

NOTICE OF PRIVACY PRACTICES

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.

This Notice describes the privacy practices of Baptist Community Health Services, Inc., Baptist Health Medical Associates - Madisonville, Baptist Medical Associates, Inc., Baptist Physicians Lexington, Inc., Baptist Physicians Southeast, Inc., and Western Baptist Medical Ventures, Inc. (collectively referred to as "Baptist," "We," "Our" or "Us") when you are treated as a patient at one of these facilities. This Notice also applies to services provided at other locations by Baptist employees, contractors, volunteers, students or representatives, including but not limited to services in your home, hospitals, diagnostic centers, urgent care centers, occupational medicine clinics, fitness centers, mobile health services, and critical care transport services. Although most of the health care providers who treat you at Baptist are Our employees, there may be a few providers that are independent contractors.

We participate in an organized health care arrangement for purposes of carrying out certain treatment related activities and operational activities related to the management of Our health care business. We also have an organized health care arrangement with hospitals where Our physicians are members of the medical staff. Participants in Our organized health care arrangement agree to follow the terms of this Notice and are included in references to Baptist, We, Our or Us in this Notice. As part of these arrangements, it is necessary for Us to share information to manage your care and to improve Our services, operations, and management. This Notice serves as Our joint notice of privacy practices.

Protecting Your Information

We understand that certain information about you and your health is personal. We are committed to protecting medical, billing and other information about you. We create a record of the care and services you receive at or by Baptist. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice will tell you about the ways in which We use and disclose information about you. It also describes your rights and Our duties regarding the use and disclosure of your information. We reserve the right to change this Notice and 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 on Our Web site (www.bhsi.com) and it will be also be available at the Registration desk at all facilities covered by the Notice. The effective date of the Notice is located at the bottom of each page. We are required by law to (1) maintain the privacy of medical information that identifies you, (2) give you this Notice of Our legal duties and privacy practices, and (3) follow the terms of Our most current Privacy Notice.

Use and Disclosure of Information about You

The following categories describe different ways that We are permitted to use and disclose medical information. These examples are not exhaustive.

- **For Treatment.** We may use your medical information to provide, coordinate, or manage your health care and any related services. We may disclose your medical information to employees, students, volunteers, physicians, other health care providers, and other individuals who are involved in providing treatment to you. For example, We may provide a physician who is treating you for a broken leg with information about another medical condition you may have, such as diabetes, because diabetes may slow the healing process. . Different departments also may share medical information about you in order to coordinate the different services and products you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside of Baptist or Our organized health care arrangements who are involved in your medical care, such as home health agencies, nursing homes, physicians, medical device or equipment companies, pharmacists, family members, clergy or others who provide services that are part of your care.
- **For Payment.** We may use and disclose information about you so that the treatment and services you receive may be billed 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 the treatment you received at Baptist so your health plan will pay Us or reimburse you for the treatment. We may also tell your health plan about a treatment you

are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also share your information with companies that provide billing or collection services for Us. We may allow companies to review information about you to evaluate your eligibility for receiving medical assistance, qualify you for such assistance, and arrange for payment. Also, We may disclose your information to another health care provider who provides services to you in order for that provider to receive payment.

- For Health Care Operations. We may use and disclose information about you for health care operations. These uses and disclosures are necessary to provide quality health care and to support the daily activities related to health care. These activities include but are not limited to quality assessment and improvement activities, investigations, oversight or staff performance reviews, training programs, review and auditing, including compliance reviews and medical reviews, conducting or arranging for other health related activities, underwriting and other insurance-related activities, business planning or development, and internal grievance resolution. For example, We may use medical information to review treatment and services provided to you at Baptist and to evaluate the performance of Our staff and physicians. We may also combine medical information about many patients to decide what additional services We should offer, what services are not needed, and whether certain new treatments are effective. We may disclose patient information to agencies or companies for accreditation, certification, licensing, or credentialing activities. We may also combine the information We have with information from other facilities to compare how We are doing and to see where We can make improvements in the care and services We offer. We also may use or disclose patient information in conducting or arranging for legal, financial, auditing, risk management, consulting, management, and administrative services. We may use or disclose your information in Our fraud and abuse detection and compliance programs. In certain situations, We also may disclose your information to third parties for their own health care operations activities.

Activities of Our Organized Health Care Arrangement. Members of Our organized health care arrangements share information about you in order to provide quality treatment, to obtain payment for the services, and to carry out health care operations related to the arrangement.

- Appointment Reminders. We may use and disclose your information to remind you of an appointment with Us.
- Treatment Alternatives, Health-Related Benefits and Services. We may use and disclose your information to discuss treatment alternatives and health-related benefits or services that may be of interest to you, so long as We don't receive any payment in exchange for such communication.
- Fundraising Activities. We may use information about you to contact you in an effort to raise money for Baptist. We may disclose information to a foundation related to Baptist or a Business Associate so that they may contact you. For these fundraising purposes, We are permitted to use and disclose limited information about you called demographic information, along with the dates you received services, your health insurance status, the department and/or physician who provided your services, and outcome information. You have a right to opt out of receiving communications of such nature and We will provide you with instructions in each communication on how to opt out of future communications.
- Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who pays for your care. In addition We also may disclose information about you to an organization or agency assisting in disaster relief efforts so that your family can be notified about your condition and location.
- Research. Under certain circumstances, We may use and disclose information about you for research purposes. 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, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information and balances the research needs with patients' need for privacy of their medical information. Before We use or disclose medical information for research, the project will have been approved through this research approval process. However, We may disclose medical information about you to people preparing to conduct a research project, so long as the medical information they review does not leave Baptist.
- As Required By Law. We will disclose information about you when required or authorized by law.

- To Avert a Serious Threat to Health or Safety. We may use and disclose 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. Such disclosure would be to the target of the threat or to someone able to help prevent the threat.
- Military and Veterans. If you are a member of the armed forces, We may release medical information about you if required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- Workers' Compensation. We may release information about you for workers' compensation or similar programs, as permitted or required by law. These programs provide benefits for work-related injuries or illness.
- Public Health Risks. We may disclose information about you for public health activities. These activities generally include but are not limited to the following, as permitted or required by law: (1) preventing or controlling disease, injury or disability; (2) reporting births and deaths; (3) collecting or reporting adverse events and product defects, tracking FDA regulated products, and enabling product recalls, repairs or replacements; (4) notifying the appropriate government authority if We believe a patient has been the victim of abuse, neglect or domestic violence; and (5) notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include but are not limited to audits, investigations, inspections, licensure and certification. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, We may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute if We receive satisfactory assurances that attempts have been made to notify you or your attorney about the request or to secure a protective order. If you are involved in a lawsuit or dispute against Baptist, We may share your information as necessary to support Baptist's position and to obtain legal services.
- Law Enforcement. We may release information if asked by a law enforcement official: (1) in response to a court order, subpoena, or warrant; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime; (4) about a death or health condition that We believe may be the result of criminal conduct; and (5) in emergency circumstances to report a crime or the identity, description or location of the person who committed the crime.
- Coroners, Funeral Directors and Organ Donation. We may disclose information to coroners or medical examiners for identification purposes, to determine the cause of death, or for them to perform other duties authorized by law. We may also release information to funeral directors as necessary for them to carry out their duties. We may use or disclose information for cadaveric organ, eye or tissue donation purposes.
- Specific Government Functions. In certain situations, federal laws authorize Us to use or disclose your medical information to facilitate specified government functions relating to military and veteran activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.
- Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, We may release 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.

Your Rights Regarding Information about You

- Right of Access. You have the right to inspect and obtain a copy of information that We maintain about you. Usually, this includes medical and billing records, but does not include certain other types of records. To inspect or request a copy of the available records, you must submit your request in writing to the Manager of the facility or practice that treated you. Under certain circumstances, We may charge you a fee for copying and mailing your records. We may deny your request to inspect or obtain a copy in certain limited circumstances. If you are denied access to information, you may request that the denial be reviewed in certain circumstances.
- Right to Amend. If you feel that 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 Us. To request an amendment, you must submit a written request, along with a reason that supports your request, to the Manager of the facility or practice that treated you. We may deny your request 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 (1) was not created by Us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical information kept by or for Us; (3) is not part of the information that you would be permitted to inspect and copy; or (4) is already accurate and complete as originally stated.
- Right to Receive an Accounting. You have the right to receive an accounting of certain disclosures made by Us, upon your request. This right does not apply to disclosures (1) made to you or in response to an authorization form signed by you; (2) for national security or intelligence purposes; (3) made to your friends or family members involved in your care; (4) that are incident to a permitted use or disclosure; and (5) made to correctional institutions or in law enforcement situations. Also, this right does not apply to disclosures made for purposes of treatment, payment, and health care operations if the facility or practice at which you were treated does not use or maintain an electronic health record (“EHR”). If the facility or practice uses an EHR, then it may be required on or after 1-1-2011, depending upon when the facility or practice adopted the EHR, to include disclosures made through the EHR for purposes of treatment, payment, and health care operations. To request an accounting, you must submit your request in writing to the Manager of the facility or practice that treated you. For accountings that do not include disclosures made through an EHR, the request may not cover a time period longer than six years from the date of the request. For accountings that include disclosures made through an EHR, the request may not cover a period longer than three years. The first list you request within a 12-month period will be free. For additional lists, We may charge you a reasonable fee.
- Right to Request Restrictions. You have the right to request a restriction or limitation on the 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 information that We disclose to someone who is involved in your care or the payment for your care, like a family member or friend. Your request must be submitted in writing to the Manager of the facility or practice that treated you. Your request must state the specific restriction requested and to whom you want the restriction to apply. In most cases, We are not required to agree to a requested restriction. However, We are required to agree when you ask Us to refrain from disclosing your information to a health plan if the disclosure would be for the purpose of payment or health care operations, and if the information pertains solely to a health care item or service that you have paid for in full and out of pocket. If We agree to a restriction or limitation, We will comply with your request unless the information is needed to provide 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 may ask that We contact you only at work or by mail. To request confidential communications, you must make your request in writing to the Manager at the facility or practice that treated you.
- Right to Receive Breach Notifications. You have a right to receive notifications from Us if the privacy or security of your protected health information is breached.
- Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice, even if

you have agreed to receive this Notice electronically. You may obtain a paper copy of Our current Notice by contacting the Registration personnel at all facilities. You may also visit Our Web site (www.bhsi.com).

Other Uses of Medical Information Requiring Your Written Authorization

Certain uses and disclosures of your protected health information are only permitted with your written permission by signing an authorization form. These include most uses and disclosures of psychotherapy notes, certain uses and disclosures of your protected health information for marketing communications, and disclosures that constitute the sale of your protected health information.

Other uses and disclosures of information not covered by this Notice or the laws that apply to Us will be made only with your written permission by signing an authorization form. If you give Us authorization to use or disclose information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, We will no longer use or disclose information about you for the reasons covered by your written authorization. We are unable to take back any disclosures We have already made with your permission. We are required to retain Our records of the care that We provided to you.

Questions and Complaints

If you have any questions about this Notice, please contact the Privacy Officer listed below at the facility that treated you. If you believe your privacy rights have been violated, you may file a complaint with Us or with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.** To file a complaint, you may call 1-800-783-2318 or contact one of the following individuals:

Baptist Healthcare Affiliates

Baptist Community Health Services, Inc.
ATTN: Privacy Officer
2701 Eastpoint Parkway
Louisville, KY 40223
(502) 894-3553

Baptist Health Medical Associates – Madisonville
ATTN: Privacy Officer
900 Hospital Drive
Madisonville, KY 42431
(270) 825-5629

Baptist Health – Richmond
ATTN: Privacy Officer
801 Eastern Bypass
Richmond, KY 40475
(859) 625-3299

Baptist Medical Associates, Inc.
ATTN: Privacy Officer
2701 Eastpoint Parkway
Louisville, KY 40223
(502) 894-3553

Baptist Physicians Lexington, Inc.
ATTN: Privacy Officer
526 Eastern Bypass
Richmond, KY 40475
(859) 623-6778

**Baptist Physicians Southeast, Inc.
ATTN: Privacy Officer
1 Trillium Way
Corbin, KY 40701
(606) 523-8699**

**Western Baptist Medical Ventures, Inc.
ATTN: Privacy Officer
2601 Kentucky Avenue
Doctors Building #1, Suite 201
Paducah, KY 42003
(270) 415-7231**