

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 May 2026

Vivent Health 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 health information privacy rights. Vivent Health, and all facilities and affiliates it operates, is committed to keeping your personal health information confidential and we will follow the privacy practices described in this notice. Vivent Health believes that protecting your privacy is one of our most important responsibilities.

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 services you receive including medical, dental, mental health, substance use disorder, and pharmacy. It is important that you carefully review the information we are providing to you. If you have any questions or if you prefer that Vivent Health does not use or disclose your personal health information in the manner that we describe, please contact the Practice Manager for your location:

COLORADO 5250 Leetsdale Drive Suite 300 Denver, Colorado 80246 303-393-8050	ILLINOIS 5537 N Broadway Chicago, IL 60640 773-989-9400	MICHIGAN 64 Victor Street Highland Park, MI 48203 313-446-9800
MISSOURI-KANSAS CITY 4309 E 50 th Terrace Suite 100 & 200 Kansas City, MO 64130 816-561-8784	MISSOURI-ST. LOUIS 2653 Locust Street St. Louis, Missouri 63103 855-751-8879	TEXAS 104 E. Highland Mall Blvd Suite 100 Austin, Texas 78752 512-458-2437
WISCONSIN 1311 N 6 th Street Milwaukee, Wisconsin 53212 414-273-1991		

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. This record may contain your symptoms, examinations and test results, diagnoses, and details on current or future care or treatment. This information, 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
- Source of information for public health officials charged with improving public health
- 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 and understand your health history
- Better understand who 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 OCHIN for electronic health record and other purposes. A current list of OCHIN participants is available at <https://ochin.org/network/members/>. 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

Vivent Health participates in various Health Information Exchanges (HIEs) or similar arrangements for treatment, operations, and payment purposes. For example, Vivent Health participates in WISHIN in Wisconsin, Contexture in Colorado, and Care Everywhere for all 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 for treatment purposes and to public health entities as permitted by law. Vivent Health may access your PHI from other HIE participants, such as hospitals, 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 Vivent Health to provide emergency care. If you want to opt out of HIEs, please contact your location's Practice Manager or Health Service Administrator.

Vivent Health 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 a Vivent Health clinic that information may be accessible to external health providers who also provide care for you.

HOW VIVENT HEALTH MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION WITHOUT CONSENT

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

For Treatment. Vivent Health may use health information about you to provide, coordinate, and manage your treatment or services internally and externally. Vivent Health may disclose healthcare information about you to other doctors, pharmacists, nurses, behavioral health providers, lab technicians, case managers, patient services representatives, legal staff, interns, residents, or others as needed who are involved in your care and services. For example, a laboratory or medical specialist may need 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.

Vivent Health may also provide external healthcare providers with medical records 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. Vivent Health 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, Vivent Health 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. Vivent Health may use or disclose your health information to support our business activities. These activities may include, but are not limited to, quality assessment, improving health, financial audits, employee performance reviews, scheduling, student training, licensing and accreditation, legal advice, accounting support, records storage, care coordination and case management, transcription, complaint resolution, investigations, grant reporting, and other agency operations. For example, Vivent Health may evaluate health information of the patient population to enhance treatment and clinical outcomes. Vivent Health may use third party service providers to assist us in collecting, analyzing, and maintaining protected health information. However, Vivent Health requires such service providers to maintain the confidentiality of such information.

Research. Under certain circumstances, Vivent Health 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, Vivent Health 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. By providing Vivent Health with your phone, cell, email, or mailing address, Vivent Health will communicate to you via all means including mailings, through electronic communications such as telephone, text, voicemail or email, MyChart, 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 fundraising 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, please contact your local Practice Manager. Vivent Health will review all reasonable requests. However, for billing, Vivent Health 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 Practice Manager.

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 VIVENT HEALTH 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, Vivent Health will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though Vivent 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 Vivent Health uses or discloses 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 Vivent Health not use or disclose information about a procedure that you had. Vivent Health asks that you submit these requests in writing to your local Practice Manager. Vivent Health is not required to agree in all circumstances to requested use or disclosure restrictions unless required by law. Vivent Health comply with reasonable requests 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 Vivent Health will communicate with you about healthcare matters in a certain way or at a certain location. Vivent Health will agree

to the request to the extent that it is reasonable for us to do so. For example, you may ask that Vivent Health use an alternative address for billing purposes or that Vivent Health communicate with you through unencrypted email. Vivent Health asks that you submit these requests in writing to the local Practice Manager.

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. Vivent Health asks 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 the local Practice Manager. Vivent Health 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 Vivent Health has about you is incorrect or incomplete, you may ask us to amend the information by submitting a request and reason(s) in writing to your local Practice Manager. You have the right to request an amendment for as long as Vivent Health keeps the information. Vivent Health 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 of your health information as allowed by law. To request this list of disclosures, you must submit your request in writing to your local Practice Manager. 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, Vivent Health may charge you for the costs of providing the list. Vivent Health 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. Vivent Health 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. Vivent Health is 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 or Electronic Copy of this Notice of Privacy Practices. You have the right to a paper copy of this notice, which is also available at <https://www.viventhealth.org/notice-of-privacy-practice>. 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 Practice Manager and submit your request in writing.

CHANGES TO THIS NOTICE

Vivent Health reserves the right to change this Notice of Privacy Practices. Vivent Health reserves 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 Vivent Health makes material changes to the Notice, Vivent Health will offer you a copy of the current Notice in effect.

ADDITIONAL PROTECTIONS FOR CERTAIN SUBSTANCE USE DISORDER TREATMENT RECORDS (42 CFR PART 2)

Some records related to substance use disorder (SUD) diagnosis, treatment, or referral may be protected by a federal law known as 42 CFR Part 2. These additional protections apply only to records created or maintained by a substance use disorder treatment program as defined by law. Not all SUD-related information is protected by Part 2.

When Part 2 applies:

- We generally may not use or disclose those records without your written consent, except as permitted or required by law.
- You may revoke your consent at any time in writing, except to the extent we have already relied on it.
- Recipients are generally prohibited from redisclosing Part 2–protected information unless further disclosure is permitted by law.
- Federal law prohibits the use of Part 2–protected information to investigate or prosecute you in a criminal, civil, administrative, or legislative proceedings without your consent or a court order, and prohibits discrimination based on such information.

When both HIPAA and 42 CFR Part 2 apply, the law providing greater privacy protection will control.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with your local Practice Manager. 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.

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 <https://www.viventhealth.org/notice-of-privacy-practice>.