NOTICE OF PRIVACY PRACTICES

Effective Date: August 31, 2026

Your Information. Your Rights. Our Responsibilities.

This Notice of Privacy Practices ("Notice") applies when HCA Healthcare ("HCA Healthcare," "we," "our," or "us") collects, processes, holds, stores, or discloses your individually identifiable health information that we collect as a health care provider subject to the Health Insurance Portability and Accountability Act ("HIPAA") (these entities are often called Covered Entities under HIPAA). This means that this Notice applies when we collect and process protected health information ("PHI") related to your prescription and treatment information.

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.**

To find out more about how information not subject to this Notice is used, disclosed, and your rights, please visit HCA Healthcare's Privacy Policy.

If we have your substance use disorder patient records, those are subject to the Additional Notice below, and not the main part of this Notice.

For more information see: https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html.

If you have any questions about this Notice, please contact our Privacy Office at **1-844-720-2541** or privacy@hcahealthcare.com.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy Notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

If we have your substance use disorder patient records, those are subject to the Additional Notice below, and not this part of the Notice.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Notice

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your 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.

Revoke any authorization or consent you previously provided

You can revoke your authorization or consent to use or disclose your health information. We may not be able to take back any disclosures we have

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at our Corporate Privacy Office at 1 Park Plaza, Nashville, Tennessee 37203, by phone at 1-844-720-2541, or by email at privacy@hcahealthcare.com.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **https://www.hhs.gov/hipaa/filing-a-complaint/index.html.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care or to help locate those individuals.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.
- Communicate with you through newsletters or other communications regarding treatment options, health-related information, disease-management programs, wellness programs, research projects, community-based initiatives or activities, or otherwise.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Third party marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

If we have your substance use disorder patient records, those are subject to the Additional Notice below, and not this part of the Notice.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with others to provide you treatment or services.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. We may use your health information to assess the care and outcomes in your case and others like it. We may use your health information to continually improve the quality of care for all patients we serve.

Example: We may combine health information about many patients to evaluate the need for new services or treatment.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities and otherwise for our payment purposes.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

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

If we have your substance use disorder patient records, those are subject to the Additional Notice below, and not this part of the Notice.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

Do research

The use of health information is important to develop new knowledge and improve medical care. We can use or share your information for health research. You may also be contacted to participate in a research study.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Engage in fundraising

We may contact you to raise funds. However, you have the right to elect not to receive such communications.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Other ways we may use and share your health information

We may also use and share your health information for treatment and other purposes allowed by law, including to:

- Remind you that you have an appointment for medical care.

- Assess your satisfaction with our services.
- Tell you about possible treatment alternatives.
- Conduct training programs or review the competence of health care professionals.
- Determine eligibility for Medicaid or the Children's Health Insurance Program.

With your consent or authorization

We may also use and share your health information in accordance with your consent or authorization.

Organized Health Care Arrangement and Affiliated Entities

We may participate with many facilities, physician practices, and medical staff members as an organized health care arrangement. To the extent we do so, we are providing this Notice jointly. We may also provide your health information to other affiliated facilities. Your health information will be shared as necessary where permitted by law as described in this Notice.

Health Information Exchanges / Regional Health Information Organizations

Federal and state laws may permit us to participate in health information exchanges or regional health information organizations (HIEs) with other healthcare providers, insurers, and other health care industry participants and their subcontractors and to share your health information with one another for purposes permitted by law, including improving the accuracy and availability of your health records, decreasing the time needed to access your information, aggregating and comparing your information, engaging in quality improvement purposes, supporting care coordination, engaging in public health activities, and for other lawful purposes. HIE participants, including us, are required to meet rules that protect the privacy and security of your health information.

- Participation in HIE is your choice. You can choose to not have your information shared electronically through the HIE at any time. If you choose to opt out of the HIE, this will not affect your access to care in any way.

- If your medical record contains certain information that requires your consent under state or federal law before information is shared, then we will not release that information to your other treating providers through the HIE until you provide authorization.

Business Associates

We may use third party service providers, called business associates, to assist us in providing our services and running our facilities. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. This may include third parties who assist us in providing you our website and any mobile applications. Those third parties may receive information through cookies or other online trackers and may include information about searches you conduct, prescriptions you have, or other health information to allow us to improve our website and send personalized materials to you.

Use of Artificial Intelligence

We may use artificial intelligence ("AI"), machine learning, or other automated tools to develop, operate, improve, maintain, protect, and provide certain aspects of your healthcare experience, including by processing your health information using AI where permitted by applicable law. Qualified healthcare professionals review all AI-assisted recommendations before any decisions are made.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described in this Notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our facilities, and on our web site.

Additional Notice for Substance Use Disorder Records

Additional Notice of Privacy Practices of Any of Our Part 2 Programs

This additional notice describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION.
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION.
- YOU HAVE A RIGHT TO A COPY OF THIS ADDITIONAL NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH OUR PRIVACY OFFICER BY PHONE AT 1-844-720-2541 OR BY EMAIL AT privacy@hcahealthcare.com IF YOU HAVE ANY QUESTIONS.

In this additional notice, your health information means your substance use disorder patient record.

Your Rights

You have the right to:

- Consent to most uses and disclosures of your health information
- Ask us to limit the information we share
- Get a copy of this additional notice
- Discuss this additional notice with someone in our program
- Get a list of those with whom we've shared your electronic records
- Get a list of health care providers who have received your information through certain third parties
- Choose in advance whether to receive fundraising communications
- File a complaint if you believe your privacy rights have been violated

Your Choices

With your consent, we can use and share your information as we:

- Treat you
- Run our organization
- Bill for our services
- Fulfill your requests to share information with your consent
- Prevent multiple program enrollments
- Report about court-referred treatment
- Report to prescription drug monitoring programs

Our Uses and Disclosures

We may use and share your information without your consent as we:

- Communicate within our program and with our contractors
- Help with medical emergencies

- Help with public health
- Report crimes (and threats of crimes) on our premises and suspected child abuse and neglect
- Aid scientific research
- Respond to audits and evaluations of our program
- Assist cause of death inquiries
- Respond to court orders

In all these circumstances, we must protect your information and limit how we use and share it.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Provide consent when we use or share your information for most purposes

- You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.
- You may provide a general consent to share your information through certain third parties, such as a health information network or a research institution, where your treating health care providers can access it.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our health care operations after you have provided consent for all those purposes. We are not required to agree to your request, and we may say "no" if, for example, it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our health care operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a copy of this additional privacy notice

You can ask for a paper copy of this additional notice at any time, even if you have agreed to receive the additional notice electronically. We will provide you with a paper copy promptly.

Discuss this additional notice with someone in our program

You can ask questions or obtain more information about this additional notice and our privacy practices by calling us at 1-844-720-2541 or emailing us at privacy@hcahealthcare.com.

Choose in advance about fundraising

You have the right to a clear and obvious notice in advance of, and a choice about whether to receive, fundraising communications for our program.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at 1-844-720-2541 or privacy@hcahealthcare.com.
- You can file a complaint with the U.S. Department of Health and Human Services' Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **https://www.hhs.gov/hipaa/filing-a-complaint/index.html.**
- We will not retaliate against you for filing a complaint.

Your Choices

How do we typically use or share your health information?

With your consent, we typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for a chronic condition asks a doctor at our program about your health condition and medications you are taking, for example, to avoid complications.

Run our organization

We can use and share your health information to run our program, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

With your consent, we may also use and share your information in the following ways:

- To whomever you name in a consent to share your information
- To prevent multiple enrollments in withdrawal management or maintenance treatment programs
- To report participation in treatment required by the criminal justice system
- To report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law

You can choose someone to act for you.

- If someone has authority to act as your personal representative, such as if someone has your 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.

Our Uses and Disclosures

How else can we use or share your health information?

We are allowed or required to share your information in certain ways without your consent – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

To communicate within our program and with contractors

We can share your information within our program, with an organization that has administrative control over our program, and with contractors who help us run our program.

For medical emergencies

We can share your information during a bona fide medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency.

We can also share your identifying information to assist the federal Food and Drug Administration in notifying you or your doctor about unsafe products you may be using.

Help with public health

We can share health information that does not identify you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications

Aid scientific research

We can use or share your information to conduct or help with health research. Researchers cannot include any patient identifying information in their reports about the research.

Respond to management and financial audits and program evaluations

We can use or share your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you.

Assist with cause of death inquiries

We can share patient identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death.

Report suspected child abuse and neglect

We will only report the information required by law.

Prevent or reduce crime in our program

We may report to law enforcement when a patient commits or threatens to commit a crime within our program or against our staff.

Redisclosure According to HIPAA

When you consent to uses and disclosures for all future treatment and payment purposes and to run our business, we may share your information with other substance use disorder treatment programs, doctors' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement).

Legal Proceedings and Court Orders

We must follow certain procedures before using or sharing your information for investigations and legal proceedings.

- We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.

- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

Our Responsibilities

- We are required to obtain your consent for most uses and sharing of your information.
- We are required by law to maintain the privacy and security of your information.
- We must let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this additional notice and give you a copy of it.
- We will not use or share your information other than as described in this additional notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Additional Notice

We can change the terms of this additional notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our facilities, and on our web site.