

provide additional privacy protection to information about substance use disorder treatment generated by these programs. Generally, we may not identify that you receive services at a program, or disclose any information from a program identifying you as receiving substance use disorder treatment unless:

- (1) You consent in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations governing the confidentiality of substance use disorder treatment records is a crime. Suspected violations may be reported to: U.S. Attorney for the Eastern District of Tennessee, 800 Market Street, Suite 211, Knoxville, TN 37902 or, for opioid treatment programs, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment, 5600 Fishers Lane, Rockville, MD 20857, 240.276.1660.

Federal law and regulations governing substance use disorder treatment records do not protect:

- Any information about a crime committed by a patient either at the treatment program or against any person who works for the program, or about any threat to commit such a crime.
- Any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations governing the privacy of substance use disorder treatment records.)

Changes to This Notice: We reserve the right to change this notice and the revised or changed notice will be effective for health 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 Ballad Health. The effective date is noted on the first page. You may request a copy of the new notice be sent to you in the mail or electronically.

Complaints: 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.

To file a complaint with us, please contact our privacy officer at 423.302.3345 or the Ballad Health AlertLine at 800.535.9057. There will be no retaliation against you for filing a complaint.

Contact: If you have questions or would like additional information, you may contact the privacy officer in the Corporate Compliance department at 423.302.3345 or the AlertLine at 800.535.9057.

Discrimination is Against the Law

Ballad Health complies with federal civil rights laws and does not discriminate, exclude people, or treat them differently because of age, race, color, national origin, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression.

Ballad Health provides qualified sign language and oral interpreters, and other auxiliary aids and services free of charge for patients, family members, and companions, who are deaf or hard of hearing, have speech disabilities, are blind or have low vision. Ballad Health also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

To request auxiliary aids or services, please speak to your nurse or other caregiver, ask for the House Supervisor, or contact us at 423.302.3404.

If you believe that Ballad Health has failed to provide these services or discriminated on the basis of age, race, ethnicity, religion, color, national origin, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, you can file a grievance with the corporate compliance officer (Civil Rights Coordinator) in writing at 400 N. State of Franklin Rd., Johnson City, TN 37604 or by phone at 423.302.3345 or toll free at 800.535.9057. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

If you need assistance with filing a complaint, contact the Non-Discrimination Coordinator at 423.302.3404.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 423.302.3404.

ةدعاسملا تامدخ نإف ،ةغلللا لكذا ثدحتت تنك اذإ :ةظوحلم فتاه مقرر) مقررب لصتا . اناجرلاب لك رفاوتت ةيوعغللا مركبلاو مرصلا :423.302.3404

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 423.302.3404。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 423.302.3404.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 423.302.3404 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 423.302.3404.

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການປ່ຽນການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີຢູ່ສະໜອງໃຫ້ທ່ານ. ໂທ 423.302.3404.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 423.302.3404 መስማት ለተሳናቸው።.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 423.302.3404.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 423.302.3404.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。423.302.3404.まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 423.302.3404.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं 423.302.3404 पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 423.302.3404

دەدىنكى م وگتفگ كىسراف نابز هب رگا :هجو ت امرش كارب ناگكار تروصب كىنابز تالىك هس ت 423.302.3404

ددم كى نابز وك پآ وت ،كە مە تلوب ودرأ پآ رگا :رادربخ كى لآك 423.302.3404

লক্ষ্য করুন: যদি আপনি বাংলা, কখা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ৯-423.302.3404

Dè dɛ nà kɛ dyédé gbo: Ɔ jũ ké m̄ [Bàsɔ̀̀-wùdù-po-nyò] jũ ní, níí, à wudù kà kò dò po-poò bé in m̄ gbo kpáa. Ɖá 423.302.3404

Ntị: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n’efu, defu, aka. Call 423.302.3404

AKIYESI: Bi o ba nsọ èdè Yorùbù ọfẹ ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 423.302.3404



Notice of Privacy Practices

Effective: 02/02/2018

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.

Who Will Follow This Notice: This notice summarizes the privacy practices of the members of Ballad Health's Affiliated Covered Entity (ACE), which are health care facilities and other health care entities that are under common ownership or control and share privacy policies and procedures.

These include, but are not limited to, the health care components of:

Abingdon Physician Partners, Blue Ridge Medical Management Corporation, Bristol Regional Medical Center, Community Home Care, Inc., Dickenson Community Hospital, Emmaus Community Healthcare, LLC, Franklin Woods Community Hospital, Hawkins County Memorial Hospital, Hancock County Hospital, Holston Valley Medical Center, Indian Path Medical Center, Johnson City Medical Center, Johnson County Community Hospital, Johnston Memorial Hospital, Inc., Laughlin Memorial Hospital, Inc., Lonesome Pine Hospital, Mediserve Medical Equipment of Kingsport, Inc., Mountain View Regional Medical Center, Nolichucky Management Services, Inc., Norton Community Hospital, Norton Community Physicians Services, LLC., Russell County Medical Center, Smyth County Community Hospital, Sycamore Shoals Hospital, Takoma Regional Hospital, Takoma Medical Associates, Unicoi County Memorial Hospital, Wellmont Cardiology Services, Wellmont Medical Associates, Wexford House, and WPS Inc., Wilson Pharmacy, Inc., Woodridge Hospital.

This notice applies to all departments, units, all healthcare professionals and others who may be involved directly or indirectly in your care at Ballad Health entities such as employees, physicians, allied health professionals such as physician assistants and nurse practitioners, residents, students, volunteers, and others affiliated with Ballad Health when providing services at Ballad Health facilities. This notice applies to members of our medical staff to the extent that they provide services at

Ballad Health facilities. We may share your medical information with members of the medical staff as necessary to carry out joint treatment, payment, or healthcare operations activities.

As the members of Ballad Health's ACE may change over time, you can go online at www.balladhealth.org for a current list of members of Ballad Health's ACE.

Our Pledge to You: We understand that your health information is personal, and we are committed to protecting its privacy. We are required by law to:

- Maintain the privacy of your health information.
- Give you this notice of our legal duties and privacy practices regarding your health information.
- Follow the terms of our Notice of Privacy Practices that are currently in effect; and
- Notify you following a breach of your unsecured health information.

Your Rights Regarding Health Information About You:

Right to Inspect and Copy: You have the right to request to inspect and obtain a paper or electronic copy of the health information that may be used to make decisions about your care or payment, and to request that a copy be forwarded to a third party of your choice. However, under certain circumstances and, if permitted by law, we may deny your request. To inspect and obtain a copy of your health information, you must submit your request in writing. 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, or less as required by state law. There may be reasonable, cost-based fees for the costs of copying, mailing or other supplies associated with your request.

Right to Amend: If you believe that health information we have about you is incorrect or incomplete, you may ask us to amend the information as long as it is kept by Ballad Health. To request an amendment, your request must be made in writing and provide a reason that supports your request. Ask us how to submit this request. We may deny your request under certain circumstances. You will be informed of the decision regarding any request for amendment of your health information within 60 days and, if we deny your request for amendment, we will provide you with information regarding your right to respond to that decision.

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we make of your health information. We will include all disclosures except those for treatment, payment, healthcare operations, and certain other disclosures (such as those you asked us to make). To request this list of disclosures, you must submit your request in writing to the healthcare provider or facility. Your request must state a time period for which the accounting of disclosures is sought, which cannot be longer than six years prior to the date on which your request for

accounting is made. 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 but will notify you of the cost involved and offer you the chance to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction on the health information we use or disclose about you for treatment, payment, healthcare operations, to persons involved in your care or payment, or disclosures for disaster relief purposes. We are not required to agree to a request for restrictions, other than a request that we not disclose information to a health plan for payment or health care operations where the request relates only to a health care item or service for which we have been paid in full. We will notify you if we don't agree to your request for restriction. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the healthcare provider or facility. 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 health plan.

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 contact you only by mail or at work. Your request must be in writing and specify how or where you wish to be contacted and to what address we may send bills for payment for services provided to you. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a 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 also obtain a copy of this notice at our website www.balladhealth.org.

Choose Someone to Act for You. If you have given someone 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 reasonable efforts to ensure the person has this authority and can act for you before we take any action.

How Your Health Information May Be Used and Disclosed Without Your Authorization: The following describes different ways that Ballad Health is permitted to use and disclose health information that identifies you.

Treatment: We may use health information to treat you or provide you with healthcare services. For example, we may tell your primary care physician about the care we provided you or give health information to a specialist to provide you with additional services.

Payment: We may use and disclose health information so that we or others may bill or receive payment from you, an insurance company or a third party for the treatment and services provided to you. For example, we may disclose your health information to an ambulance company, so that the ambulance company can receive payment for services provided to you.

Healthcare Operations: We may use and disclose health information for healthcare operations and administrative purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may share information with doctors, nurses, medical students, and other personnel for learning purposes.

Health Information Exchange: Ballad Health participates in one or more electronic Health Information Exchange (HIE) networks. Through these health information exchanges, your information will be electronically available to other health care providers and other entities. These entities can access your Ballad Health's health information for your treatment or other permitted purposes. If you have questions about Ballad Health's involvement in electronic health information exchange, please contact our privacy officer in the Corporate Compliance department at 423.302.3345 or the AlertLine at 800.535.9057.

Facility Directory: We may list your information in our facility directory, unless you ask us not to.

Fundraising Activities: We may use and disclose certain limited health information to our Foundation so that it may contact you regarding fundraising activities. You have the right to notify the Foundation at 423.302.3151 to request not to receive fundraising information.

Individuals Involved in Your Care or Payment for Your Care: If you do not object, or we reasonably infer, based on professional judgment, that you do not object to the disclosure, we may disclose relevant health information to a family member, friend, or other person involved in your medical care or who helps pay for your care. We may also disclose health information to a personal representative, who is a person who has legal authority to make healthcare decisions on your behalf.

Business Associates: We may disclose health information to our business associates who perform functions on our behalf or provide us with services, if the information is necessary for such functions or services.

Research: Under certain circumstances, we may use and disclose health information for research purposes provided that we comply with applicable federal and state legal requirements.

Other Purposes: We may use or disclose health information about you for other reasons:

- In a disaster relief situation.
- When required by international, federal, state or local law, including a request by the Secretary of the Department of Health and Human Services to see that we are complying with federal privacy law.
- To avert or reduce a serious threat to health or safety of the public or another person.
- For special government functions such as national security and intelligence activities, including presidential protective services.
- For a member of the Armed Forces (domestic or foreign), we may disclose your medical information as required by military command authorities.
- In response to a court or administrative order, subpoena or other lawful process.
- To a law enforcement official for law enforcement purposes provided we comply with applicable legal restrictions.
- To report child or elder abuse or neglect or domestic violence if we reasonably believe that you are a victim and to the extent required or permitted by federal or state law.
- If you are an inmate, to the correctional institution or law enforcement official.
- To an organ donation bank or to facilitate organ or tissue donation and transplantation.
- To workers' compensation or similar programs for work-related injuries or illness to the extent necessary to comply with laws related to these programs.
- For public health activities such as to prevent or control disease, injury or disability; to report births and deaths; to notify a person who may have been exposed or who may be at risk of spreading a disease; or reporting information to the Food and Drug Administration (FDA) if you experience an adverse reaction from any drugs, supplies or equipment.
- To health oversight agencies for activities authorized by law.
- To a coroner/medical examiner as authorized by law to identify a deceased person or determine cause of death.
- To funeral directors to carry out their duties.

Uses and Disclosures of Medical Information Which Require Your Authorization: Uses and disclosures of health information that are not discussed by this notice or required by law will only be made with your written permission. Your written authorization will typically be required for most uses and disclosures of psychotherapy notes, most uses and disclosures for marketing and most arrangements involving the sale of health information.

How You May Revoke Your Authorization: If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. Your request to revoke your authorization must be sent to our privacy officer or corporate compliance officer.

Confidentiality of Substance Use Disorder Patient Records: Certain Ballad Health facilities, units, or staff (programs) specialize in providing substance use disorder treatment. Federal law and regulations