APPALACHIAN REGIONAL HEALTHCARE, INC. ("ARH")
AND ALL ARH SUBSIDIARIES, D/B/As, OR OTHER FACILITIES PROVIDING HEALTH CARE OR HEALTH CARE-RELATED SERVICES AS PART OF THE ARH ORGANIZED HEALTH CARE ARRANGEMENT DEFINED UNDER 45 CFR 164.501, et seq:

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ("PHI") ABOUT YOU MAY BE USED AND DISCLOSED BY OUR FACILITIES, YOUR RIGHTS WITH RESPECT TO YOUR PHI AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

IT ALSO DESCRIBES HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.

Appalachian Regional Healthcare, Inc., ("ARH") is dedicated to protecting your personal medical information. We are required by law to maintain the privacy of PHI and to provide you with this Notice of our legal duties and your rights with respect to PHI. ARH is required by law to abide by the terms of this Notice.

WHO WILL FOLLOW THIS NOTICE
All employees, staff, including medical staff and other personnel of Appalachian Regional Healthcare, Inc., will follow these privacy practices.

HOW YOUR PHI WILL BE USED AND DISCLOSED:
Treatment:
We will use your PHI to provide you with medical treatment or services. For example, your PHI may be used by the doctor, nurse, pharmacists, technicians, medical students, or other personnel who are involved in taking care of you. ARH may also disclose PHI about you to people outside of the hospital who may be involved in your medical care.

Payment:
We may use and disclose PHI about you so that we may bill for treatment and services you receive at ARH facilities. For example, we may need to give information about surgery you received to your healthcare plan so that the insurance plan will pay us or reimburse you for your care. We may also share information with your healthcare plan in order to receive approval or to determine if your plan will pay for treatment.

Healthcare Operations:
We may use and disclose your personal health information for operation of our hospitals and to other entities involved in an organized healthcare arrangement. These uses and disclosures are necessary to run our healthcare facilities and to make sure that our patients receive quality care. For example, we may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you or to evaluate services being offered by ARH facilities. We may also disclose PHI to doctors, nurses, technicians, nursing and medical students and other personnel for review and learning purposes. We may combine PHI with medical information from other similar organizations to compare how we are doing and where we can make improvements in the care and services we offer. We will remove information that personally identifies you from this set of medical information so others may use it to study health care outcomes and services without acquiring patient specific PHI.

We may also use and disclose your PHI, in accordance with federal and state laws, for the following purposes:

Appointment Reminders.

- We may contact you to provide appointment reminders.

Treatment Alternatives.

We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services.

- We may use and disclose PHI to tell you about health-related benefits or services provided through ARH that may be of interest to you.
- In some instances, ARH may be able to obtain reimbursement for some of your ordered treatment such as medications, medical devices or out-of-pocket expenses from the manufacturers or other third-parties, thus reducing patient liability for these services. Most of these programs require your consent and signature on the application forms. As such, it is understood and agreed that you appoint ARH as your designated representative to pursue, complete and sign such documentation on your behalf. Moreover, you appoint ARH, its agents, third parties, or its designee, as your attorney-in-fact for the limited purposes of completing and signing your name to the documentation required to seek and obtain, if available, financial assistance for your medications, medical devices, or out-of-pocket costs. These programs are based on eligibility criteria created by such third-parties, not ARH. You may revoke this authorization by written request at any time as specified below.

Fundraising Activities.

- We may use medical information about you to contact you in an effort to raise money for ARH and its operations. We may disclose medical information to a foundation related to the hospital so that the foundation may contact you in regards to raising money for the hospital. We would only release limited information such as contact information, including your name, address, phone number and the dates you received treatment or services at an ARH facility. Any such communication addressed to you would contain instructions describing how you may "opt out" of receiving these kinds of communications in the future. You do have the right to "opt out" of receiving these fundraising communications.

Facility Directories.

- Unless you object, when you stay in an ARH facility, we will include your name, location at the ARH facility, general information about your condition, and your religious affiliation, in our directory of individuals. The directory information, except for religious affiliation, will then be released to people who ask for you by name. Unless you object, religious affiliation may be given to members of the clergy, even if they do not ask for you by name. You may specifically request that we do not include you in the directory when you register.

Family and Friends.

- Unless you object, we may disclose PHI to family members, other relatives or close personal friends when the information is directly relevant to that person's involvement with your care. We may also give information to someone who helps to pay for your care.

Notification.

- Unless you object, we may use or disclose your PHI to notify a family member, a personal representative or another person responsible for your care of your location, general condition or death.

Psychotherapy Notes.

- Most uses and disclosures of psychotherapy notes will only be made with your authorization. For example, without your authorization, these notes may only be used for treatment and training purposes, or for use in your treatment by the original writer of the notes.

Research.

- We may use or disclose your PHI for certain research purposes if an Institutional Review Board or privacy board alters or waives the requirement for an individual authorization, the review is preparatory to research, or the research is limited to information about a decedent. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are or will be involved in your care.

Business Associates.

- We may disclose your PHI to a business associate with whom we contract to provide services on our behalf. To protect your PHI, we require our business associates to appropriately safeguard the health information of our patients.

Public Safety.

- We may use or disclose your PHI to prevent or lessen a serious threat to your health and safety, the health and safety of another person, or to the public.

Special Situations:

The following situations may result in additional uses and disclosure of PHI by Appalachian Regional Healthcare:

Workers' Compensation.

- We may disclose your PHI as authorized by laws relating to workers' compensation or similar programs.

Organ and Tissue Donation.

- If you are an organ donor, we may disclose your PHI to an organ donation and procurement organization, or as otherwise required by state or federal law.

Coroners, Medical Examiners and Funeral Directors.

- We may disclose your PHI to a coroner, medical examiner or funeral director.

Health Oversight Activities

- We may disclose PHI to a health oversight agency for activities authorized by law. These activities include, but are not limited to, audits, investigations, inspections and licensure activity. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Disclosure to the Department of Health and Human Services.

- We may disclose PHI when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.

Legal Proceedings.

- We may disclose your PHI in the course of certain judicial or administrative proceedings such as in defense of a lawsuit or criminal action.

Law Enforcement.

- We may disclose your PHI to a law enforcement official in the following instances:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - To identify the victim of a crime if we are unable to obtain the potential victim's agreement;
  - To notify law enforcement about a death we believe may be the result of criminal conduct;
  - When necessary to report criminal conduct at an Appalachian Regional Healthcare facility;
  - In emergencies to report a crime, the location of the crime or victims; or the identity, description or location of the person who committed the crime;
  - When lawfully requested by Children and Family Services.

Public Health Risks.

- We may disclose PHI about you to authorized public health or government officials for public health activities. These activities generally include the following:
  • to a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or service;
  • to prevent or control disease, injury or disability;
  • to report disease or injury;
  • to report births and deaths;
  • to report child abuse or neglect;
  • to report reactions to medications, food or problems with products;
  • for notification of product or device recalls or replacements;
  • for notification to individuals who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  • to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Disaster Relief.

- We may disclose your PHI to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

SUBSTANCE USE DISORDER RECORDS

Records from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") are not treated like other PHI and are subject to more restricted use rules. If ARH receives or maintains any Part 2 Program records through general consent you provide to the Part 2 Program to use and disclose the Part 2 Program

record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us. You may revoke your consent at any time as specified below. Once your information is disclosed, it may be redisclosed by the recipient and no longer protected by HIPAA.

Part 2 Program records may be disclosed without your consent for purposes of scientific research or to public health authorities, but only after such records have all personally identifiable information removed according to the de-identification standards set forth in the HIPAA Privacy Rule. Part 2 Program records may also be disclosed without your consent in medical emergencies and as part of internal ARH communications for purposes of your treatment. In some instances, ARH may be required to send limited Part 2 Program records to government agencies for purposes of auditing, monitoring, or evaluating the services provided.

In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, unless authorized by your consent or compelled by court order accompanied by a valid subpoena. Records shall only be used or disclosed based on a court order after notice is provided to you.

ARH will not use your Part 2 Program records for purposes of fundraising without giving you prior notice of your ability to decline such communications.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosure of medical information not covered by this notice or the laws that apply to us will be made only with a patient's written permission. If you provide us with permission to use or disclose your medical information, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by the original written authorization. You understand we are unable to reverse any disclosures we have already made with your permission, and we are required to retain our records of the care we provide to patients.

For example, your medical information will be used or disclosed for the following purposes ONLY with your written authorization:

- Any use or disclosure for marketing purposes;
- Any use or disclosure which would constitute the sale of PHI;
- Most uses and disclosures of psychotherapy notes;
- Any use or disclosure not specifically set forth herein.

To request a Revocation of Authorization form, you may contact the Health Information Department at the hospital or facility or the Chief Privacy Officer at compliance@arh.org.

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

You have the following rights with respect to your medical information:

- You may ask us to restrict certain uses and disclosures of your medical information. We are not required to agree to all requests for restriction, but if we do, we will honor it.
- You also have the right to restrict the disclosure of your protected health information to your insurance or other health plan if you have paid for the services you receive out of your own pocket.
- You have the right to receive communications from us in a confidential manner. To request confidential communication, you must make a request in writing to the Health Information Dept. at the hospital or facility where your medical records are maintained. A request must specify how or where you wish to be contacted. ARH will make efforts to accommodate all reasonable requests.
- Generally, you may inspect and copy your medical information. You can ask to receive an electronic or paper copy of your medical record. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.

- You may ask us to amend your medical information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have.
- You have the right to receive an accounting of the disclosures of your PHI made by ARH during the last six years. The accounting will not include disclosures made for treatment, payment or healthcare operations, other allowable disclosures listed in this notice, disclosures which you have authorized, and certain other specific disclosures.
- Right to Breach Notification – You have the right to be notified of any breach of your unsecured healthcare information.
- You have the right to 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. We will make sure the person has this authority and can act for you before we take any action.
- You have the right to complain to ARH or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. The United States Department of Health and Human Services may be contacted in writing at Centralized Case Management Operations, 200 Independence Avenue, SW, Room 509F HHH Building, Washington, D.C. 20201 or at OCRComplaint@hhs.gov. If you choose to file a complaint, you will not be retaliated against in any way. To complain to us, or if you would like further information regarding your rights or about the uses and disclosures of your medical information, you may contact the Community Director of Risk & Compliance at the local ARH facility where you received your treatment, or you may contact the Chief Privacy Officer at compliance@arh.org, 888-800-2906, or via mail at ARH System Center, 100 Airport Gardens Road, Hazard, Kentucky 41701.

RIGHT TO A COPY OF THIS NOTICE
You may request a paper copy of this Notice of Privacy Practices and to discuss it with ARH staff, including the Privacy Officer, who can be reached at compliance@arh.org. You may ask us for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

REVISION OF NOTICE OF PRIVACY PRACTICES
We reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at our facilities and will make copies of the revised Notice of Privacy Practices available to our patients upon request.

INTERACTION WITH OTHER LAWS
ARH complies with all applicable laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). In the event that another applicable law is more restrictive than HIPAA, ARH will comply with the more restrictive law.

AVAILABILITY OF LANGUAGE ASSISTANCE
ARH provides language assistance services and appropriate auxiliary aids and services free of charge, and as needed to our patients.

NONDISCRIMINATION STATEMENT
Appalachian Regional Healthcare, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Appalachian Regional Healthcare, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ARH 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。