, eye or tissue donation services
- Workers compensation agents
- Specialized government functions, such as national security, military and public safety authorities
- Averting health and safety threats to a person or the general public
- Disaster relief efforts
- Other areas as provided by law

WHEN WE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as provided in this Notice of Privacy Practices or as required or allowable by law, our organization will not use or disclose your health information without written authorization from you. If you do authorize our organization to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to recover or take back any disclosures we have already made.

YOUR HEALTH INFORMATION RIGHTS

You Have the Right to Request Restrictions on Certain Uses and Disclosures. You have the right to request a restriction or limitation on the healthcare 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 healthcare information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had. We ask that you submit these requests in writing to your local Health Services Administrator. Our organization is not required to agree in all circumstances to requested use or disclosure restrictions unless required by law. If we do agree, we will comply with your reasonable request except in certain situations such as emergency treatment, health and safety concerns, seeking payment, or other practicalities.

You Have the Right to Request Confidential Communication. You have the right to make reasonable requests that we communicate with you about healthcare matters in a certain way or at a certain location. We will agree to the request to the

extent that it is reasonable for us to do so. For example, you may ask that we use an alternative address for billing purposes or that we communicate with you through unencrypted email. We ask that you submit these requests in writing to our Health Services Administrator.

You Have the Right to Inspect and Copy Your Health Information. You have the right to inspect and receive a copy of your healthcare information. We ask that you submit these requests in writing. Usually, this includes medical and billing records, but does not include psychotherapy notes or information compiled in reasonable anticipation of, or for use, a civil, criminal, or administrative action or proceeding. Reasonable requests for access to and copies of your healthcare information must be submitted in writing to our Health Services Administrator. We may charge a reasonable fee to cover the costs of copying these records.

You have the Right to Request an Amendment to Your HealthCare Information. If you feel that healthcare information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request and reason(s) in writing to our Health Services Administrator. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

You Have the Right to an Accounting of Disclosures. You have the right to make a reasonable request for a list of certain disclosures that we have made of your health information. To request this list of disclosures, you must submit your request in writing to your local Health Services Administrator. Your request must state a time period, which may not be longer than six years from the date of the request. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve-month period will be free. For additional lists during the same twelve-month period, 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. We must comply with your reasonable request for a list within 60 days, unless you agree to a 30-day extension.

You Have the Right to be Notified of a Breach. We are required by law to notify you following a breach of unsecured protected health information within the parameters of HIPAA or other relevant privacy laws.

You Have the Right to a Paper Copy of this Notice of Privacy Practices. You have the right to a paper copy of this notice, which is also available at <http://www.ViventHealth.org/privacy-notice>. You may ask us to give you a copy of this notice at any time. To exercise any of your rights, please obtain the required form from our Health Services Administrator and submit your request in writing.

CHANGES TO THIS NOTICE

Vivent Health reserves the right to change this Notice of Privacy Practices. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. Any updated Notice will be available upon request, in our office, and on our website. The Notice will contain the effective date on the first page. In addition, if we make material changes to the Notice, we will offer you a copy of the current Notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with the Vivent Health Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint. You may also file a complaint with the Federal Department of Health and Human Services.

Vivent Health Privacy Officer
648 N. Plankinton Ave
Milwaukee, WI 53203

U.S. Department of Health and Human Services
Office of Civil Rights, Region V
233 N. Michigan Ave, Suite 240
Chicago, IL 60601
1-866-627-7748

AVAILABILITY OF THIS NOTICE

Our organization provides this Notice of Privacy Practices to all patients. This Explanation is posted in all organization patient care locations and on the agency website at <http://www.ViventHealth.org/privacy-notice>.