

Joint Notice of Privacy Practices

Effective Date: January 1, 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.

If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you.

If you have any questions about this notice, please contact our Privacy Officer at 720-330-6954/TTY: 711.

Section A: Who Will Follow This Notice

This notice describes AdventHealth's practices and that of:

- Any health care professional authorized to enter information into your medical record maintained by an AdventHealth facility, such as doctors, nurses, physician assistants, technologists and others.
- All departments and units of AdventHealth facilities, including hospitals, outpatient facilities, physician practices, skilled nursing facilities, home health agencies, hospices, urgent care centers, and emergency departments.
- All employees, staff, students, volunteers and other personnel of AdventHealth facilities.
- All third-party business partners that assist AdventHealth with providing technology tools or other healthcare operations.

If you would like a list of AdventHealth affiliated entities, please send a written request to the Privacy Officer at the address below in Section G.

Section B: Our Pledge Regarding Your Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your care generated or maintained by AdventHealth facilities, whether made by our employees or your personal doctor. If your personal doctor is not employed by AdventHealth, your personal doctor may have different policies or notices regarding your doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. Please understand that the medical information we disclose may be subject to redisclosure by the recipient and no longer protected under HIPAA. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- ♦ Use our best efforts to keep medical information that identifies you private;
- ♦ Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- ♦ Notify you if you are affected by a breach of unsecured medical information; and
- ♦ Follow the terms of the notice that is currently in effect.

Section C: How We May Use and Disclose Medical Information About You

We may share your medical information in any format we determine is appropriate to efficiently coordinate the treatment, payment, and health care operation aspects of your care. For example, we may share your information orally, via fax, on paper, or through electronic exchange.

We also ask you for consent to share your medical information in the admission documents you sign before receiving services from us. This consent is required by state law for some disclosures and allows us to be certain that we can share your medical information for the reasons described below. You may view a list of the main state laws that require consent (Attachment A) by clicking here <https://www.adventhealth.com/legal/patient-privacy-hipaa>, or you may ask the registration clerk for a paper copy. If you do not want to consent to these disclosures, please contact the Privacy Officer to determine if we can accept your request.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other AdventHealth personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of AdventHealth also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside AdventHealth who may be involved in your medical care for referrals, or your family members, friends, clergy or others we use to provide services that are part of your care.

- **Payment.** We may use and disclose medical information about you so that the treatment and services you receive at AdventHealth may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at AdventHealth, so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.
- **Health Care Operations.** We may use and disclose medical information about you for AdventHealth's operations. These uses and disclosures are necessary to run AdventHealth and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may use and disclose your information as needed to conduct or arrange for legal services, auditing, or other functions. We may allow your medical information to be accessed, used or disclosed by our business associates that help us with our administrative and other functions. These business associates may include consultants, lawyers, accountants, software licensors and other third parties that provide services to us. For example, we license software that documents the care you receive (e.g., electronic medical record), assists with billing for services provided, or helps analyze the services and/or performance of our staff. The business associates may re-disclose your medical information only as necessary for our treatment, payment, health care operations and related functions, or for their own permitted administrative functions, such as carrying out their legal responsibilities. We may also combine medical information about many patients to decide what additional services AdventHealth should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other AdventHealth personnel for review and learning purposes. We may also combine the medical information we have with medical information from other entities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. Once we have removed information that identifies you, we may use the data for other purposes. We may also disclose your information for certain health care operation purposes to other entities that are required to comply with HIPAA if the entity has had a relationship with you. For example, another health care provider that treated you or a health plan that provided insurance coverage to you may want your medical information to review the quality of the services you received from them.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or **medical care at AdventHealth.**
- **Treatment Alternatives.** We may use and disclose medical information 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 medical

information to tell you about health-related benefits or services that may be of interest to you.

- **Fundraising Activities.** We may use information about you to contact you in an effort to raise money for AdventHealth and its operations. We may disclose information to a foundation related to AdventHealth so that the foundation may contact you to raise money for AdventHealth. We would release only contact information, such as your name, address, phone number, gender, age, health insurance status, the dates you received treatment or services at AdventHealth, the department you were treated in, the doctor you saw, and your outcome information. If you do not want AdventHealth to contact you for fundraising efforts, you must notify us in writing as set forth in Section G.
- **Patient Directory.** Unless you tell us otherwise, we may include certain limited information about you in AdventHealth's patient directory while you are a patient at AdventHealth. This information may include your name, location in AdventHealth, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Unless you tell us otherwise, your religious affiliation may be given to a member of the clergy, such as a minister, priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in AdventHealth and generally know how you are doing.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you tell us otherwise, we may release medical information about you to a friend or family member who is involved in your medical care; we may give information to someone who helps pay for your care; or we may tell your family or friends your condition and that you are in an AdventHealth facility. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes including to our research affiliates. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects involving people, however, are subject to a special approval process by an Institutional Review Board. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, unless most or all of the patient identifiers

are removed, the project will have been approved through this research approval process. We may, however, provide limited read-only access to medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review remains protected. If required by law, we will 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 at AdventHealth.

- **As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law. For example, when our patients have certain transmissible diseases, suffer from abuse, neglect or assault, or for state registries such as the Office of Vital Statistics or tumor registries. Another example would be for work related injuries or illnesses, or workplace related medical surveillance.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Section D: Special Situations

- **Organ and Tissue Donation.** We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Substance Abuse Disorder Information.** Federal law (42 CFR Part 2) protects the confidentiality of substance abuse disorder information, and these protections are now more consistent with HIPAA. We will not use or disclose your substance abuse disorder information or related testimony in legal proceedings against you without your consent or a valid court order. Substance abuse disorder counseling notes have enhanced confidentiality similar to psychotherapy notes under HIPAA and generally require specific patient authorization for disclosure, unless the law permits otherwise. In all other situations, we will follow our privacy practices regarding the disclosure of substance abuse disorder information as set forth herein.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may also disclose information to entities that determine eligibility for certain veterans' benefits.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;

- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- 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;
- 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.

- **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.
- **Lawsuits and Disputes.** 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 efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at AdventHealth; 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.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of AdventHealth to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Section E: Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. When your medical information is contained in an electronic health record, as that term is defined in federal laws and rules, you have the right to obtain a copy of such information in an electronic format and you may request that we transmit such copy directly to an entity or person designated by you, provided that any such request is in writing and clearly identifies the person we are to send your PHI to. If you request a copy of the information, we may charge a fee for the costs of labor, copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial.

The person conducting

the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the healthcare entity. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- ♦ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- ♦ Is not part of the medical information kept by or for the healthcare entity;
- ♦ Is not part of the information which you would be permitted to inspect and copy; or
- ♦ Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of medical information about you. The accounting will exclude certain disclosures as provided in applicable laws and rules such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members **involved in your care, disclosures for notification purposes and certain other types of disclosures made to correctional institutions or law enforcement agencies. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.**

- **Right to Request 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. You also have the right to request a limit on the medical information we disclose about you to

someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

We are not required to agree to your request, except in limited circumstances where you have paid for medical services out-of-pocket in full at the time of the service and have requested that we not disclose your medical information to a health plan. To the extent we are able, we will restrict disclosures to your health plan. We will not be able to restrict disclosures of your medical information to a health plan if the information does not relate solely to the health care item or service for which you have paid in full. For example, if you are having a hysterectomy that will be paid for by your health plan, and you request to pay cash for a tummy tuck that you want performed during the same surgery, to avoid disclosure to your health plan, you would either have to pay cash for the entire procedure or schedule the procedures on separate days. Please also know that you have to request and pay for a restriction for all follow-up care and referrals related to that initial health care service that was restricted in order to ensure that none of your medical information is disclosed to your health plan. You, your family member, or other person may pay by cash or credit, or you may use money in your flexible spending account or health savings account. Please understand that your medical information will have to be disclosed to your flexible spending account or health savings account to obtain such payment.

If we do agree, we will comply with your request unless the disclosure is otherwise required or permitted by law. For example, we may disclose your restricted information if needed to provide you with emergency treatment.

➤ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. 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. Your request must specify how or where you wish to be contacted.

➤ **Right to a Notice of Breach.** You have the right to receive written notification of a breach if your unsecured medical information has been accessed, used, acquired or disclosed to an unauthorized person as a result of such breach, and if the breach compromises the security or privacy of your medical information. Unless specified in writing by you to receive the notification by electronic mail, we will provide such written notification by first-class mail or, if necessary, by such other substituted forms of communication allowable under the law.

➤ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you 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. You may obtain a copy of this notice at our website, <https://www.adventhealth.com/legal/patient-privacy-hipaa>.

➤ **Right to Decline Participation in Health Information Exchange.**

As explained above, health care providers and health plans may use and disclose your medical information without your written authorization for purposes of treatment, payment, and health care operations. Providers, government agencies and health plans exchange this information directly by hand-delivery, mail, facsimile, e-mail or thru health information exchange.

AdventHealth uses Epic's Care Everywhere and other related applications and services ("HIE Applications").

These



HIE Applications provide interoperability functions that connect us with other health information exchange organizations to share patient medical information.

Only properly authorized individuals may access information through the HIE Applications. Making patient medical information available through the AdventHealth HIE Applications promotes efficiency and quality of care.

You have the right to decide whether providers, government agencies and health plans can access your health information through the HIE Applications. You have two choices. First, you can permit authorized individuals to access your electronic health information through the HIE Applications for treatment, payment, or health care operations only. If you choose this option, you do not have to do anything. Second, you can restrict access to all of your electronic health information through the HIE Applications with the exception of access by properly authorized individuals as needed to report specific information as required by law (for example, reporting of certain communicable diseases or suspected incidents of abuse or emergencies).

To exercise the above rights, please contact the following individual to obtain a copy of the relevant form you will need to complete to make your request: The Privacy Officer at 800-906-1794/TTY: 407-200-1388, or request to sign a cancellation form when you visit an AdventHealth facility. Please note that any medical information about you previously made available through HIE Applications to other recipients is not controlled by AdventHealth. To opt-out of all health information exchange, you must contact each provider or health plan that is involved with your care and who would have information to share about you through health information exchange.

For your protection, each request is subject to verification procedures which may take several days to complete. Your failure to provide all information on the required form may result in additional delay.

Once AdventHealth processes your HIE Application opt-out request, AdventHealth will no longer make your medical information accessible through health information exchange except for mandatory reporting requirements. This means it may take longer for healthcare providers external to AdventHealth to get medical information they may need to treat you. You accept the risk for this decision. Your opt-out request will remain in effect until you provide a written request to AdventHealth to start sharing your medical information through AdventHealth HIE Applications again.

Your decision to restrict access to your electronic health information through the HIE Applications does not impact other disclosures of your health information. AdventHealth may continue to share your information directly through other means (such as by facsimile or secure e-mail) without your specific written authorization.

Section F: Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at AdventHealth, as well as on our website. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to an AdventHealth facility for treatment or health care services, we will make available a copy of the current notice in effect.

Section G: Do You Have Complaints or Concerns?



If you believe your privacy rights have been violated, you may file a complaint with AdventHealth or with the Secretary of the Department of Health and Human Services. To file a complaint with AdventHealth, please contact: The Privacy Officer at 720-330-6954/ TTY: 711, or email at patientrequest@onpointmedicalgroup.com, or send mail to OnPoint Medical Group, 1805 Shea Center Drive #450, Highlands Ranch, CO 80129, Attn: Privacy Officer. All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

Section H: Other Uses of Medical Information That Require Your Authorization

The following types of uses and disclosures of medical information will be made only with your written permission.

- **Psychotherapy Notes.** Psychotherapy notes are notes that your psychiatrist or psychologist maintains separate and apart from your medical record. These notes require your written authorization for disclosure unless the disclosure is required or permitted by law, the disclosure is to defend the psychiatrist or psychologist in a lawsuit brought by you, or the disclosure is used to treat you or to train students.
- **Marketing.** We must get your permission to use your medical information for marketing unless we are having a face-to-face talk about the new health care product or service, or unless we are giving you a gift that does not cost much to tell you about the new health care product or service. We must also tell you

if we are getting paid by someone else to tell you about a new health care item or service.

- **Selling Medical Information.** We are not allowed to sell your medical information without your permission and we must tell you if we are getting paid. However, certain activities are not viewed as selling your medical information and do not require your consent. For example, we can sell our business, we can pay our contractors and subcontractors who work for us, we can participate in research studies, we can get paid for treating you, we can provide you with copies or an accounting of disclosures of your medical information, or we can use or disclosure your medical information without your permission if we are required or permitted by law, such as for public health purposes.

If you provide us with authorization to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Section I: Organized Health Care Arrangement

AdventHealth, its Medical Staff, and other health care providers affiliated with AdventHealth have agreed, as permitted by law, to share your medical information among themselves for purposes of your treatment, payment or health care operations at AdventHealth. We may participate in organized health care arrangements with other covered entities, like other health care providers, that are not our agents for purposes of joint utilization review, quality assessment and improvement activities, or payment activities. Each are independent entities responsible for their own activities. This enables us to better address your health care needs.

In an effort to control health care costs, while still providing quality care, AdventHealth, independent contractor members of its Medical Staff and other health care providers in the communities where AdventHealth provides services have also joined together or may be in the process of joining together to create networks of providers or accountable care organizations to provide and manage your treatment, as well as to conduct population health research to improve the quality of care in our communities. We ask you to consent to the release of your medical information and super sensitive data in our admission documents when you come to our facility. If you would like to restrict these disclosures, please contact the Privacy Officer as set forth in Section G to determine if we can accept your request. Please also contact our Privacy Officer if you would like to see a list of the networks, organized health care arrangements, affiliated covered entities, or accountable care organizations AdventHealth participates in.

Section J: Artificial Intelligence

Artificial Intelligence enabled technology (AI) is designed to support the work of doctors, nurses, and our team members. We assess the AI functionality from our technology vendors and require each vendor to comply with applicable laws, including HIPAA and related privacy and security requirements.

AI enabled technology allows us to:

- Capture, develop, and translate health information during care encounters (e.g., the software within fetal heart monitors, and EKG and MRI machines).
- Enable our team members to record and create health care documentation more efficiently (e.g., dictation software).

AI can enhance our team members' decisions, but your care continues to be led by our clinical teams' professional judgement and standards for care so we can make decisions that are best for you.

Section K: Telehealth Technology

AdventHealth may use telehealth technology to provide health care services to you. This care is documented in your medical record and used and disclosed as set forth in this notice. At this time, the telehealth technology does not create any video or audio recordings. However, we may use other AI enabled technology while treating you as explained in Section J.

- Hospital In-Patient and Emergency Department Rooms. We use telehealth technology to treat and monitor patients for certain specialties (e.g., neurology and stroke) and care levels (e.g., intensive care unit). AdventHealth is expanding its ability to treat and monitor patients with telehealth technology to include video monitors and electronic communications in all hospital in-patient and emergency department rooms. This may include, but is not limited to:
 - Care team members may check in with you to provide treatment from a location different from your location.
 - Care team members may ask additional individuals to join via the telehealth technology to give another medical opinion.
 - Care team members may also see how you are doing and interact with you through the video monitors (e.g., nurse, dietician, chaplain, or care advocate).

You are asked to consent to the use of this telehealth technology in the AdventHealth Treatment and Consent Agreement. We will also ask you for your verbal consent to turn on the video monitors in your room when we are able, but there may be times when there is only telehealth care available to treat you or it may be an emergency situation that requires telehealth care to treat you and we will not ask for any additional verbal consent.

- **Video Visits. AdventHealth uses telehealth technology to provide office visits or urgent care, referred to as Video Visits. You are asked to provide consent for Video Visits with your doctor in the AdventHealth Treatment and Consent Agreement and will separately consent for any urgent care Video Visits you request at Centra Care. However, you are not required to participate in a Video Visit for an office visit or urgent care and you may see your doctor in-person when desired**

The states of Kentucky and Texas require AdventHealth to provide the following notices to patients if they have complaints about care they receive via telehealth technology:

- **KENTUCKY NOTICE**
To register a formal complaint about a Physician or Care Provider, please visit the medical board's website, [here](http://kbml.ky.gov/grievances/Pages/default.aspx) (or, alternatively, by accessing this URL in my browser: kbml.ky.gov/grievances/Pages/default.aspx).
- **TEXAS NOTICE CONCERNING COMPLAINTS**
Complaints about Physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation at the following address: Texas Medical Board, Attention: Investigations, 333 Guadalupe, Tower 3, Suite 610, P.O. Box 2018, MC-263, Austin, Texas 78768-2018, Assistance in filing a complaint is available by calling the following telephone number: 1-800-201-9353, For more information, please visit our website at www.tmb.state.tx.us.



ATTACHMENT A

TO NOTICE OF PRIVACY PRACTICES- SUMMARY OF STATE LAWS THAT MAY REQUIRE YOUR CONSENT

COLORADO LAW

All Providers

Medical Records: We will not release your medical records to third parties without your written consent, unless pursuant to an authorization compliant with the Health Insurance Portability & Accountability Act (HIPAA), pursuant to a subpoena, or by court order.

Sensitive Information

Mental Health Information: We will not disclose your mental health information without your consent, except in accordance with the law as follows: in communications between qualified professionals, facility personnel, or state agencies in the provision of services or appropriate referrals; when you designate persons to whom information or records may be released; to the extent necessary to make claims on behalf of a recipient of aid, insurance, or medical assistance; for research, in accordance with the rules promulgated by the Colorado Behavioral Health Administration; to the courts, as necessary for the administration of the law; to persons authorized by an order of court after notice and opportunity for hearing to you; to courts or professional review panels, as necessary to comply with an investigation or defend against allegations that you or one of your heirs may make against an individual licensed care provider; to a school, school district, or law enforcement agency in connection with an articulable and significant threat; to family members (including the parent of a minor child) upon admission of a person with a mental health disorder for inpatient or residential care and treatment; to family members (including the parent of a minor child) or a lay person actively participating in the care and treatment of a person with a mental health disorder, regardless of the length of the participation; and to the state agency designated pursuant to the federal Protection and Advocacy for Individuals with Mental Illness Act to protect and advocate the rights of persons with developmental disabilities.

Genetic Information: Any release of genetic information, for purposes other than diagnosis, treatment, or therapy, that identifies the person tested with the test results released will require your specific written consent.

Sexually Transmissible Diseases: We will not disclose medical information about your sexually transmissible diseases, including AIDS/HIV information, without your written permission, unless required to do so by an appropriate court order or by state or federal law to make the disclosure (for example, pursuant to subpoena or to a health care provider in a medical emergency to the extent necessary to preserve your health or save your life).

Alcohol and Drug Abuse Information: The registration and other records of treatment facilities are confidential and we will not disclose such confidential information without your written consent or where we are authorized or required by state or federal law to make the disclosure (for example, de-identified information made available for research purposes, and/or sharing of information with a university police department to protect the safety of students and other campus personnel or to prevent destruction or property).

Communications with Your Psychologist and Other Mental Health Professionals: Your communications with your psychologist, professional counselor, marriage and family therapist, social worker, or addiction counselor are confidential and your mental health providers may not testify as to these communications in court proceedings without your consent, except when testifying in criminal court proceedings concerning your mental condition.

Communications with Your Emergency Medical Service Provider: Your communications with your emergency medical service provider are confidential and your emergency medical service providers may not testify as to these communications in court proceedings without your consent, except when: the provider was a witness or party to an incident which prompted the delivery of peer support services; information received is indicative of actual or suspected child abuse, child neglect, or crimes against at-risk persons; you are in clear and immediate danger to yourself or others due to intoxication by alcohol, being under the influence of drugs, or incapacitation by substances; there is reasonable cause to believe you have a mental health disorder and due to this disorder, are an immediate threat to yourself or others or are gravely disabled; or there is information received that is indicative of any criminal conduct.

Biometric Information: We will not disclose, redisclose, or otherwise disseminate your biometric identifier unless:

You or your legally authorized representative consent to the disclosure, redisclosure, or other dissemination;



The disclosure, redisclosure, or other dissemination is requested or authorized by you or the consumer's legally authorized representative for the purpose of completing a financial transaction;

The disclosure, redisclosure, or other dissemination is to a processor and is necessary for the purpose for which the biometric identifier was collected and to which you or your legally authorized representative consented; or

The disclosure, redisclosure, or other dissemination is required by state or federal law.

FLORIDA LAW

Hospital

Medical Records: We will not release your medical record without your written consent, except as follows: to individuals currently involved in your care; to licensed facility personnel for administrative, quality assurance and risk management purposes; disciplinary proceedings of professional boards; the Agency for Health Care Administration; the Department of Health to establish a trauma registry; the Department of Children and Family Services to investigate child abuse and elder abuse; the local trauma agency; organ procurement organizations; the Medicaid Fraud Control Unit; the Department of Financial Services; a regional poison control center; or in a civil or criminal action, if the person seeking your medical records has issued a subpoena and given you notice.

Physician

Medical Records: We will not release your medical record without your written consent, except as follows: for treatment purposes, for a compulsory physical exam required by law for a legal proceeding, to a regional poison control center, to defend ourselves in a medical negligence action or administrative proceeding, to the Department of Health for any professional disciplinary proceedings if you do not authorize the disclosure (they do not have to ask your permission if the disciplinary proceeding involves misuse of controlled substances or if you are assisting your physician in any fraudulent activity), to the Medicaid Fraud Control Unit of the Department of Legal Affairs if you are a Medicaid recipient, in a civil or criminal action, if the person seeking your medical records has issued a subpoena and given you notice, or to the Department of Children and Families, its agent, or its contracted entity, for the purpose of investigations of or services for cases of abuse, neglect, or exploitation of children or vulnerable adults.

Home Health Agency

Medical Records: We will not release your medical information without your consent, unless necessary to treat you, we are required by law or court order, or we are required to make a disclosure by a third-party payment contract.

Hospice

Medical Records: We will not release your medical records, unless you give us written informed consent, there is a court order to release, or we are required by law to report statistical information to a state or federal agency.

Sensitive Information

Genetic Information: We may disclose your DNA analysis or results as permitted by law, including for newborn screening, certain criminal investigations and prosecution, determining paternity, certain research, and for medical diagnosis, conducting quality assessments, improvement activities and treatment when the analysis is performed by a certified laboratory or when we have obtained your express consent.

AIDS/HIV Information: We will only release your positive preliminary HIV test results without your consent to: (1) a licensed physician or medical and nonmedical personnel subject to significant exposure, (2) health care providers and the person tested when decisions about medical care or treatment cannot wait for the results of confirmatory testing, and (3) as approved by the federal Food and Drug Administration.

We may release your positive AIDS/HIV test result without your permission to: medical personnel subject to significant exposure, health care providers and their employees who are treating you or handle or process specimens of body fluids, the county and federal Department of Health, payers for purposes of getting paid, health facilities or providers that procure, process distribute or use human body parts from a deceased person, staff involved with quality review, medical or epidemiological researchers, a person allowed access by the judge of compensation claims of the Division of Administrative Hearings, any person responsible for the care of a child with AIDS/HIV, employees of residential facilities or community-based care programs that care for developmentally disabled persons, or pursuant to a court order.

Sexually Transmissible Diseases: We will not disclose medical information about your sexually transmissible diseases without your permission, unless we need to make a disclosure to medical personnel or to the Department of Health as required by Florida law. We are required to release such information to those involved with ensuring jail inmates have been tested, or as necessary to evaluate a subpoena request.

Mental Health Information: We will not disclose your mental health information without your express and informed consent, unless your attorney needs the information to represent you, we are ordered by the court, you are in jail, you communicated to your service

provider a specific threat to cause serious bodily injury or death to an identified or a readily available person that your service provider reasonably believes, or should reasonably believe according to the standards of his or her profession, that you have the intent and ability to imminently or immediately carry out such threat, your information is needed by the Medicaid Fraud Unit of the Department of Legal Affairs, your information is needed by the Agency for Healthcare Administration and Florida Advocacy Councils for purposes of monitoring facilities and answering patient complaints, your information is needed to determine involuntary outpatient placement, the release is to a qualified researcher or aftercare treatment provider. We may provide a summary of your mental health information to your parent or next of kin.

Alcohol and Drug Abuse Information: We will not disclose your alcohol and drug abuse information without your permission, unless we need to disclose this information to medical personnel in a medical emergency; we need the information to treat you; there is an audit review of the service provider; we are required to report information to the Department of Health for scientific research; the court orders disclosure; there is suspected child abuse and neglect; or if a crime is committed on our property.

Communications with Your Psychologist: Your communications with your psychologist may not be released without your permission unless the psychologist is a defendant in a civil, criminal or disciplinary action filed by you. Also, if you have communicated to the psychologist a specific threat to cause serious bodily injury or death to an identified or readily available person, and the psychologist makes a clinical judgment that you have the apparent intent and ability to imminently or immediately carry out such threat, your psychologist may release your confidential information to the potential victim, appropriate family member, law enforcement or other appropriate authorities.

GEORGIA LAW

All Providers

Evidence in a Legal Proceeding: We will only release your medical information as evidence in a legal proceeding where authorized or required by law or court order, or upon written authorization by the patient or his/her representative.

Sensitive Information

HIV/AIDS information: We will get your consent to release your HIV/AIDS information, unless we need the information for treatment, we are required by law to report the diagnosis to the Department of Public Health, we believe your spouse, sexual partner or other family member is at risk, or if your physician or other care provider came in contact with AIDS/HIV bodily fluids.

Mental Health & Substance Abuse information: We will get your consent to release your mental health and substance abuse information, unless we need the information for treatment, when transferring you to a different facility, if ordered by the court or required by law.

Genetic Testing: We will use your genetic information to treat you but will only release your genetic information to others specifically authorized by you to receive the information.

Communications with Your Psychologist: Your communications with your psychologist may not be released without your permission unless you provide written consent, except when disclosure is necessary to: provide professional services; obtain appropriate professional consultations; protect you, your psychologist, or others from harm; or to obtain payment for services from you, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.

ILLINOIS LAW

All Providers

Medical Records: We will only release your medical records with your consent or as required or authorized by law. As described in the Joint Notice of Privacy Practices, you may request an amendment to your medical record, which may include a request that any of the following information may be deleted, redacted, or amended from your medical records:

- i. Place of birth;
- ii. Immigration or citizenship status; or
- iii. Information from birth certificates, passports, permanent resident cards, alien registration cards, or employment authorization documents.

Sensitive Information

AIDS/HIV Information: We will only release your positive preliminary HIV test results without your consent to: (1) a licensed physician or medical and nonmedical personnel subject to significant exposure, (2) health care providers and the

person tested when decisions about medical care or treatment cannot wait for the results of confirmatory testing, (3) as approved by the federal Food and Drug Administration.

We may also release your positive confirmed test results to your spouse or civil union partner provided the physician has first sought unsuccessfully to persuade the patient to notify the spouse or civil union partner, or that, a reasonable time after the patient has agreed to make the notification, the physician has reason to believe you have not provided the notification.

We may release your positive AIDS/HIV test result without your permission to: the Department of Public Health or the local health authority as required by law, medical personnel or any law enforcement officer subject to significant exposure, health care providers and their employees who are treating you or handle or process specimens of body fluids, payers for purposes of getting paid, any person responsible for the care of a child with AIDS/HIV, or pursuant to a court order.

Sexually Transmissible Diseases: We will not disclose medical information about your sexually transmissible diseases without your permission, unless we need to make a disclosure to medical personnel, we are required to report information related to your sexually transmitted disease to the Illinois Department of Public Health, or as required to notify police officers, firefighters, emergency medical technicians, and ambulance personnel who have provided or are about to provide emergency care or life support services to you.

Mental Health and Developmental Disabilities Information: We will get your consent to release your mental health and substance abuse information, unless we need to share the information for purposes of treatment and coordination of care, when transferring you to a different facility, to insurance companies for purposes of obtaining necessary approvals and payments, and if ordered by the court or required by law.

Alcohol and Drug Abuse Information: We will not disclose your alcohol and drug abuse information without your permission unless we need to disclose this information to medical personnel in a medical emergency, we need the information to treat you, there is an audit review of the service provider, for scientific research under certain circumstances, the court orders disclosure, or there is suspected child abuse and neglect.

Genetic Testing: We will not disclose your genetic testing information or results without your consent except to a health facility or health care provider that is authorized to obtain the results, provides patient care, and has a need to know the information in order to conduct the tests or provide care or treatment, or as authorized by law or by court order.

Abortion: Your abortion information is confidential and may only be released to individuals involved in your care, as required by Illinois law, or as required by third party payment contract.

Communications with Your Psychologist: Your communications with your psychologist may not be released without your permission unless the psychologist is a defendant in a civil, criminal or disciplinary action filed by you. Also, if there is a clear and immediate probability of physical harm to you or to society, your psychologist may release your confidential information to the potential victim, appropriate family member, law enforcement or other appropriate authorities.

Biometric Information: We will not disclose or redisclose your biometric identifier or biometric information unless:

- You or your legal representative consent to the disclosure or redisclosure;
- The disclosure or redisclosure completes a financial transaction requested or authorized by you or your legal representative;
- The disclosure or redisclosure is required by state or federal law or municipal ordinance; or
- The disclosure is required pursuant to a valid warrant or subpoena issued by a court of competent jurisdiction.

KENTUCKY LAW

Hospital

In General: We will ask you for permission to disclose your medical information except, we may use your medical information to treat you and may provide a copy or access to authorized personnel or for consultations, or we may release your medical information if ordered by the court or pursuant to a subpoena.

Home Health Agency

Medical Records: We will not release your medical information without your consent, unless necessary to treat you, we are required by law or court order, or we are required to make a disclosure by a third-party payment contract.

Sensitive Information

Mental Health Records: We will get your permission to disclose your mental health information except when: we are permitted to release the information to comply with Kentucky law, there is a federal governmental inquiry, if ordered by the court, or if necessary for your treatment by a health care provider involved in your care.

Alcohol and Drug Abuse Information: We will ask you for permission to disclose your alcohol and drug abuse information except: no authorization is required for internal communication within a treatment program or between a program and an entity having direct administrative control for purposes related to provision of services.

AIDS/HIV Information: We will not disclose your identity or test results without your permission, except to the following persons: any person you authorize the release to, anyone treating you, state required reporting, health care facilities that process human body parts; quality review; authorized medical or epidemiological researchers who shall not further disclose any identifying characteristics or information; or a person allowed access by a court order.

Family Planning: All lists and medical records maintained by hospitals and medical laboratories for birth defects, stillbirths, and high-risk conditions shall be confidential and may only be reported to the State or if you give us written consent.

Abortion: Your abortion information is confidential and may only be released to individuals involved in your care, as required by Kentucky law, or as required by third party payment contract.

Communications with Your Psychologist: Your communications with your psychologist are privileged, unless required to be disclosed by a court of law or in proceedings to hospitalize you if your psychotherapist has determined in the course of diagnosis or treatment that you are in need of hospitalization.

KANSAS LAW

Home Health Agency

In General: We will ask you for written consent for release of your medical information unless we are required to disclose your medical information by law.

Sensitive Information

Mental Health, Alcohol and Drug Abuse: Your medical information is confidential and you may claim a privilege to prevent disclosure except as follows: for your involuntary commitment for treatment; when a judge orders the examination of your mental, alcoholic, drug dependency or emotional condition; in any proceeding when you use a defense of mental illness or alcohol or drug abuse; when required by law to report to the State of Kansas; for your emergency treatment; when we need to release your information to protect a person who has been threatened with substantial physical harm by you during the course of treatment; for disclosures by a state psychiatric hospital to appropriate administrative staff of the department of corrections; when we believe disclosing your information to you will be injurious to your welfare; when we are required to release your information to a state or national accreditation, certification or licensing authority, or scholarly investigator with their promise to only disclose your identity to those authorized by law; any information to the state protection and advocacy system requires to be available by a federal grant-in-aid program; when we try to collect payment; for investigations or proceedings conducted by a coroner in the performance of such coroner's official duties; to share evaluation and treatment records by and between or among treatment facilities, correctional institutions, jails, juvenile detention facilities or juvenile correctional facilities regarding a proposed patient, patient or former patient for continuity of care; for release of the name, date of birth, date of death, name of any next of kin and place of residence of a deceased former patient when that information is sought as part of a genealogical study; or when the commissioner of juvenile justice, or the commissioner's designee, requests information about a juvenile.

AIDS/HIV Information: We are required by law to report an AIDS/HIV positive test result to the Secretary of State for Kansas. We will otherwise get your consent to release your HIV/AIDS information, unless we need the information for treatment, we know that your spouse or partner has had laboratory confirmation of HIV infection or has AIDS and is at risk of exposure to HIV, or if your physician, other care provider, or any emergency service employee, corrections officer, or law enforcement employee has or will be placed in contact with AIDS/HIV bodily fluids.

Communications with Your Psychologist: Your communications with your Psychologist are confidential and will not be disclosed without your permission, except if your psychologist is testifying in court hearings concerning matters of adult abuse, adoption, child abuse, child neglect, or other matters pertaining to the welfare of children, or is seeking collaboration or consultation with professional colleagues or administrative superiors, or both, or is making a report to the state that is required by law.

MISSOURI LAW

Health Care Providers (physician)

In General: We will not release or disclose your medical information without consent, and we will always exercise care to discuss confidential, sensitive, or personal health information in a manner or place where the discussion is not able to be easily overheard.

Home Health Agency

In General: If applicable, we will not release your medical records without your authorization, except in the case of sharing your health information with an in-home services provider in order to coordinate the care and services you receive.

Sensitive Information

HIV/AIDS Information: We will not release your HIV/AIDS information without your specific written authorization, except where the release without your consent is authorized by law.

Mental Health & Substance Abuse Information: We will get your written consent to release your mental health and substance abuse information, except where the release without your consent is authorized by law.

Genetic Testing: We will not release your genetic information without your prior written and informed consent. We may also disclose genetic testing information or test results in the following circumstances:

1. Your identity is removed from your compiled statistical data;
2. For health research that still protects your rights and welfare, for health research using medical archives or databases in which your identity is protected from disclosure by coding or encryption, or by removing all identities.

MONTANA LAW

Health Care Providers (physician)

In General: We may only disclose your medical information without your consent as authorized by law.

Sensitive Information

HIV/AIDS and Communicable Disease Information: HIV/AIDS and other communicable diseases must be reported to the local public health department who will, in turn, report this information to the Montana Department of Public Health and Human Services – Communicable Disease Control and Prevention Program.

Substance Abuse Information: We will get your written consent to release your mental health and substance abuse information. Substance abuse treatment services may be disclosed only as allowed by federal substance abuse confidentiality laws.

Genetic Testing: We may not disclose any of your genetic data to any entity offering health insurance, life insurance, long-term care insurance, or to any of your employers without your express consent. We must have your separate express consent for:

1. The transfer of disclosure of your genetic data or biological sample to any third party other than our own processors;
2. The use of your genetic data beyond the primary purpose our genetic testing product or service and its inherent contextual uses; or
3. Our retention of any biological sample you provide following the completion of the services you requested.

Mental Health Information and Communications with Your Psychologist: We may only disclose communications with you psychologist without your consent:

1. If you designate a person to whom the information or records may be released to or if you are a ward and your guardian or conservator designates in writing that your records may be disclosed;
2. To the extent necessary to make claims on your behalf for aid, insurance, or medical assistance to which you are entitled;
3. For research if the department has promulgated rules for the conduct of research;
4. To the courts as necessary for the administration of justice;
5. To persons authorized by an order of court, after you receive notice and opportunity for hearing;
6. To members of the mental disabilities board of visitors or their agents when necessary to perform their functions;
7. To the state protection and advocacy program for individuals with mental illness when necessary; and
8. To the mental health ombudsman when necessary to perform the ombudsman functions.

NORTH CAROLINA LAW

Disclosure of Information Following a Vehicle Crash

In the event you are involved vehicle crash, we may:

- disclose certain information to the investigating law enforcement officer, upon request;
- provide law enforcement with access to visit and interview you; and
- disclose a certified copy of information related to you as required by a search warrant or judicial order.

Court Proceeding Privilege

In General: The following individuals cannot be required to disclose information relating to your care which was obtained while he/she was performing professional services:

- Physicians and those medical professionals assisting the physician
- Psychologists and his/her employees
- Social Workers
- Counselors
- Optometrists
- Nurses

Disclosure to Court: We may be required to disclose information obtained by the above referenced individuals if a judge determines disclosure is necessary for the proper administration of justice.

Home Care

In General: If applicable, we will not disclose your personal or medical records except as permitted or required by applicable State or federal law.

Adult Care Home Residents

In General: If applicable, we will not disclose your personal or medical records except as permitted or required by applicable State or federal law.

Pharmacy

In General: Our pharmacists are permitted to have access to your patient records when necessary to provide pharmaceutical services.

Pharmacy Records: We will only disclose the contents of your pharmacy records to the following individuals: you, your legally appointed guardian, or any individual you provide with written authorization; the licensed practitioner who wrote the prescription; a licensed practitioner who is treating you; a pharmacist providing your pharmacy services; any person authorized by subpoena, court order, or statute; any individual or entity with the responsibility of providing for or paying for your medical care; members or employees of the Board of Pharmacy; researches and surveyors with approval from the Board; owners of the pharmacy, including their authorized agents; covered entities or business associates for the purposes of treatment, payment or healthcare operations; and any person when the pharmacist reasonably determines that the disclosure is necessary to protect the life or health of any person.

Sensitive Information

Organ Donation:

- Once we refer an individual to a procurement organization, the procurement agency may have access to the donor's medical records for purpose of examination to ensure medical suitability.
- In the event you become an organ donor, your medical record will be kept separate and distinct from the transplant recipient's record.

Mental Health, Developmental Disabilities, and Substance Abuse:

If applicable, we shall not disclose your confidential information except to the extent that:

- You or your legal representative consents in writing;
- We determine it is your best interest to disclose the fact of admission or discharge to your next of kin;

- Required by a client advocate in providing monitoring and advocacy functions; provided that, an advocate acting upon the request of you or your legal representative must have your written authorization for access to your information;
- A court issues an order compelling disclosure;
- We determine it is in your best interest to file a petition for involuntary commitment or to file a petition for the adjudication of incompetency;
- You are a defendant in a criminal case and the court orders a mental examination;
- Required for your care and treatment (e.g., conducting quality assessments, payment activities, to obtain state benefits, required for emergency medical services, providing information to the referring health care provider);
- We determine there is an imminent danger to you or another and there is a likelihood of the commission of a felony or violent misdemeanor; or
- Required by the Secretary to ensure quality assurance activities.
- We are required to provide you or your legal representative with access to the information in your record with the exception of information that would be injurious to your physical or mental well-being.

Communicable Diseases: In the event we have reason to suspect that you have a communicable disease or communicable condition, we are required to report such information to the local health director. Further, we must permit the local health director or State Health Director to examine, review, and obtain a copy of medical or other records related to such disease or condition.

We will not release your AIDS or communicable disease information without the written consent of you or your legal representative, except under the following circumstances:

- Release is made for statistical purposes in a way that you cannot be identified;
- Release is necessary to protect the public health and made pursuant to the rules established by the Commission;
- Release is made pursuant to subpoena or court order;
- Release is otherwise permitted by law; or
- Release is made pursuant to any law that authorizes or requires the release of information related to AIDS.

Further, we will not release your HIV information unless otherwise authorized or required by law.

TEXAS LAW

All Providers

In General: Texas law specifically prohibits the disclosure or sale of medical information without clear and unambiguous consent from the individual except when disclosure is for the purpose of treatment, payment, health care operations, insurance or HMO functions or as otherwise required by law. With some exceptions, we may not reidentify information, use your personal health information for marketing purposes without permission, sell your personal health information, or fail to notify you when your information might be disclosed electronically.

Your protected health information may be subject to electronic disclosure by us or our business associates without written authorization for: (i) treatment, payment, healthcare operations; (ii) to perform an insurance or health maintenance organization function; or (iii) as otherwise authorized or required by federal or state law. For electronic disclosures not permitted or required by law, we will obtain your written authorization before the disclosure.

Hospital

Medical Record: Your medical information may be disclosed without authorization if the disclosure is: directory information, to a health care provider rendering health care to the patient, to a transporting emergency medical services provider, to a prospective health care provider to secure the services, to an employee or agent of the hospital who requires the information for education or quality assurance and peer review purposes, to a federal, state or local government agency, to a hospital successor in interest, to the American Red Cross, and as otherwise authorized by law. The patient's health care information may be disclosed without authorization if the disclosure is directory information, to a health care provider rendering health care to the patient, to a transporting emergency medical services provider, to a prospective health care provider to secure the services, to an employee or agent of the hospital who requires the information for education or quality assurance and peer review purposes, to a federal, state or local government agency, to a hospital successor in interest, to the American Red Cross, and as otherwise authorized by law.

Physician

Medical Record: We will not disclose your medical information without your consent except: in court or administrative proceedings or if disclosure is required by law to a governmental agency, to medical or law enforcement personnel to protect from injury, to qualified personnel for research or audit purposes, for the collection of fees for services provided, to a person who has consent, another physician or personnel acting under the supervision of the physician who diagnosed, evaluated or treated the patient, or for an official legislative inquiry.

Sensitive Information

HIV/AIDS Information: The results of an HIV/AIDS test are confidential and may not be disclosed other than to providers rendering care to you, your spouse if tested positive, specific health authorities or as permitted by law.

Hospitals and health care providers may release HIV/AIDS information without your consent to specific state and federal health authorities, personnel treating you or if required by law.

Sexually Transmissible Diseases: The results of an STD test are confidential and may not be disclosed other than to providers rendering care to you, your spouse if tested positive, specific health authorities or as permitted by law.

Genetic information: We will not disclose your genetic information without your informed consent except to you, your physician, for purposes of paternity, court order, identification or other reasons authorized under federal or state criminal law, identification of decedent, to provide genetic information relating to a decedent if the disclosure is made to the blood relatives of the decedent for medical diagnosis, use by the Texas Health and Human Services or as otherwise permitted by law.

Mental Health Information: We will not disclose your mental health information without your consent except, other than in judicial or administrative proceedings, as follows: a professional may disclose convictional information to Texas governmental agency, to medical or law enforcement personnel, for audits and evaluation purposes, someone with written consent from you, to your personal representative, to individuals, corporations or governmental agencies involved in paying or collecting fees for mental or emotional health services, to other professionals and personnel or employees who are evaluating and treating you, in an official legislative inquiry, or to satisfy a request for medical records if you are deceased or incompetent.

Domestic Violence, Sexual Abuse or Rape: We will not disclose your confidential communications with your advocate about your domestic violence, sexual abuse or rape without your permission except to medical or to law enforcement personnel if there is an imminent probability of physical harm to an individual or if there is a probability of immediate mental or emotional injury to the survivor.

Communications with your Psychologist: Your communications with your psychologist are confidential and will not be released without your consent, except to those involved in your care and treatment and as otherwise permitted by law.

WISCONSIN LAW

Health Care Providers (physician)

In General: We may release a portion, but not a copy, of your health record, to the following individuals, under the following circumstances:

1. If you or your authorized representative are not incapacitated, physically available, and agree to the release, we may release a portion of your health record to any person;
2. If you or your authorized representative are incapacitated or are not physically available, or if an emergency makes it impracticable to obtain you or your authorized representative's consent, and it is determined, in the exercise of a health care provider's professional judgment, that the release of a portion of your health record is in your best interest, we may release to:
 - a. A member of your immediate family or another of your relatives, a close personal friend, or an individual you have identified, that portion of your record that is directly relevant to the member, relative, friend, or individual's involvement in your health care; and
 - b. Any person, that portion that is necessary to identify, locate, or notify a member of the patient's immediate family or another person that is responsible for your care concerning your location, general condition, or death.

Sensitive Information

HIV/AIDS Information: We will not release your HIV/AIDS information without your specific written authorization, except where the release is authorized by law. A private pay patient may prohibit the disclosure of his or her HIV/AIDS information to a researcher if the private pay patient annually submits to us a signed, written request that the disclosure be prohibited.

Mental Health & Substance Abuse Information: We will get your written consent to release your mental health and substance abuse information, except where the release without your consent is authorized by law.

Genetic Testing: We will not release your genetic information without your prior written and informed consent.

Venereal/Communicable Disease: We are required by law to report these diseases to a local health officer or the state epidemiologist and they are required to keep the information confidential.

Communications with Your Psychologist: Confidential communications with your psychologist for purposes of diagnoses or treatment may not be released without your permission unless, the communication is:

- relevant to proceedings for hospitalization, guardianship, protective services, or protective placement or for control, care, or treatment of a sexually violent person;
- related to an examination ordered by a judge;
- relevant to an issue of your physical, mental or emotional condition in any proceedings in which you are relying upon the condition as an element of a claim or defense;
- related directly to the facts or immediate circumstances of a homicide; or
- related to an abused or neglected child or abused unborn child.

WYOMING LAW

Health Care Providers (physician)

In General: We may not disclose any of your protected health information without your written consent unless authorized by law.

Sensitive Information

HIV/AIDS and Communicable Disease Information: HIV/AIDS is included within the list of reportable contagious, infectious, and communicable diseases that we must report to the department of health.

Mental Health and Substance Abuse Information: We will obtain your written consent to release your mental health and substance abuse information. We may disclose your information within the treatment facility where you are receiving treatment as necessary for your mental health or substance abuse services.

Genetic Testing: We may not disclose any of your genetic data to any entity offering health insurance, life insurance, long-term care insurance, or to any of your employers without your express consent.

Communications with Your Psychologist: Your psychologist shall only disclose confidential information to others with your informed consent; however, your information may be disclosed in the following circumstances:

1. Your psychologist determines that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm that you will inflict on yourself or others. Only limited information may be disclosed to protect the client or the person threatened; and
2. When your psychologist is rendering services as part of a team or interacting with other appropriate professionals concerning your welfare. In this case, your psychologist will only share necessary information, and he or she will take reasonable steps to inform all persons about the confidential nature of your information.