



Notice of Privacy Practices

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This Notice applies to the medical facilities owned by Vandalia Health, Inc.** that are listed on the following website: <https://www.vandaliahealth.org/npp-locations>. When this Notice refers to “we” or “us” it means the medical facilities listed on the website including primary hospital locations, off-site departments and clinics, as well as employees, health care professionals and other authorized workforce members at these locations.

We understand that your medical information is personal, and we are committed to protecting it.

OUR RESPONSIBILITIES

The law requires that we:

- Make sure that medical information that identifies you is kept private;
- Inform you of our legal duties and privacy practices with respect to your medical information;
- Follow the terms of this Notice and give you a copy of it upon request; and
- Notify you if your medical information is affected by a breach.

OUR USES AND DISCLOSURES

We may use your medical information or share it with others for purposes of treatment, payment and health care operations:

- **Treatment.** We can use your health information and share it with other professionals who are treating you, including doctors, interns, nurses, technicians, volunteers, students and others involved in your care. We may use your medical information to contact you to provide appointment reminders. We may disclose medical information about you to people outside the facility who may be involved in your medical care after you leave the facility, such as family members, home health agencies, and others who provide services that are part of your care.
- **Payment.** We can use and share your health information to bill and receive payment from health plans or other entities. Please note, we will comply with your request not to disclose your health information to your insurance company if the information relates solely to a healthcare item or service for which you have paid out of pocket and in full to us.
- **Health Care Operations.** We can use and share your health information in furtherance of our day-to-day operations and to monitor and improve the quality of care our patients receive. We may share your health information with outside companies that perform services for us such as accreditation, legal, computer or auditing services. These outside companies are called “Business Associates” and are required by federal privacy law to keep your medical information confidential.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. These are described below.

- **Research.** In certain limited circumstances, as strictly defined by applicable laws, your medical information may be used and disclosed for research purposes or other similar types of evaluation. For example, if all information that could reasonably identify you has been removed, your medical information may be used for research and case studies without your authorization.

- **Lawsuits and Disputes.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **Law Enforcement.** Your medical information may be released to law enforcement as authorized or required by law. For example, we may release your information:

1. In response to a court order, subpoena, warrant, summons or similar process;
2. To identify or locate a suspect, fugitive, material witness, or missing person, although we will only disclose limited information;
3. If you are the victim of a crime under certain limited circumstances; and
4. If you are an inmate of a correctional institution or under the custody of a law enforcement official and the institution or official represents that the information is necessary to provide healthcare to you, to protect your health or safety or the health or safety of others, or to maintain the safety and security of the correctional institution.

- **Organ and Tissue Donation.** We can share health information about you with organ procurement organizations, as required by law.

- **Government Requests and Requirements.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law. We can use or share health information about you with health oversight agencies for activities authorized by law and for special government functions such as military, national security, and presidential protective services.

- **Workers’ Compensation.** We may use or share health information about you for workers’ compensation claims.

- **Public Health and Safety Purposes.** We may release your medical information for public health activities, such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, or preventing or reducing a serious threat to anyone’s health or safety.

- **Coroners, Medical Examiners, and Funeral Directors.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

- **Other Uses and Disclosures.** We will request your written permission to use or disclose your medical information for a purpose not addressed in this Notice. If you give your permission, you may revoke (take back) that permission at any time, unless we have already relied on your permission to use or disclose the information. If you want to revoke your permission, please notify the Privacy Office listed at the end of the Notice.

INFORMATION SUBJECT TO SPECIAL PROTECTION

Some of our services are subject to federal confidentiality protections for substance use disorder (“SUD”) treatment under 42 CFR Part 2. In most cases, we cannot disclose any SUD treatment records without your written consent. Additionally, federal law provides special protection to SUD counseling notes and psychotherapy notes. These notes are the personal notes of a mental health professional about a private or group counseling session. Under federal law, you generally do not have a right to receive a copy of SUD counseling notes or psychotherapy notes, and we will not use and disclose them without your written consent, except where permitted or required by law. In

addition, other types of information may have special protection under federal or state law, such as HIV/AIDS and other communicable disease information, genetic information, mental health information, or information about developmental disabilities. We may be required to get your written permission before disclosing these types of information to others.

YOUR CHOICES

For certain health information, you can tell us your choices about what we can share.

- **Facility Directory Information.** If we use a patient directory, we will ask you if you would like to participate in the patient directory. Only limited information including your room number and general condition, e.g., good, fair, poor, will be disclosed to those who ask for you by name. If you provide a religious affiliation, it may be provided to members of the clergy unless you object.
- **Participation in Health Information Exchanges.** We participate in one or more health information exchanges (HIEs), and we electronically share your health information for treatment, payment and permitted healthcare operations purposes with other participants in the HIE. The HIEs are subject to privacy and security requirements. You may “opt-out” of HIE participation by notifying the Privacy Office listed at the end of this Notice.
- **Marketing.** We may disclose limited information about you to our marketing department to provide you with information describing services we offer. If you do not want to be contacted, please contact the Privacy Office listed at the end of this Notice.
- **Fundraising.** We may disclose limited information about you to our fundraising affiliates so that you may be contacted in regard to various fundraising activities to support our facilities. If you do not want to be contacted, please contact the Privacy Office listed at the end of this Notice.
- **Individuals Involved in Your Care.** Unless you tell us not to, we may share your medical information with a family member, guardian or other individuals involved in your care, or who help pay for your care.

YOUR RIGHTS

You have the following rights regarding your medical information:

****Note: All requests must be submitted in writing to the Privacy Office listed at the end of this Notice****

- **Right to Request Access to Your Medical Information.** With certain exceptions, you have the right to see and get a copy of your medical information that may be used to make decisions about your care. We may deny your request in certain circumstances, for example if access to the information would be harmful to you or someone else, or the law does not allow you to have access to the information. If that happens, you can ask us to have the denial reviewed. Unless the denial is based upon a law that does not allow you access to the record, we will arrange to have the denial reviewed by a health care professional who did not participate in the original decision. If you request a paper copy of your information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. If you request to receive your records in electronic format, we will make every effort to provide them in your requested format. There is no fee to see your medical information.

- **Right to Ask Us to Correct Your Medical Information.** You can ask us to correct health information if you feel that the medical information we have about you is incorrect or incomplete. To request an amendment, you must submit a written request. We may say “no” to your request, but we will tell you why within 60 days.

- **Right to a List of Disclosures.** You have the right to request a list of the disclosures we made of your medical information for purposes other than treatment, payment and health care operations. The first list you request will be free. For additional lists that you request within a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost in advance so that you can choose whether to get the list.

- **Right to Request Restrictions on How Your Medical Information is Used or Disclosed.** You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

- **Right to Request Confidential Communication.** You have the right to request that we communicate with you in a certain way or at a certain location that you think will be more confidential. For example: you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests.

- **Right to Be Notified of Breach.** We will notify you if we discover a breach of your unsecured protected health information.

- **Right to a Paper Copy of This Notice.** You have the right to a copy of this Notice. You may ask us to give you a copy at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

ADDITIONAL INFORMATION CONCERNING THIS NOTICE

- **Changes To This Notice.** We can change the terms of this Notice, and the changes will apply to all information we have about you and to any information we receive in the future. The new Notice will be posted at our facilities, on our website, and will be made available to you when you have register for services or are admitted at our facilities.

- **Complaints.** You will not be penalized for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Office listed below and/or with the Secretary of the Department of Health and Human Services.

**Contact Information for Privacy Office:
1-304-388-1187.**

Vandalia Health Privacy Office
130-138 57th Street
Charleston, WV 25304

EFFECTIVE DATE: December 1, 2025

ATTENTION:

This provider complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Copies of this Notice are available in other languages upon request.

****Vandalia Health Inc. is not a health care provider.****