

HIPAA NOTICE OF PRIVACY PRACTICES
Effective 02/16/2026



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.**

Triad Health Systems, Inc. (THS) and its employees are dedicated to maintaining the privacy of your Protected Health Information (PHI) and Personally Identifiable Information (PII), which is information that identified you and relates to your medical or behavioral health conditions which included physical, mental and/or substance use disorder. Federal law and regulations requires us to provide you with this Notice of Privacy Practices, to inform you of your rights and our obligations concerning PHI/PII, to protect the privacy of you PHI/PII, to notify you of a breach of your records and to follow the privacy practices described below while this Notice is in effect. This Notice also explains how federal privacy protections for substance use disorder (SUD) records under 42 CFR Part 2 apply to you.

THS reserves the right to change this Notice at any time in accordance with applicable law. We reserve the right to make the revised or changed Notice effective for your PHI/PII we already have as well as any of your PHI/PII we receive in the future. THS will distribute this Notice whenever there is a material change to the uses or disclosures, your rights, our legal duties, or other privacy practices stated in the Notice. We will post a copy of the current Notice in all offices, on the website and you may request a copy at any time.

A. Permitted Uses and Disclosures of PHI/PII: We may use or disclose your PHI/PII without permission or authorization for the following:

- 1. Treatment:** We may use or disclose your PHI/PII to a physician or other health care provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits. For example, we may disclose medical information about you to another physician who is involved with the administration of your overall health condition.
- 2. Payment:** We may disclose your PHI/PII to bill and collect payment for the services we provide to you. For example:
 - We may send a bill to a third-party payor for the rendering of services by us with may contain information that identifies you, your diagnosis(es), procedure(s) or supplies used.
 - We may also disclose PHI/PII to insurance companies to establish insurance eligibility benefits for you.
 - We may also provide your PHI/PII to our business associates for payment activities that may include processing claims or coverage of claims and reviewing services for medical necessity.
- 3. Health Care Operations:** We may disclose your PHI/PII in connection with our health care operations. Health care operations include quality assessment activities, reviewing the competence or qualifications of health care professionals, evaluating provider performance, training health care and non-health care professionals, and other business operations. For example, we may use your PHI/PII to evaluate the performance of the health care services you received. We may also provide your PHI/PII to accountants, attorneys, consultants and others to make sure we comply with the laws that govern us and for federal funding.
- 4. Emergency Treatment:** We may disclose your PHI/PII if you require emergency treatment or are unable to communicate with us. We will use professional judgement and experience to determine if the disclosure is in your best interest and only disclose the PHI/PII that is directly relevant to the person's involvement in your care.
- 5. Personal Representative:** We may disclose your PHI/PII to a person legally authorized to act on your behalf, such as a parent, legal guardian, administrator or executor of your estate, or other individual authorized under applicable law.
- 6. Family and Friends:** We may disclose your PHI/PII to a family member, friend or any other person as directed by you or who you identify as being involved with your care or payment for care, unless you object.
- 7. Required by Law:** We may disclose your PHI/PII for law enforcement purposes and as required by state or federal law. For example, the law may require us to report instances of abuse, neglect or domestic violence, to report certain injuries such as gunshot wounds.
 - **Victims of Abuse and Neglect:** We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence. We will inform you and/or your representative if we disclose your PHI/PII because we believe you are a victim of abuse, neglect or domestic violence, unless we determine that informing you and/or your representative would place you at risk.
 - **Law Enforcement:** We may disclose your relevant PHI/PII to law enforcement if a crime is committed, or threatened to commit a crime, in our facilities or against our personnel.
 - **Judicial and Administrative Proceedings:** We may disclose your PHI/PII in response to an administrative proceeding or court order. We may also be required to disclose your PHI/PII to respond to a subpoena, discovery request, or other similar requests.

- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI/PII to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.
8. **Serious Threat to Health or Safety:** We may disclose your PHI/PII if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
 9. **Public Health:** We may disclose your PHI/PII to public health or other authorities charged with preventing or controlling disease, injury or disability, or charged with collecting public health data.
 10. **Health Oversight Activities:** We may disclose your PHI/PII to a health oversight agency for activities authorized by law. These activities include audits; civil, administrative or criminal investigations or proceedings; inspections; licensure or disciplinary actions; or other activities **necessary for oversight of the health care systems**, government programs and compliance with civil rights laws.
 11. **Research:** Under certain circumstances, we may disclose your PHI/PII for certain research purposes when approved, but only if we have protections and protocols in place to ensure the privacy and protection of your PHI/PII.
 12. **Workers' Compensation:** We may disclose your PHI/PII to comply with laws relating to workers' compensation or other similar programs established by law, which provide benefits for work – related injuries or illness without regard to fault.
 13. **Specialized Government Activities:** If you are active military, we may disclose your PHI/PII as required by military command authorities. We may also be required to disclose PHI/PII to authorized federal officials for national security concerns and intelligence activities. The Department of State for medical suitability determinations, the protection of the President and/or authorized person as may be required by law.
 14. **Organ, Eye and Tissue Donation:** If you are an organ donor or have not indicated that you do not wish to be a donor, we may disclose your PHI/PII to organ procurement organizations to facilitate organ, eye or tissue donation and transplantation.
 15. **Coroners, Medical Examiners, Funeral Directors:** We may disclose your PHI/PII to coroners or medical examiners for the purposes of identifying a deceased person or determining the cause of death, and disclose your PHI/PII to funeral directors as necessary to carry out their duties.
 16. **Disaster Relief:** Unless you object, we may disclose your PHI/PII to a governmental agency or private entity (such as FEMA or Red Cross) assisting with disaster relief efforts.
 17. **Direct Contact with You:** We may use your PHI/PII to contact you to remind you of an appointment of treatment for medical care/referrals made/behavioral health services, or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you such as how to stop smoking or lose weight.

B. Substance Use Disorder (SUD) Records:

Federal regulation (42 CFR Part 2) protects the confidentiality of substance use disorder information (SUD), and these protections are now more consistent with HIPAA. Certain SUD records are subject to additional confidentiality protections under federal law, uses and disclosure of SUD information may be subject to stricter limitations than other PHI/PII, and you have specific rights related to the protection of your SUD information, as highlighted below:

1. Substance abuse disorder counseling notes have enhanced confidentiality similar to psychotherapy notes under HIPAA and generally require specific patient authorization for disclosure.
2. Unlike most PHI/PII, the use or disclosure of SUD records for treatment, payment and/or health care operations generally also require the patient's written consent.
3. We will not use or disclose your SUD records in any civil, criminal, administrative, or legislative proceeding against you unless:
 - We receive your written consent, or
 - We receive a Part 2 compliant court order, and you've been made aware of the request and given a chance to be heard. The court order authorizing such use or disclosure must include a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

In all situations, we will follow our privacy practices regarding the disclosure of substance abuse disorder information in compliance with 42 CFR Part 2 and as set forth herein.

C. Disclosures Requiring Written Authorization: We may NOT disclose your PHI/PII without written authorization for the following:

1. **Not Otherwise Permitted:** In any other situation not described in Sections A or B above, we may not disclose your PHI/PII without your written authorization.
2. **Psychotherapy Notes:** We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or healthcare operation functions.

3. **Marketing:** We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts or nominal value.
4. **Sale of PHI:** We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.
5. **In Case of Fundraising:** We may contact you for fundraising efforts, but you can tell us at any time not to contact you for this purpose.
6. **When Required by Law:** We will obtain your authorization before releasing certain classes of protected health information, such as substance use, sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records and/AIDS information.

You have the right to revoke your authorization in writing at any time except to the extent that we have already used or disclosed your PHI based on that initial authorization. You may withdraw your authorization in writing by submitting your written withdrawal to THS's HIPAA Privacy Officer at the address listed at the end of this Notice.

D. YOUR INDIVIDUAL RIGHTS:

1. **Right to Receive Paper Copy of This Notice:** You have the right to receive a paper copy of this Notice upon request.
 2. **Right to Access and Receive a Copy of Your PHI/PII:** You have the right to inspect and copy your PHI/PII for as long as we maintain your medical record. You must make a written request for access to the HIPAA Privacy Officer at the address listed at the end of this Notice. We may charge you a reasonable fee for the processing of your request and the copying of your medical record pursuant to state law. In certain circumstances, we may deny your request to access your PHI/PII, and you may request that we reconsider our denial. Depending on the denial, another licensed health care professional chosen by us may review your request and the denial.
 3. **Right to Request Restrictions:** You have the right to request a restriction on the use or disclosure of our PHI/PII for the purpose of treatment, payment or health care operations, except for in the case of an emergency. You also have the right to request a restriction on the information we disclose to a family member or friend who is involved with our care or the payment of your care. However, we are not legally required to agree to such a restriction.
 4. **Right to Restrict Disclosure for Services Paid by You in Full:** You have the right to restrict the disclosure of your PHI/PII to a health plan if the PHI/PII pertains to health care services for which you paid in full directly to us.
 5. **Right to Request Amendment:** You have the right to request that we amend your PHI/PII if you believe it is incorrect or incomplete, for as long as we maintain your medical record. We may deny your request to amend if: a) we did not create the PHI/PII, b) is not information that we maintain, c) is not information that you are permitted to inspect or copy (such as psychotherapy notes), or d) we determine that the PHI/PII is accurate and complete.
 6. **Right to an Accounting of Disclosure:** You have the right to request an accounting of disclosure of PHI/PII made by us (other than those made for treatment, payment or health care operations purposes) during the six (6) years for the accounting, to the HIPAA Privacy Officer at the address listed at the end of this Notice.
 7. **Right to Confidential Communications:** You have the right to request that we communicate with you about your PHI/PII by certain means or at certain locations. For example, you may specify that we call you only at your home phone number, and not at your work number. You must make a written request, specifying how and where we may contact you, to the HIPAA Privacy Officer at the address listed at the end of this Notice.
 8. **Right to Notice of Breach:** You have the right to be notified if we or one of our business associates become aware of a breach of your unsecured PHI/PII.
 9. **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 health information (a copy of the legal document for power of attorney, legal guardianship, etc. must be in your patient record). We will make sure the person has this authority and can act for you before we take any action.
- E. **Potential for Rediscovery:** Information disclosed pursuant to applicable law, and this Notice may be subject to rediscovery by the recipient of the information and no longer protected by the Privacy Rule.
- F. **Acknowledgment of Receipt of Notice:** We will ask you to sign an acknowledgment that you received this Notice.
- G. **Contact Person and Right to File a Complaint:** If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing at the address below or by phone using the contact information below. Additionally, you may contact us using the contact information below if you have any questions regarding this Notice.

Triad Health Systems, Inc.
Attention: HIPAA Privacy Officer
441 Hwy 42W, Warsaw, KY 41095
Office Phone: (859) 567-1591

You may also complain to the US Department of Health and Human Services Office for Civil Rights (OCR) if you believe your privacy rights have been violated by our office. We will not retaliate in any way if you choose to file a complaint with us or with the OCR.

Complaints to OCR may be made electronically via the OCR Complaint Portal; using the OCR Complaint Form by mail, fax, or e-mail; or by phone, using the following contact information:

U.S. Department of Health and Human Services
Office for Civil Rights
Centralized Case Management Operations
200 Independence Avenue, S.W.
Room 515F HHH Bldg.
Washington, D.C. 20201

Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Complaint From: <https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/complaints/hipcomplaintform.pdf>
Email: OCRComplaint@hhs.gov
Voice Phone: (800) 368-1019 **Fax:** (202) 619-3818 **TDD:** (800) 537-7697

RECEIPT OF NOTICE OF PRIVACY PRACTICES Acknowledgement

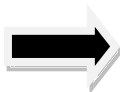
Patient Name:

SSN or Patient ID#:

DOB:

I have received and been offered the opportunity to review a copy of Triad Health Systems, Inc. (THS) Notice of Privacy Practices detailing how my information may be used and disclosed as permitted under Federal and State Law and Regulations. I understand that I may request a paper or electronic copy of the Notice of Privacy Practices at any time.

SIGNATURE REQUIRED: I have been provided a copy of the Triad Health System’s Inc. **Notice of Privacy Practices.** The patient or patient’s legal guardian have read and understand the notice. I have been given the opportunity to ask any questions that I may have.



Client/Legal Guardian Signature:

Date: