

# Summary of the Notice of Privacy Practices

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.

## Our Promise

It is the policy of the health plans that McLeod Health maintains (the “Health Plans”) to protect the privacy and integrity of covered persons’ protected health information. All of the people who work with the Health Plans must follow the rules found in the Notice of Privacy Practices.

## Your Privacy Rights

You have certain privacy rights under the law. With respect to your protected health information, you can:

- review and ask for a paper or electronic copy of the health information in your Health Plan records (a fee may apply);
- ask that information be amended if you feel there is an error;
- ask to know to whom your health information was disclosed by the Health Plans;
- ask that certain people not be allowed to see your health information;
- ask that we get in touch with you about your health information in a different manner than we normally do;
- ask for a paper copy of the Notice of Privacy Practices at any time;
- change your mind on allowing us to use or give out your health information after you have given your permission; and
- to be notified if your unsecured protected health information is lost; stolen; or used or disclosed by an unauthorized person.

The Health Plans do have the right to deny a request and will try to work with you so that your needs can be met.

## Uses and Disclosures of Your Medical Information

The Health Plans use your health information to pay your health claims and conduct health care operations, including administrative functions. The Health Plans also may disclose your health information for treatment purposes. Under some circumstances, the Health Plans may be required to use or disclose the information even without your approval:

- for treatment purposes, including for example, to enable your physicians to manage your health care with the Health Plans or to refer you to another provider for care.
- for payment purposes, including, for example, to make coverage determinations, administer claims and coordinate benefits with other coverage you may have;
- to conduct quality assessment and improvement activities;
- to review the competence or qualification of health care professionals, evaluate practitioner

performance, conduct training programs for students, trainees, practitioners or non-health care professionals;

- to conduct accreditation, certification, licensing or credentialing activities;
- to conduct activities related to the creation, renewal, or replacement of a contract of health insurance or benefits;
- to conduct or arrange for medical review, legal services, and auditing functions;
- to provide for business planning and development;
- to provide for business management and administration.
- as required by Law and to provide the required notices as part of the Data Breach Notification Process;
- to a Business Associate who helps us provide services to you. They are required to protect your health information;
- to prevent something that might harm someone's health and safety;
- for special situations involving health oversight duties, inmates, lawsuits, law enforcement, coroners, medical examiners, funeral directors, minors, the military and veterans, national security, intelligence activities, organ and tissue donation, public health, workers' compensation, victims of abuse, neglect or domestic violence and the Food and Drug Administration; and
- to certain employees of your Employer who are responsible for carrying out the Plan Sponsor's responsibilities to administer payment and health care operations activities, and the information may not be used for any other purpose. The documents governing the Health Plans identify by position the employees who have this access; and
- to the Plan Sponsor information about whether or not you are enrolled in the Health Plans and summary health information for purposes of obtaining premium bids from other health plans or insurers or modifying, amending or terminating its plan.

Other than listed above, your health information will not be used or given to anyone for any other reason unless you consent. This is especially true for certain uses and disclosures of psychotherapy notes, for marketing purposes or for disclosures that can be the sale of your protected health information.

### *Special Protections for Substance Use Disorder Treatment Records* *(42 C.F.R. Part 2)*

Certain health information the Health Plans receive or maintain about you may be subject to additional, special federal confidentiality protections under 42 C.F.R. Part 2 ("Part 2"). Part 2 applies to records of substance use disorder diagnosis, treatment, or referral for treatment ("SUD Records") that the Health Plans receive from federally assisted substance use disorder treatment programs, or testimony relaying the content of such records.

Except in limited circumstances, SUD Records cannot be used or disclosed without prior written consent. Once SUD Records are disclosed, the SUD Records may be subject to redisclosure in accordance with the HIPAA regulations.

SUD Records will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you, unless you provide specific written consent that meets the requirements of Part 2, or a court order authorizing the use or disclosure is issued after notice and an opportunity to be heard is provided to you or to the holder of the records. Any court order authorizing the use or disclosure of records subject to Part 2 must be accompanied by a subpoena or other lawful process compelling disclosure before the requested records may be used or disclosed.

## *Complaints*

If you are concerned that the Health Plans have violated your privacy rights, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

## *Contact Person*

If you have any questions, requests, or complaints, please contact the McLeod Health HIPAA Privacy Administrator at 843-777-9652.

## *Notice Date:*

This Notice is updated as of February 16, 2026.

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