



NOTICE OF PRIVACY PRACTICES

Effective Date: April 24, 2021

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 THIS NOTICE

We understand that information about your health, health care and payment for health care is personal and confidential, and we are committed to safeguarding that information. Further, your health information is protected by state and federal laws and regulations. This notice will tell you about the ways in which we may use and disclose your protected health information ("PHI"). We also describe your rights and certain obligations we have regarding the use and disclosure of your protected health information.

This notice applies to Be Well and Flourish, its employees and other personnel, trainees, volunteers who we allow to help you while you are at Be Well and Flourish, clinically integrated health care professionals, and other participants in our organized health care arrangements. This notice applies only to your PHI created while you are a patient at Be Well and Flourish. All entities, sites, and locations follow the terms of this notice.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Be Well and Flourish, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your PHI for treatment, payment or health care

operations. You also have the right to request restrictions on certain disclosures to persons, such as family members involved with your care or the payment for your care. However, we are not required to agree to these requests. We are required to agree to your request only if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), and 2) your information pertains solely to health care items and services for which you or someone on your behalf have paid in full. For other requests, we are not required to agree. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We will attempt to notify you if we are unable to grant your request;

- Obtain a copy of this Notice of Privacy Practices upon request. You may request a paper copy of this notice, in person, or through any of the Be Well and Flourish websites.
- Inspect and request a copy of your PHI in electronic format or hardcopy as provided by law. You may also access health information in your medical record through a portal by creating an account and providing an email address. We will respond to your request in a timely manner. We may charge a reasonable fee for labor and supplies;
- Request that we amend your PHI as provided by law. We will attempt to notify you if we are unable to grant your request;
- Obtain an accounting of certain disclosures of your PHI as provided by law;
- Request communications of your PHI by alternative means or at alternative locations. We will accommodate reasonable requests; and
- Revoke your authorization to use or disclose your PHI 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 Be Well and Flourish.

OUR RESPONSIBILITIES

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your PHI;
- Provide you with notification if we discover a breach of unsecured PHI unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised;
- Obtain your written authorization before we may use or disclose your psychotherapy notes, except for: use by the originator of the psychotherapy notes for treatment; or use or disclosure by Be Well and Flourish to defend itself in a legal action or other proceeding brought by the individual;
- Provide you with a notice as to our legal duties and privacy practices with respect to PHI we maintain about you;
- Abide by the terms of Be Well and Flourish Notice of Privacy Practices currently in effect;
- We reserve the right to change our practices and to make changes effective for all PHI we maintain, including information created or received before the change. Should our privacy practices change, we are not required to notify you, but we may post the revised notice at each facility, and you may request copies of the revised notice in person at Be Well and Flourish.

HOW WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Generally, we may not use or disclose your PHI without your written authorization. However, in certain circumstances, we are permitted to use your PHI without authorization. The following categories describe different ways that we may use and disclose your PHI without your written authorization. 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 of the ways we are permitted to use and disclose your PHI without your written authorization should fall within one of these categories.

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT

In order to enhance your treatment while in our care, and better coordinate your health care and related services after discharge, we may provide your PHI (including summaries of your care, prescriptions, lab work and x-rays) to your health care providers. These providers may include physicians, nurses, technicians, medical students or other medical personnel who are involved with your care. In some cases the sharing of your PHI with other health care

providers and hospitals may be done electronically through an electronic health information exchange (“HIE”) operated by BeWellandFlourish or a business associate. By using electronic means, we may be able to make your PHI available to those who care for you in a more timely and effective manner, and thus help to improve the coordination of your care. Contact the Corporate Privacy Officer at (615) 727-9911 with any questions or concerns.

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR PAYMENT

For example, we may share information with someone involved in paying for your care and send a bill 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.

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR HEALTH CARE OPERATIONS

For example, we may use your PHI to assess the care and outcome in your case and others like it. This information may then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide. We may otherwise use your PHI, as needed, to facilitate the operation of our facility. Further, Be Well and Flourish and health care professionals with staff privileges may share medical information with each other and with participants in our organized health care arrangements) for treatment, payment or health care operations.

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION AS OTHERWISE ALLOWED BY LAW

The following categories describe different ways that we may use and disclose your PHI for other than treatment, payment or health care operations without your written authorization. Under certain circumstances, we have noted when your authorization is required. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information for other than treatment, payment or health care operations without your written authorization should fall within one of these categories, with noted exceptions:

Business Associates: We provide some services through business associates. Examples include certain laboratory tests and copy services. To protect your information, however, we require business associates to take appropriate measures to safeguard your PHI.

Involvement in Care or Notification: We may use or disclose relevant information to family members or others who you have involved in your care or to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location, general condition or death. **Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Funeral Directors, Coroners and Medical Examiners: We may disclose your PHI to funeral directors, coroners and medical examiners consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs and tissue for the purpose of organ and tissue donation and transplant.

Contacting You About Appointments, Insurance and Other Matters: We may contact you by mail, phone, fax or email about appointments, registration questions, insurance updates, billing or payment matters, test results, to follow up about care received, about treatment alternatives, and health related benefits that may be of interest to you. We may leave voice messages at the telephone number you give to us. We may communicate to you via newsletters, mail outs or other means regarding health related information, disease-management programs, wellness programs, or other community based initiatives or activities our facility is participating in.

Marketing and Sale of PHI: We may communicate with you face-to-face regarding goods and services that may be of interest to you and may provide you with promotional gifts of nominal value. With very limited exceptions, we must obtain your written authorization before we may use or disclose your PHI for marketing purposes or when selling your PHI.

Fund Raising: We may communicate with you as part of our fund raising activities, but you have the right to opt out of receiving such communications. **Food and Drug Administration (FDA):** We may disclose to the FDA PHI relative 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.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system; government benefits programs and compliance with civil rights laws.

Workers' Compensation: We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public Health, Disaster Relief and Immunization Records: Consistent with applicable law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability, disaster relief agencies, or with parental or guardian agreement, immunization records to schools.

Abuse, Neglect or Domestic Violence: Consistent with applicable law, we may disclose your PHI to a governmental authority authorized by law to receive reports of abuse, neglect or domestic violence.

Judicial, Administrative, Crime Victim and Law Enforcement Purposes: Consistent with applicable law, we may disclose your PHI for judicial, administrative and law enforcement purposes. This may include, for example, certain subpoenas and court orders disclosures to avert a serious threat to you or a third party's health or safety as well as victims of crime or criminal conduct at Saint Thomas Medical Partners. This includes disclosing PHI to respond to lawsuits or legal action.

To Avert a Serious Threat to Health or Safety: Consistent with applicable law, we may use and disclose your PHI when we believe it is necessary to prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat or to law enforcement authorities in particular circumstances.

National Security and Intelligence Activities: We may release your PHI to authorized federal officials for lawful intelligence, counterintelligence and other national security activities authorized by law. We may release your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or for the conduct of special investigations to the extent permitted by law.

Custodial Situations: If you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain representations to us, we may disclose your PHI to a correctional institution or law enforcement official in certain circumstances.

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

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you believe your privacy rights have been violated, you can file a written complaint with the Corporate Privacy Officer at (615) 727-9911 (580 Franklin Rd Suite 200, Franklin, TN 37069) or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. You will not be asked to waive your right to file a complaint as a condition of treatment, payment, enrollment in a health plan, or eligibility for benefits.