

NOTICE OF PRIVACY PRACTICES

OF

Montgomery County Memorial Hospital + Clinics

**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.**

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties, privacy practices and your rights with respect to your medical information. Your medical information includes your individually identifiable medical, insurance, demographic and medical payment information. For example, it includes information about your diagnosis, medications, insurance status and policy number, medical claims history, address, and social security number.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the Privacy Practices of Montgomery County Memorial Hospital + Clinics

Montgomery County Memorial Hospital + Clinics, MCMH owned Medical Clinics and Rural Health Clinics (including off-site clinics), and independent providers who share health information that is generated from your inpatient, outpatient, or medical clinic visits. Providers include local physicians, hospitalists, physician assistants, nurse practitioners, and other healthcare professionals of staff involved in your treatment.

This notice does not cover the privacy practices of any independent providers or healthcare professionals while at their private offices.

USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION

The following are the types of uses and disclosures we may make of your medical information without your permission. Where State or federal law restricts one of the described uses or disclosures, we follow the requirements of such State or federal law. These are general descriptions only. They do not cover every example of disclosure within a category.

Treatment. We will use and disclose your medical information for treatment. For example, we will share medical information about you with our nurses, your physicians and others who are involved in your care at Montgomery County Memorial Hospital + Clinics. We will also disclose your medical information to your physician and other practitioners, providers and health care facilities for their use in treating you in

the future. For example, if you are transferred to a hospital, we will send medical information about you to the hospital.

Payment. We will use and disclose your medical information for payment purposes. For example, we will use your medical information to prepare your bill, and we will send medical information to your insurance company with your bill. We may also disclose medical information about you to other medical care providers, medical plans and health care clearinghouses for their payment purposes. For example, if you require ambulance transportation, the information collected will be given to the ambulance provider for its billing purposes. If State law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for payment purposes.

Health Care Operations. We may use or disclose your medical information for our health care operations. For example, physicians may review your medical information for quality improvement purposes. In some cases, we will furnish other qualified parties with your medical information for their health care operations. The ambulance company, for example, may also want information on your condition to help them know whether they have done an effective job of providing care. If State law requires, we will obtain your permission prior to disclosing your medical information to other providers or health insurance companies for their health care operations.

Business Associates. We will disclose your medical information to our business associates and allow them to create, use and disclose your medical information to perform their services for us. For example, we may disclose your medical information to an outside billing company who assists us in billing insurance companies.

Appointment Reminders. We may contact you as a reminder that you have an appointment for treatment or medical services.

Treatment Alternatives. We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising. Montgomery County Memorial Hospital + Clinics will engage in limited fundraising activities on behalf of our related nonprofit fundraising arm, the MCMH Foundation. For the purpose of raising funds for our own benefit, Montgomery County Memorial Hospital + Clinics will be allowed to use limited PHI or disclose it to our related foundation or to a business associate with a signed agreement, without obtaining an individual authorization. All fundraising materials sent to individuals will include clear and simple instructions for how to elect not to receive any further fundraising communications. We will not condition treatment or payment on the individual's choice. Every effort will be made to identify, track, and try to ensure that individuals who opt out will not receive future fundraising communications, unless they request to opt back in.

Hospital Directory. We may include your name, location in the facility, general condition and religious affiliation in a facility directory. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We will not include your information in the facility directory if you object or if we are prohibited by State or federal law.

Information Received from Substance Use Disorder Programs. We may receive health information from a substance use disorder program. We will use and disclose that information in the same manner as your other health information we maintain, except that we will not use or disclose it in civil, criminal, administrative, or legislative proceedings against you, unless you consent to such use or disclosure or pursuant to a court order that has given you an opportunity to be heard and that is accompanied by a subpoena or other legal instrument that requires our disclosure.

Family, Friends or Others. We may disclose your location or general condition to a family member, your personal representative or another person identified by you. If any of these individuals are involved in your care or payment for care, we may also disclose such medical information as is directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf. For example, we may allow a family member to pick up your prescriptions, medical supplies or X-rays. We may also disclose your information to an entity assisting in disaster relief efforts so that your family or individual responsible for your care may be notified of your location and condition.

Required by Law. We will use and disclose your information as required by federal, State or local law. Such disclosures include sharing your information with the Department of Health and Human Services if it wants to confirm that we are complying with federal privacy law.

Public Health Activities. We may disclose medical information about you for public health activities. These activities may include disclosures:

- To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability;
- To appropriate authorities authorized to receive reports of child abuse and neglect;
- To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- With parent or guardian permission, to send proof of required immunization to a school.

Abuse, Neglect or Domestic Violence. We may notify the appropriate government authority if we believe you been the victim of abuse, neglect or domestic violence. Unless such disclosure is required by law (for example, to report a particular type of injury), we will only make this disclosure if you agree.

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

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

Law Enforcement. We may release certain medical information if asked to do so by a law enforcement official:

- As required by law, including reporting certain wounds and physical injuries;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- If you are the victim of a crime if we obtain your agreement or, under certain limited circumstances, if we are unable to obtain your agreement;
- To alert authorities of a death we believe may be the result of criminal conduct;

- Information we believe is evidence of criminal conduct occurring on our premises; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Deceased Individuals. We are required to apply safeguards to protect your medical information for 50 years following your death. Following your death, we may disclose medical information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties and to a personal representative (for example, the executor of your estate). We may also release your medical information to a family member or other person who acted as personal representative or was involved in your care or payment for care before your death, if relevant to such person's involvement, unless you have expressed a contrary preference.

Organ, Eye or Tissue Donation: We may release medical information to organ, eye or tissue procurement, transplantation or banking organizations or entities as necessary to facilitate organ, eye or tissue donation and transplantation.

Research: Under certain circumstances, we may use or disclose your medical information for research, subject to certain safeguards. For example, we may disclose information to researchers when their research has been approved by a special committee that has reviewed the research proposal and established protocols to ensure the privacy of your medical information. We may disclose medical information about you to people preparing to conduct a research project, but the information will stay on site.

Threats to Health or Safety. Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

Specialized Government Functions. We may use and disclose your medical information for national security and intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution, its agents or the law enforcement official your medical information necessary for your health and the health and safety of other individuals.

Workers' Compensation: We may release medical information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Incidental Uses and Disclosures. There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

Health Information Exchange. We participate in one or more electronic health information exchanges which permits us to electronically exchange medical information about you with other participating providers (for example, doctors and hospitals) and health plans and their business associates. For example, we may permit a health plan that insures you to electronically access our records about you to verify a claim for payment for services we provide to you. Or, we may permit a physician providing care to you to electronically access our records in order to have up to date information with which to treat you. As described earlier in this Notice, participation in a health information exchange also lets us electronically

access medical information from other participating providers and health plans for our treatment, payment and health care operations purposes as described in this Notice. We may in the future allow other parties, for example, public health departments that participate in the health information exchange, to access your medical information electronically for their permitted purposes as described in this Notice.

Further Disclosure. Information disclosed without your authorization as described in this Notice as well as information disclosed with your authorization may be subject to redisclosure by the recipient and no longer protected by HIPAA.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

There are many uses and disclosures we will make only with your written authorization. These include:

- **Uses and Disclosures Not Described Above** – We will obtain your authorization for any use of disclosure of your medical information that is not described in the preceding examples.
- **Psychotherapy Notes** – These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. Many uses or disclosures of psychotherapy notes require your authorization.
- **Marketing** – We will not use or disclose your medical information for marketing purposes without your authorization. Moreover, if we will receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.
- **Sale of medical information** – We will not sell your medical information to third parties without your authorization. Any such authorization will state that we will receive remuneration in the transaction.

If you provide authorization, you may revoke it at any time by giving us notice in accordance with our authorization policy and the instructions in our authorization form. Your revocation will not be effective for uses and disclosures made in reliance on your prior authorization.

INDIVIDUAL RIGHTS

Request for Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care. We are not required to agree to your request, with one exception explained in the next paragraph, and we will notify you if we are unable to agree to your request.

We are required to agree to your request that we not disclose certain health information to your health plan for payment or health care operations purposes, if you pay out-of-pocket in full for all expenses related to that service prior to your request, and the disclosure is not otherwise required by law. Such a restriction will only apply to records that relate solely to the service for which you have paid in full. If we later receive

an Authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your request for restriction.

Several different covered entities listed at the start of this Notice use this Notice. You must make a separate request to each covered entity from whom you will receive services that are involved in your request for any type of restriction. Contact us at the address listed below if you have questions regarding which providers will be involved in your care.

Access to Medical Information. You may inspect and copy much of the medical information we maintain about you, with some exceptions. If we maintain the medical information electronically in one or more designated record sets and you ask for an electronic copy, we will provide the information to you in the form and format you request, if it is readily producible. If we cannot readily produce the record in the form and format you request, we will produce it in another readable electronic form we both agree to. We may charge a cost-based fee for producing copies or, if you request one, a summary. If you direct us to transmit your medical information to another person, we will do so, provided your signed, written direction clearly designates the recipient and location for delivery.

Amendment. You may request that we amend certain medical information that we keep in your records. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

Accounting. You have the right to receive an accounting of certain disclosures of your medical information made by us or our business associates for the six years prior to your request. Your right to an accounting does not include disclosures for treatment, payment and health care operations and certain other types of disclosures, for example, as part of a facility directory or disclosures in accordance with your authorization.

Confidential Communications. You may request that we communicate with you about your medical information in a certain way or at a certain location. We must agree to your request if it is reasonable and specifies the alternate means or location.

Notification in the Case of Breach. We are required by law to notify you of a breach of your unsecured medical information. We will provide such notification to you without unreasonable delay but in no case later than 60 days after we discover the breach.

How to Exercise These Rights. All requests to exercise these rights must be in writing. We will respond to your request on a timely basis in accordance with our written policies and as required by law. Contact Terry Koppa, HIPAA Security Officer, 712-623-7000 for more information or to obtain request forms.

ABOUT THIS NOTICE

We are required to follow the terms of the Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and notice provisions effective for all medical information that we maintain. Before we make such changes effective, we will make available the revised Notice by request at any of our facilities. The revised Notice will also be posted on our website at www.mcmh.org.

COMPLAINTS

If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint using the contact information at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

CONTACT INFORMATION

Terry Koppa, HIPAA Security Officer

EFFECTIVE DATE OF NOTICE: May 1, 2026.

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

ATTENTION: If you do not speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 712-623-7000 or speak to your provider.

Spanish: ATENCIÓN: Si usted no habla inglés, hay servicios gratuitos de asistencia lingüística disponibles para usted. También hay disponibles, sin costo alguno, ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 712-623-7000 o hable con su proveedor.

Vietnamese: LƯU Ý: Nếu bạn không nói tiếng Anh, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các công cụ và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi 712-623-7000 hoặc trao đổi với người cung cấp dịch vụ của bạn.

Chinese (Simplified): 注意：如果您不会讲英语，我们可免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以便以无障碍格式提供信息。请致电 712-623-7000 或与您的医疗服务提供者联系。

Arabic: تنبيه: إذا كنت لا تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مجانًا المساعدات والخدمات المساندة المناسبة لتوفير المعلومات بصيغ يسهل الوصول إليها. اتصل على 712-623-7000 أو تحدث مع مقدم الرعاية الخاص بك.

Bosnian: PAŽNJA: Ako ne govorite engleski, dostupne su vam besplatne usluge jezičke pomoći. Odogovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupni besplatno. Nazovite 712-623-7000 ili razgovarajte sa svojim pružateljem usluga.

Laotian: ຄຳເຕືອນ: ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ພໍ. ອຸປະກອນ ແລະ ບໍລິການຊ່ວຍເຫຼືອສົມທົບສາມເພື່ອສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ເຂົ້າເຖິງໄດ້ກໍມີໃຫ້ພໍຮິດຊັ້ນກັນ. ໂທ 712-623-7000 ຫຼື ສົນທະນາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Karen: သတိပေးချက်: သင် အင်္ဂလိပ်ဘာသာ မပြောတတ်ပါက အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများ ရရှိနိုင်ပါသည်။ လက်လှမ်းမီသော ပုံစံများဖြင့် သတင်းအချက်အလက် ပံ့ပိုးရန် သင့်လျော်သော အကူအညီများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ ပံ့ပိုးပေးပါသည်။ 712-623-7000 သို့ ဖုန်းခေါ်ပါ သို့မဟုတ် သင်၏ ဝန်ဆောင်မှုပေးသူနှင့် ပြောဆိုပါ။

Somali: FIIRO GAAR AH: Haddii aadan ku hadlin Ingiriis, adeegyada caawinta luqadda ee bilaashka ah ayaa kuu diyaar ah. Sidoo kale, qalab iyo adeegyo caawiye oo ku habboon si macluumaadka loogu bixiyo qaabab la heli karo ayaa lagu bixiyaa bilaash. Wac 712-623-7000 ama la hadal adeeg bixiyahaaga.

French: ATTENTION : Si vous ne parlez pas anglais, des services gratuits d'assistance linguistique sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations sous des formats accessibles sont également offerts gratuitement. Appelez le 712-623-7000 ou parlez à votre fournisseur.

German: ACHTUNG: Wenn Sie kein Englisch sprechen, stehen Ihnen kostenlose Sprachhilfsdienste zur Verfügung. Geeignete Hilfsmittel und unterstützende Dienste zur Bereitstellung von Informationen in zugänglichen Formaten werden ebenfalls kostenlos angeboten. Rufen Sie 712-623-7000 an oder sprechen Sie mit Ihrem Anbieter.

Thai: ข้อควรทราบ: หากคุณไม่พูดภาษาอังกฤษ มีบริการช่วยเหลือด้านภาษาให้โดยไม่เสียค่าใช้จ่าย นอกจากนี้ยังมีอุปกรณ์และบริการช่วยเหลือที่เหมาะสมเพื่อจัดเตรียมข้อมูลในรูปแบบที่เข้าถึงได้ โดยไม่เสียค่าใช้จ่าย กรุณาโทร 712-623-7000 หรือพูดคุยกับผู้ให้บริการของคุณ

Russian: ВНИМАНИЕ: Если вы не говорите по-английски, вам бесплатно предоставляются услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по номеру 712-623-7000 или обратитесь к вашему поставщику услуг.

Hindi: ध्यान दें: यदि आप अंग्रेजी नहीं बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। जानकारी को सुलभ स्वरूपों में प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 712-623-7000 पर कॉल करें या अपने प्रदाता से बात करें।

Korean: 주의: 영어를 사용하지 않으시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보에 대한 접근 가능한 형식을 제공하기 위한 적절한 보조 수단 및 서비스도 무료로 제공됩니다. 712-623-7000으로 전화하시거나 담당 의료 제공자에게 문의하십시오.

Tagalog: PAUNAWA: Kung hindi ka nagsasalita ng Ingles, may mga libreng serbisyong pantulong sa wika na magagamit mo. Ang angkop na mga pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga format na naa-access ay magagamit din nang libre. Tumawag sa 712-623-7000 o makipag-usap sa iyong tagapagbigay n