

Notice of Privacy Practices Effective Date: November 2018

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

INTRODUCTION

For the purposes of complying with HIPAA, the following entities, including, but not limited to, the following: Eagle Rock Ambulatory Surgery Center (Idaho Falls ASC, LLC), Eagle Rock Outpatient Center (Cardiac Cath Lab of Idaho Falls, LLC) and BBH Investments of Idaho Falls, LLC are working together as an affiliated covered entity (ACE) to protect your privacy. All of the aforementioned entities will be referred to in this Agreement as "Eagle Rock." Eagle Rock is required by law to provide you with this notice of your rights, and our legal duties and privacy practices, with respect to your protected health information, and to abide by the terms of this notice that are currently in effect.

1. Purpose: Eagle Rock and its professional staff and employees follow the privacy practices described in this Notice. Eagle Rock is required by law to maintain the privacy of our health information, whether in paper or electronic records, and to protect the integrity, confidentiality, and availability of your electronic information when it is collected, maintained, used, or transmitted by Eagle Rock. However, Eagle Rock must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, Eagle Rock must share your medical information as necessary for treatment, payment, and health care operations.

2. Uses and Disclosures of Medical Information: We use and disclose medical information about you for treatment, payment and health care operations.

Treatment: We may use and disclose your medical information to a physician or other health care provider in order to provide treatment to you. This includes coordination of your care with other health care providers, and with health plans, consultation with other providers, and referral to other providers related to your care.

Payment: We may use and disclose your medical information to obtain payment for services we provide to you. Payment includes submitting claims to health plans and other insurers, justifying our charges for and demonstrating the medical necessity of the care we deliver to you, determining your eligibility for health plan benefits for the care we furnish to you, obtaining precertification or preauthorization for your treatment or referral to other health care providers, participating in utilization review of the services we provide to you and the like. We may disclose your medical information to another health care provider or entity subject to the federal Privacy Rules so they can obtain payment. You have the right to request that any disclosures to your health plan made for purposes of receiving payment or otherwise facilitate healthcare operations be restricted where payment for the service or item at issue has been remitted in full by a person or entity other than the health plan.

Health care operations: We may use and disclose your medical information in connection with our health care operations. Health care operations include:

- Quality assessment and improvement activities
- Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider accreditation, certification, licensing or credentialing activities;
- Medical Review
- Legal services and auditing, including fraud and abuse detection and compliance
- Business planning and development
- Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set

We will not electronically disclose your medical information to another person without your authorization, except that we may electronically disclose your medical information to another person without your authorization in furtherance of treatment, payment or health care

operation activities.

We may disclose your medical information to another provider or health plan that is subject to the Privacy Rules, as long as that provider or plan has a relationship with you and the medical information is for their health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

3. Disclosure on your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. You must give us your authorization to electronically disclose your medical information to another person, except for electronic disclosures made in furtherance of treatment, payment or health care operation activities. If you give us an authorization, you may revoke it in writing at any time. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this Notice. Unless you give us your written authorization, we will not use or disclose your medical information for any reason except those permitted and described by this Notice.

Psychotherapy Notes: Except as otherwise permitted by law, we will not use or disclose your psychotherapy notes without your written authorization.

To your Family & Friends: We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your medical care or with payment for your health care. We may use or disclose your name, hospital location, and general condition or death to notify, or assist in the notification of (including identifying or locating) a person involved in your care. We may also disclose your medical information to whomever you give us permission. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We will also use our professional judgment and our experience with common practice to allow a person to pick up filled prescriptions, medical supplies or other similar forms of medical information.

Disaster Relief: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Health-related Services: We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities.

Business Associate: We may contract with one or more third parties (our business associates) in the course of our business operations. We may disclose your medical information to business associates who may have access to or be given your medical information in order to provide the contracted services. We require that our business associates sign a business associate agreement and agree to safeguard the privacy and security of your medical information.

Marketing: Except as otherwise permitted by state or federal law, we will not use or disclose your medical information for marketing purposes without your written authorization. However, we may communicate with you in the form of face-to-face conversations about services and treatment alternatives. We may also provide you with promotional gifts of nominal value. We may also communicate about certain patient assistance and prescription drug saving or discount programs.

Fundraising: We will not use your personal information to contact you for any fundraising purposes.

Sale of your Medical Information: Except as otherwise permitted by law, we will not sell your medical information to another person without your authorization.

Public Benefit: We may use or disclose your medical information as

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Notice of Privacy Practices (continued)

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authorized by law for the following purposes deemed to be in the public interest or benefit:

- Public Health activities including disease and vital statistics, reporting, child abuse reporting, adult protective services and FDA oversight
- Employers, regarding work-related illness or injury
- Health Oversight Agencies
- In response to court and administrative orders and other lawful processes
- To law enforcement officials pursuant to subpoenas and other lawful processes concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person
- To coroners, medical examiners and funeral directors
- To organ procurement organizations
- To avert a serious threat to health or safety
- In connection with certain research activities
- To correctional institutions regarding inmates
- As authorized by state worker's compensation laws
- To the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody

4. Individual Rights

Access: You have the right to review or receive a copy of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. If we maintain your medical information in an electronic format, you may request and we shall provide you with the requested information in an electronic format. You must make a written request to obtain access to your medical information. You may obtain a form to request access or a copy of your medical information by calling (208) 543-7200 or mailing the completed form to 3302 Valencia Drive, Ste 101A, Idaho Falls, ID 83404 or by fax (208) 543-7210. There may be a charge for a copy of your medical information.

Accounting of Disclosures: You have the right to receive an accounting of all disclosures of your medical information that was not authorized by you and that was not disclosed for the purpose of treatment, payment or health care operations. You must request this accounting in writing. You may request and we account for disclosures for a period of 6 years beginning on the date of the disclosure.

Restrictions: You have the right to request that we place restrictions on our use or disclosure of your medical information. We are not required to agree to these restrictions unless the request is one of the following: (1) the request is to restrict disclosures to a health plan for payment or health care operations purposes; (2) the disclosure is not otherwise required by law; and (3) a request not to disclose your medical information to a health plan for a particular item or service if the disclosure is to be made for payment or health care operation purposes and you have otherwise paid for the item or service in full. If we agree to your restriction request, we will abide by our agreement (except in an emergency). You must make this request in writing.

Confidential Communications: You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing. We must accommodate your request if: it is reasonable; specifies the alternative means or location; and provides a satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and

the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement or disagreement to be appended to the information you want amended. If we accept your request to amend the information, we will make reasonable efforts to inform others; (including people you name) of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you view this Notice on our Web site or by electronic mail (e-mail), you are also entitled to receive a copy of this Notice in written form. Please contact us as directed below to obtain this Notice in written form.

Notice of a Breach: If there is a breach involving the privacy or security of your unsecured medical information, we will notify you, government officials and enforcement authorities, as necessary and appropriate, and we will take steps to address the issue and mitigate any damages that the breach may have caused.

5. Requirements Regarding This Notice. Eagle Rock is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. Eagle Rock may change this Notice, and these changes will be effective for medical information we have about you as well as any information we receive in the future. Each time you register at Eagle Rock for health care services, you may receive a copy of the Notice in effect at the time.

6. Security of your Information: Eagle Rock implements certain safeguards for customer information using various tools such as firewalls, passwords and data encryption. We continually strive to improve these tools. We also limit access to your information to protect against its unauthorized use. The only Eagle Rock workforce members and business associates who have access to your information are those who need it as part of their job. These safeguards help us meet both federal and state requirements to protect your personal health information.

7. Medical Record Disposal: Eagle Rock may authorize the disposal of the patient's medical record on or after the medical record's 10th anniversary discharge date. If the patient is younger than 18 years of age when last treated, we may authorize the disposal of medical records relating to the patient on or after the date of the patient's 20th birthday or on or after the 10th anniversary of the medical record's discharge date, whichever date is later.

8. Complaints. If you believe your privacy rights have been violated, you may file a complaint with Eagle Rock or with the Secretary of the United States Department of Health and Human Services (To e-mail the DHHS Secretary or other Department Officials, send your message to hhs@mail@os.dhhs.gov). You will not be penalized or retaliated against in any way for making a complaint to Eagle Rock or the Department of Health and Human Services.

Contact:

Call Eagle Rock's Privacy Officer at 832-271-1486, if:

- you have a complaint;
- you have any questions about this Notice;
- you wish to request restrictions on uses and disclosures for health care treatment, payment, or operations; or
- you wish to obtain a form to exercise your individual rights.