

VIVENT HEALTH NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Updated April 29, 2022

At Vivent Health we are grateful for the trust you place in us to provide you with health services. Our organization is required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with a notice that describes our legal duties and privacy practices and your privacy rights with respect to your health information. Vivent Health is committed to keeping your personal health information confidential and we will follow the privacy practices described in this notice. We believe that protecting your privacy is one of our most important responsibilities.

Because you have entrusted our organization to protect your privacy, we want to provide you with a complete explanation of how your personal health information may be used and to whom it may be disclosed. We will explain the use and disclosure of your health information when needed for your treatment, payment for health care or other health care operations, and when required or allowed by law. We will also explain your rights to access and control how your personal health information is used.

Personal health information is about you. It includes health information that identifies who you are and may include your contact information; your past, present or future health conditions; and the health services you receive including medical, dental, mental health, substance use disorder, pharmacy, and other health services. It is important that you carefully review the information we are providing you. If you have any questions or if you prefer that we not use or disclose your personal health information in the manner that we describe, please contact the Health Services Administrator in your state:

WISCONSIN
820 North Plankinton Avenue
Milwaukee, Wisconsin 53203
414-225-1639

COLORADO
5250 Leetsdale Drive
Denver, Colorado 80246
303-393-8050

ST. LOUIS
2653 Locust Street
St. Louis, Missouri 63103
855-751-8879

KANSAS CITY
4309 E 50th Terrace
Suite 100 & 200
Kansas City, MO 64130
816-561-8784

TEXAS
6505 Airport Blvd. Ste 100
Austin, Texas 78752
512-648-2273

YOUR PERSONAL HEALTH INFORMATION & ELECTRONIC HEALTH RECORD

Each time you visit a hospital, medical clinic, physician, dentist, mental health therapist, pharmacist, substance use disorder counselor, or other provider, a record of your visit is made. Typically, this record contains your symptoms, examinations and test results, diagnoses, and details on current or future care or treatment. This information, often referred to as your healthcare or medical record, serves as:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which your third-party payer can verify-2(b)-5(y)BT/F3 9.96 Tftm0 g0 6 Tf1 0 0 1 222.

ALL ELECTRONIC HEALTH RECORDS

Our organization is part of an organized health care arrangement, the Oregon Community Health Information Network (OCHIN) for electronic health record and other purposes. A current list of OCHIN participants is available at <https://ochin.org/member-map>. As a business associate of our organization, OCHIN supplies information technology and related services to us and other OCHIN participants utilizing Epic and other software. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operations may also include geocoding your residence location to improve the clinical benefits you receive.

HEALTH INFORMATION EXCHANGES

Our organization also participates in various Health Information Exchanges (HIEs) or similar arrangements for treatment, operations and payment purposes. For example, we participate in the Wisconsin Statewide Health Information Network (WISHIN) for Wisconsin patients. In compliance with federal and state laws, we may make your Protected Health Information (PHI) available electronically through HIEs and similar arrangements

privacy rules and those who receive this information are obligated to maintain its confidentiality under federal and state laws. Lastly, if certain criteria are met, we may disclose your health information to researchers after your death when it is necessary for research purposes.

USES AND DISCLOSURES MADE WITH YOUR CONSENT OR OPPORTUNITY TO OBJECT

Individuals Involved in Your Care or Payment for Your Care. If you do not object and the situation is not an emergency, and disclosure is not otherwise prohibited by law, privacy laws permit us to use professional judgment to disclose information to family members, relatives, close friends, or others involved in your care or helping you pay your medical bills.

Communications. We will communicate to you via all means including mailings, through electronic communications such as telephone, text, voicemail or email, or any other means regarding, but not limited to: treatment options, appointment reminders, prescriptions and medicines, information on health-related benefits or services, disease-management programs, policy changes or announcements, wellness programs; to assess your satisfaction; to remind you of appointments; as part of fund raising efforts; for population-based activities relating to training programs or reviewing competence of health care professionals; or other community based initiatives or activities in which we are participating.

If you are not interested in receiving certain communications or materials, please contact your local Health Services Administrator. Vivent Health will review all reasonable requests. However, for billing we must have an address to send bills to you. If you would prefer your bills to be mailed to an alternative address please contact your local Health Services Administrator.

USES AND DISCLOSURES MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

The following categories describe the ways our organization may use and disclose your health information without your authorization and without providing you an opportunity to object:

- When required by law, including law enforcement, court order, judicial or administrative proceedings, or other requirements
- Public health authorities, including local, state or federal agencies as required
- Health care oversight agencies authorized for audits, investigations or other proceedings
- For judicial and administrative proceedings
- Law enforcement authorities
- Government authorities involving victims of abuse, neglect or violence
- Coroners, medical examiners and funeral directors
- Organ, eye or tissue donation services
- Workers compensation agents
- Specialized government functions, such as national security, military and public safety authorities
- Averting health and safety threats to a person or the general public
- Disaster relief efforts
- Other areas as provided by law

WHEN WE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as provided in this Notice of Privacy Practices or as required or allowable by law, our organization will not use or disclose your health information without written authorization from you. If you do authorize our organization to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to recover or take back any disclosures we have already made.

YOUR HEALTH INFORMATION RIGHTS

You Have the Right to Request Restrictions on Certain PiTm0 g0 [TET@MC P Mu1 reW*nBTnBTF3 9.96 Tf]TETM5si(0 1 11)46)

