

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.

Amended as of: August 1, 2021

**Ardent Health Services
Welfare Benefit Plan**

NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires health plans to notify plan participants about their policies and practices to protect the confidentiality of participant health information. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose your protected health information (as defined below), as well as how you can obtain access to such protected health information. This Notice is intended to satisfy the HIPAA notice requirement for all individually identifiable health information created, received or maintained by the Health Plan (as defined below) sponsored by AHS Management Company, Inc. and its affiliates (“**Company**”).

This Notice applies to employees of the Company, former employees, and dependents who participate in any of the following health benefit programs (collectively referred to in this Notice as the “**Health Plan**”) under the Ardent Health Services Welfare Benefit Plan:

- > Medical Benefits
- > Dental Benefits
- > Vision Benefits
- > Prescription Drug Coverage
- > Health Care Flexible Spending Accounts

CONTACT INFORMATION

*If you have any questions regarding this Notice,
please contact:*

Ardent Health Services
1 Burton Hills Blvd Suite 250
Nashville TN 37215

Attn: Steve Hinkle, Chief Privacy Officer
(615) 296-3378; steve.hinkle@ardenthealth.com

In this Notice, the terms “**we**,” “**us**,” and “**our**” refer to the Health Plan, all employees of the Company involved in the administration of the Health Plan, and all third parties who perform services for the Health Plan. However, employees of the Company perform only limited Health Plan functions because most Health Plan administrative functions are performed by third-party service providers. The Health Plan may share your health information within the Health Plan as necessary to carry out treatment, payment or health care operations relating to the Health Plan.

The Health Plan protects confidential health information that identifies you and certain information that could be used to identify you and that relates to your physical or mental health condition or the payment of your health care expenses. This individually identifiable health information that is received or created in the course of administering the Health Plan is known as “**protected health information**,” or “**PHI**.” Your PHI may be stored electronically and may be disclosed electronically.

This Notice only applies to health-related information received by or on behalf of the Health Plan. Employment records maintained by the Company in its capacity as an employer are not PHI and are not covered by this Notice. If the Company obtains your health information outside of the Health Plan – for example, if you are hurt in a work accident and you provide medical records with your request for Family and Medical Leave Act absence, then this Notice will not apply, but the Company will safeguard that information in accordance with applicable laws.

Privacy Obligations of the Health Plan

The Health Plan is required by law to (1) make sure that PHI is kept private; (2) give you this Notice describing our legal duties and privacy practices with respect to PHI; (3) notify affected individuals following a breach of unsecured PHI; and (4) follow the terms of the Notice that is currently in effect. The Health Plan may change this Notice at any time and make the revised or changed Notice apply to all PHI the Health Plan already has about you and any PHI the Health Plan receives in the future. If there is a material change to the terms of this Notice, we will provide you with a copy of the revised Notice by hand delivery or by mail to your last-known address on file. You may also get a current copy of the Notice by contacting the Privacy Officer of the Health Plan using the contact information provided on the first page of this Notice.

How We May Use and Disclose PHI About You

The following categories describe different ways we use and disclose PHI. Not every use or disclosure in a category will be listed. Your PHI may be stored in paper, electronic or other form and may be disclosed electronically or by other methods. The Health Plan will not use or disclose your PHI without your authorization, except for the following purposes:

- *Treatment.* We may use and disclose your PHI to facilitate medical treatment or services by a health care provider in order to treat you and coordinate and manage your health care services. For example, we may disclose your prescription information to a pharmacist regarding a drug interaction concern.
- *Payment.* We may use and disclose your PHI so that claims for the treatment, services and supplies you receive may be paid according to the Health Plan's terms. For example, your diagnosis information may be used to determine whether a specific procedure is medically necessary, and your PHI may be disclosed to another health plan to determine your eligibility or coverage. However, we are prohibited from using or disclosing genetic information to make any underwriting determinations, such as eligibility or rate setting.
- *Health care operations.* We may use and disclose your PHI to enable us to operate, to improve our efficiency and for other administrative and quality control functions. For example, we may use and disclose your claims information for fraud and abuse detection activities, case management, disease management, to conduct data analyses for cost control or planning related purposes, and to tell you about possible treatment options and health-related benefits or services that may be of interest to you.
- *The Company, as sponsor of the Health Plan.* In accordance with HIPAA requirements, we may disclose your PHI to designated Company personnel so that they can carry out their Health Plan-related administrative functions, including the uses and disclosures described in this Notice. Company personnel who receive your PHI on behalf of the Health Plan will protect the privacy of your PHI in compliance with this Notice. Unless authorized by you in writing, your PHI may not be used by the Company for any employment-related actions or decisions or in connection with any other employee benefit plan sponsored by the Company.
- *Business associates.* We may disclose your PHI to companies or individuals with whom we contract, including plan administrators, if they need PHI to perform their services and have agreed to keep PHI confidential.
- *Individuals involved in your care.* We may disclose PHI to close friends or family members who are involved in or help pay for your care. We may also advise your family members or close friends about your condition or location (such as that you are in the hospital). We may also disclose your PHI to disaster relief agencies so they may assist in notifying those involved in your care of your location and general condition.

- *Required by law.* We may use and disclose your PHI when required to do so by federal, state or local law, including disclosures to the U.S. Department of Health and Human Services to determine the Health Plan's compliance with HIPAA privacy regulations.
- *Public health activities.* We may use and disclose your PHI for public health activities authorized by law, such as preventing or controlling disease, reporting births and deaths, reporting child abuse or neglect to government authorities, reporting reactions to medications, notifying people of recalls of products and alerting those who may have been exposed to a communicable disease.
- *Health oversight activities.* We may disclose PHI to a government oversight agency for audits, investigations, inspections and similar activities necessary for the government to monitor the health care system and government programs.
- *Lawsuits and disputes.* We may disclose your PHI in response to a court or administrative order and, under certain circumstances, a subpoena, warrant, discovery request or other lawful process.
- *Suspected abuse, neglect or domestic violence.* We may notify government authorities to report suspected abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when you agree to the disclosure.
- *Law enforcement.* We may disclose your PHI if asked to do so by a law enforcement official in compliance with a court order, warrant or other process or request permitted by law, to report a crime or as otherwise permitted by law.
- *Health or safety.* We may disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of you, the public or another person.
- *Coroners, medical examiners and funeral directors.* We may disclose your PHI to a coroner, medical examiner or funeral director as necessary to carry out their duties.
- *Organ and tissue donation.* We may disclose your PHI to organizations that handle organ procurement, transplantation or donations.
- *Research.* We may use and disclose your PHI for research purposes, subject to strict legal requirements.
- *Government functions.* We may disclose your PHI to various departments of the government as required or permitted by law, such as to protect the President, for counterintelligence purposes, for national security purposes or if you are a member of the military.
- *Workers' compensation.* We may disclose your PHI when necessary to comply with workers' compensation laws. State law may further limit the permissible ways the Health Plan uses or discloses your PHI. If an applicable state law imposes stricter restrictions on the Health Plan, we will comply with that state law.
- *Inmates.* If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official if 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.

Other Uses and Disclosures of Your PHI

Uses and disclosures of your PHI not covered by this Notice will be made only with your written authorization. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes or sell your PHI unless you have signed an authorization. If you sign an authorization, you may revoke it, in writing, at any time, but your revocation will not apply to uses or disclosures made before the Health Plan received your revocation.

The Genetic Information Nondiscrimination Act of 2008 (“GINA”) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. The Company and the Plan request that you not provide any genetic information when responding to a request for medical information. The Health Plan is prohibited by law from using or disclosing PHI that is genetic information of an individual for underwriting purposes. Genetic information as defined by GINA includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Your Rights

You have the following rights with respect to PHI. You can exercise any of these rights by contacting the Privacy Officer of the Health Plan using the contact information provided on the first page of this Notice.

Right to inspect and copy your PHI. You have the right to inspect and copy your PHI that is contained in records that the Health Plan maintains to make decisions about you. In limited circumstances, we may deny you access to a portion of your records. Consistent with legal requirements, we may charge a reasonable fee for our labor and supply costs for creating the copy and postage, if applicable. If your information is stored electronically and you request an electronic copy, we will provide it to you in the format you request if it is readily producible in that format. If it is not readily producible in such format, we will provide you a readable electronic copy in a format that you agree to.

Right to amend your PHI. You have the right to request an amendment of your PHI if you believe the information the Health Plan has about you is incorrect or incomplete. You have this right as long as your PHI is maintained by the Health Plan. You must submit your request in writing and provide a reason to support your request. We will correct any mistakes if we created the PHI or if the person or entity that originally created the PHI is no longer available to make the amendment.

Right to request restrictions. You have the right to request a restriction or limitation on the Health Plan’s use or disclosure of your PHI for treatment, payment or health care operations. However, the Health Plan is not required to agree to your request, except for requests to restrict disclosures to another health plan when you have paid in full out-of-pocket for your care and when the disclosures are not required by law.

Right to receive confidential communications. You have the right to request that the Health Plan communicate with you about your PHI at an alternative address or by alternative means if you believe that communication through normal business practices could endanger you. For example, you may request that the Health Plan contact you only at work and not at home. Your request must specify how or where you wish to be contacted.

Right to receive an accounting of disclosures of PHI. You have the right to request a list of disclosures of your PHI by the Health Plan, except for disclosures made for treatment, payment or health care operations and other disclosures excepted by law. Your first request for an accounting within a 12-month period will be free. We may charge you for costs associated with providing you additional accountings. We will notify you of the costs involved, and you may choose to withdraw or modify your request before you incur any expenses.

Right to file a complaint. If you believe your privacy rights have been violated, you may file a written complaint with Privacy Officer of the Health Plan using the contact information provided on the first page of this Notice. We prohibit retaliation against any person for filing a complaint. You may also complain to the Secretary of the U.S. Department of Health and Human Services (Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, DC 20210) (<http://www.hhs.gov/ocr/privacy/>) generally within 180 days of when the act or omission complained of occurred.

Right to be notified of a breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured PHI.

Right to paper copy of this Notice. You may request and receive a paper copy of this Notice at any time, even if you have already received a copy of the Notice or have previously agreed to receive this Notice electronically.

Additional Information. This Notice does not create any right to employment for any individual, nor does it change the Company's right to discipline or discharge any of its employees in accordance with its applicable policies and procedures.