

JOINT 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.

If you have any questions about this notice, please contact the Privacy Officer at 541-269-8353.

OUR PLEDGE AND RESPONSIBILITIES REGARDING YOUR MEDICAL INFORMATION

At Bay Area Hospital (the “hospital” or “BAH”), we understand that medical information about you and your health is personal. Medical information includes personal information such as name, address, date of birth, social security number and insurance information. We create a record of the care and services you receive at the hospital or its subsidiaries. We need this record to provide you with quality care and to comply with certain legal requirements. The records that BAH/healthcare providers create and maintain are the property of BAH and other the healthcare providers who participate in this clinically integrated care setting. This notice applies to all of the records of your care generated at or by the hospital, whether made by hospital personnel, your personal doctor or specialists involved in your treatment or other caregivers. We are required by law to make sure that your personal health information will be kept private at all times and provide you with a description of our privacy practices with respect to your medical information. We will abide by the terms of this notice.

WHO WILL FOLLOW THIS NOTICE

BAH is a clinically integrated care setting in which patients typically receive health care from more than one health care provider. This means that your care may be provided by (1) hospital staff members, (2) physicians and other practitioners in hospital-based practices, and/or (3) physicians and other practitioners who practice in independent settings but who have privileges to provide care at the hospital. Your personal doctors and other practitioners who are independent may have different policies and notices regarding the use and disclosure of your medical information created in the doctor’s office or clinic. BAH accepts no legal responsibility for activities solely attributable to these other legally separate independent providers or care settings. However, these independent practitioners have agreed to abide by the practices described in this notice through an Organized Health Care Arrangement (OHCA), with respect to care they provide to you here at the hospital and the medical information in your records here at the hospital.

Therefore, this notice describes our hospital’s privacy practices and those of: (1) any health care professional authorized to enter information into your hospital chart; (2) all departments and units of the hospital; (3) any member of a volunteer group we allow to help you while you are in the hospital; (4) all employees, hospital-based physician practices, staff and other hospital personnel; and (5) all owned subsidiary entities of the hospital including, BAH Home Health.

All these entities, practitioners and caregivers follow the terms of this notice. In addition, these entities, practitioners and caregivers may share medical information with each other for treatment, payment, or health care operations purposes described in this notice.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION WITHOUT YOUR PERMISSION

This section describes different ways that we may use and disclose medical information about you without your permission as allowed by federal law. For each category of uses or disclosures we explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use or disclose information will fall into one of the categories.

For Treatment. BAH may use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as home health agencies, physical therapists, or other health care practitioners who may provide services that are part of your care.

For Payment. BAH is permitted to use and disclose your medical information for payment purposes or the payment purposes of other health care providers or health plans. For example, the BAH billing department may release medical information to your health insurer to allow the insurer to pay BAH or reimburse you for your treatment. BAH also may release medical information to emergency responders to allow them to obtain payment or reimbursement for services provided to you.

For Health Care Operations. BAH is permitted to use and disclose your medical information for purposes of BAH operations. BAH is also permitted to disclose your medical information for the health care operations of another health care provider or health plan so long as they have a relationship with you or are part of our Organized Health Care Arrangement (OHCA). For example, the BAH quality services department may use your medical information to assess the quality of care and services provided to our patients so that we may improve upon those services. BAH may use your medical information to ensure BAH is complying with all federal and state compliance requirements. BAH may also disclose your medical information to a community physician to assist the physician in assessing the quality of care provided in your case and for other similar purposes.

Other Activities. We may also use and disclosure your protected health information:

- To contact you as a reminder that you have an appointment for treatment or medical care at the hospital. Federal privacy laws also permit us to leave messages with others at your home about upcoming appointments when you are not at home but we will limit the message to date and time of the appointment and not the specific reasons for the appointment.
- To tell you about or recommend possible treatment options or alternatives that we offer that may be of interest to you
- To inform you about health-related benefits and services that may be of interest to you
- To contact you as part of our fundraising efforts. For example, we may disclose medical information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. We would only release contact information, such as your name, address, and phone number and when you received treatment. You may opt out of receiving fundraising communications from us by contacting the Development Office at (541) 269-8543.

Business Associates. As part of our health care operations, Bay Area Hospital routinely contracts with outside companies that perform business services for the hospital. These include billing companies, management consultants, quality assurance reviewers, accountants or attorneys. In certain circumstances, we may share your medical information with a business associate so it can perform a service on behalf of the hospital. We will limit the disclosure of your information to a business associate to the minimum amount necessary for the company to perform the service for the hospital. In addition, we are required by federal law to have a written contract in place with the business associate requiring their compliance with protecting the privacy and security of your medical information.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who receive one medication to those who receive another, for the same condition. All research projects, however, are subject to a special approval process through an Institutional Review Board (IRB). This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the 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, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.

As Required by Law. We will disclose medical or other information about you when required to do so and only to the extent required by law. This may include, but is not limited to:

- Public Health Authorities charged with preventing or controlling disease, injury or disability (such as the Oregon Department of Health and Human Services)
- Authorities responsible for investigating child or adult abuse or neglect
- Health Oversight Agencies authorized by law for licensing or other purposes (such as the Joint Commission, Centers for Medicare and Medicaid Services)
- Funeral Directors, Coroners and Medical Examiners

Oregon Law. Oregon law provides additional confidentiality protections in some circumstances. For example, in Oregon a health care provider generally may not release the identity of a person tested for HIV or the results of the HIV-related tests without your consent and you must be notified of this confidentiality right. Mental health records are also specially protected in some circumstances, as is genetic testing information. Oregon law also requires the hospital to notify law enforcement if you are treated following a motor vehicle accident and blood testing shows that your blood alcohol level meets or exceeds the legal driving limit. This notification must be provided within 72 hours and may include your blood alcohol level, blood cannabis level, and the name and level of any controlled substance detected, along with the date and time of the test.

For more information on Oregon laws related to these and other specially protected health records, please contact the Privacy Officer at 541-269-8353. You may also refer to the Oregon Revised Statutes and the Oregon Administrative Rules available online at www.oregon.gov.

Substance Use Disorder (SUD) Treatment Records. BAH is not a Part 2 program. BAH may receive and maintain records related to substance use disorder (SUD) treatment that are protected under federal law at 42 CFR Part 2. These records receive additional privacy protections beyond those that apply to other medical information. The following describes how we handle your SUD treatment records.

Consent for Use and Disclosure. Your SUD treatment records generally may not be used or disclosed without your written consent. If you provide written consent, you may authorize the use and disclosure of your SUD treatment records for treatment, payment, and health care operations purposes through a single consent that covers all future uses and disclosures for those purposes. Each disclosure made with your consent must include a copy of the consent or a clear explanation of the scope of the consent.

Revocation and Re-Disclosure. You may revoke your consent at any time by submitting a written revocation to the Privacy Officer, although revocation will not apply to any actions already taken in reliance on your prior consent. SUD treatment records that are disclosed with your written consent may be further disclosed by the recipient only as permitted by law.

Prohibitions on Use in Legal Proceedings. SUD treatment records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order that meets specific legal requirements.

SUD Counseling Notes. A separate written consent is required for the use and disclosure of SUD counseling notes. This consent may not be combined with consent for other types of SUD records.

Fundraising. If BAH uses your SUD treatment records for fundraising communications, you have the right to opt out of receiving such communications.

Exceptions. Your SUD treatment records may be disclosed without your consent only in limited circumstances permitted by law, including: medical emergencies, or as required by a court order that meets specific legal requirements under 42 CFR Part 2, Subpart E.

Judicial and Administrative Proceedings. 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 legal process by someone else involved in the dispute, but only if efforts have been made to tell you about the request to obtain an order protecting the information requested.

Law Enforcement Officials. We may release limited personal information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process (but only if efforts are made to obtain an order protecting the information requested);
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- If we believe in good faith that it is evidence of criminal conduct that occurred on hospital premises; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Organ and Tissue Donation. If you are an organ donor, we may release information about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

Military Command Authorities. If you are a member of the armed forces, we may release information about you are required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation. We may release medical information about you for worker's compensation or similar programs to the extent authorized by law which provide benefits for work-related injuries or illness.

Food and Drug Administration (FDA). We may release medical information about you to report reactions to medications or problems with products.

National Security and Intelligence Activities. We may disclose information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized by law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or other persons.

Protection Services for the President and Others. We may disclose information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical 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 of the health and safety of others; or (3) for the safety and security of the correctional institution.

Incidental Disclosures. Certain incidental disclosures of your medical information may occur as a byproduct of lawful or permitted use and disclosure of your medical information. For example, a visitor may inadvertently overhear a discussion about your care occurring at a nurse's station. These incidental disclosures are permitted if the hospital applies reasonable safeguards to minimize the disclosure and protect your medical information.

Limited Data Set Information. We may disclose limited health information to third parties for purposes of research, public health and health care operation purposes. This health information includes only the following identifiers:

- Admission, discharge and service dates
- Dates of birth and, if applicable, death
- Age
- Five-digit zip code or any other geographic subdivision, such as state, country, city, precinct and their equivalent geocodes (except street address).

Before disclosing limited data sets, we must enter into an agreement with the recipient of the information that limits who may use or receive the data and requires the recipient to agree not to re-identify the data or attempt to contact you. The agreement must contain assurances that the recipient will use appropriate safeguards to prevent inappropriate use or disclosure of the information.

USES AND DISCLOSURES THAT WE MAY MAKE UNLESS YOU OBJECT

Hospital Directory. We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to any member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing. You have the right to object, in writing, upon admission to the hospital, and any time during hospitalization, to the use or disclosure of your medical information from the hospital directory to family members, friends, visitors, clergy, and others who may ask for you by name (such as a florist), and if you do so, we will follow your wishes. As allowed by law, we may use your personal information from the hospital directory in the event you are incapacitated or undergoing emergency medical treatment, but only consistent with your prior expressed wishes.

Family or Friends Involved in Your Care. We may release information about you to a friend or family members who is involved in your medical care. We may also give your information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an authorized entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You have the right to object, in writing, to the use and disclosure of your personal health information to family or friends who are involved in your care or who help pay for your care and, if you do so, we will follow your wishes.

Marketing. Occasionally, the hospital may request to use your name or photograph for reasons of promoting a particular product or service that encourages others to purchase or use a particular product or service. An example would be to use your photograph in a promotional advertisement for a particular service we offer to the community. We will obtain your permission for this and prior to use or disclosure of any of your information for marketing unless the marketing communication occurs in a face-to-face meeting we have with you or concerns promotional gifts of nominal value we give you. If the hospital is to receive money from another party in connection with a marketing communication with you, we will state the fact on the authorization we request from you.

Health Information Exchange Organizations (HIE). Bay Area Hospital participates in one or more community-wide health information exchange organizations or networks so that the information is readily available to health care providers, regardless of where they are treating you. HIEs are used to improve treatment, billing and healthcare operations. They are designed to securely share your medical information electronically with your other providers for treatment and payment purposes. For instance, information that could help save your life in an emergency will be available to emergency department physicians. Bay Area Hospital participates in an HIE called Epic Care Everywhere (“Care Everywhere”). You may opt out of Care Everywhere by contacting the Bay Area Hospital Health Information Management (HIM) Department. You may choose to opt back in at any time by contacting HIM and requesting to revoke your HIE Opt-Out. You can reach the HIM Department at (541) 269-8161. Bay Area Hospital also participates in a medical imaging HIE called Radiology Associates PC (RAPC). You may opt out of RAPC by contacting the Bay Area Hospital HIM Department.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Other uses and disclosures for purposes other than those described in this notice require your express authorization. For example, BAH must obtain your authorization before disclosing your medical information to a life insurance company or to an employer, except under special circumstances such as when disclosure to the employer is required by law. You have the right to revoke an authorization at any time, except to the extent BAH has already relied on it in making an authorized use or disclosure. Your revocation of an authorization must be in writing.

Bay Area Hospital hopes that if you choose to revoke an authorization, you will help us comply with your wishes by identifying the authorization you are choosing to revoke. Ways of telling us which authorization you are revoking might include indicating who you authorized to receive information or the approximate time frame in which you signed the authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information about you. This includes medical and billing records. We may deny your request to inspect your records in certain very limited circumstances, but you always have the right to a copy of the records. If we maintain your health records in electronic format, you may request that we provide you copy of your records in electronic format such as on a CD-ROM. We will notify you if your records are stored electronically at the time of your request and provide you with the option to request your records in electronic format. To inspect and copy or receive copy of your medical information, you must submit

your request, in writing, to the Health Information Management (HIM) Department at the hospital or respective Bay Area Hospital subsidiary or hospital-based clinic. State and federal laws permit the hospital to charge reasonable cost-based fees for photocopies of your medical records requested by you or if you request a written summary of your records. Oregon law limits the amount we may charge you for photocopying your records. A listing of these is available upon request from the HIM Department. You will be advised in advance of any such fees.

- **Right to Amend.** If you feel that medical 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 the hospital or its subsidiaries. To request an amendment, your request must be made in writing and submitted to the Director of Health Information Management at the address listed on the top of the first page of this notice. We may deny your request for an amendment if we believe the records are complete and accurate, if the records were not created by us and the creator of the record is unavailable, or if the records are otherwise not subject to patient access. We will put any denial in writing and explain our reasons for denial. You have the right to respond in writing to our explanation of denial, and to require that your request, our denial, and your statement of disagreement, if any, be included in future disclosures of the disputed record.
- **Right to an Accounting of Disclosures.** You may request, in writing, a list or accounting of disclosures we made of your medical information in the previous six years but not for dates before April 14, 2003. You are not entitled to an accounting of disclosures made for purposes of treatment, payment, or health care operations, disclosures you authorized, disclosures to you, incidental disclosures, disclosures to family or other persons involved in your care, disclosure to correctional institutions and law enforcement in some circumstances, disclosures of limited data sets or information for national security or law enforcement purposes. Beginning January 1, 2011, if the hospital maintains your records electronically, you will have the right to request an accounting of disclosures we made about you if we use electronic records to comply with a request for your personal information. This also includes information that our business associates doing business on behalf of the hospital may have disclosed electronically. We must make available to you a list of these disclosures for the previous three years but not for dates before January 1, 2011. If your records include SUD treatment records, you have the right to receive an accounting of disclosures of such records maintained in an electronic record system for the three years prior to your request.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. If your records include SUD treatment records, you have the right to request restrictions on disclosures of those records that were made with your prior written consent for treatment, payment, and health care operations purposes. You also have the right to request a limit on the medical information we disclose about you to

someone who is involved in your care or the payment for your care, likely a family member or friend for disaster relief purposes as described in the paragraph headed "Individuals Involved in Your Care or Payment for Your Care." For example, you could ask that we not use or disclose information about surgery you had to certain individuals or entities. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or when required by law. To request restrictions, you must make your request, in writing, to the Director of Health Information Management at the address shown at the top of the first page of this notice. 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 spouse.

- **Right to Request Restrictions When Paying Out of Pocket.** You have the right to request a restriction on the medical information we use or disclose about you for treatment to a health plan for payment or health care operations purposes (non-treatment purposes), if the information about you pertains solely to a health care item or service for which the hospital has been paid out of pocket in full by you. For example, if you are a teenager who is permitted by law to obtain the service without their parent's permission or involvement, to prevent the parent from receiving an explanation-of-benefits form from the family's health plan, the youth would pay for the care out of pocket and then ask the hospital not to submit a claim or encounter information to the plan.
- **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 can ask that we only contact you at work or by mail. We will accommodate all reasonable requests.
- **Right to a Notice of Breach of Unsecured Protected Health Information.** You have the right to be notified in the event that the hospital, or a business associate doing business on behalf of the hospital, mistakenly exposes your unsecured protected health information, including any SUD treatment records, in a manner inconsistent with federal guidelines on how to keep your electronic health information secure. We will notify you if this happens and provide you with steps to keep your information secure from further disclosure.
- **Right to a Paper Copy of this Notice.** You have the right to receive a paper 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. If you wish to receive a paper copy of this notice, you may request a copy from any member of our staff. You may also obtain an electronic copy and/or printable copy of this notice at our website, www.bayareahospital.org.

CHANGES TO THIS NOTICE

Bay Area Hospital reserves the right to change our health information practices and the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well any information we receive or create about you in the future. Should our health information practices change, we will post copy of the revised notice at our service delivery sites and make the revised notice available to you upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital by contacting the Privacy Officer at Bay Area Hospital, 1775 Thompson Rd., Coos Bay, OR 97420 or by phone at 541-269-8353., or with the Secretary of the Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. There will be no retaliation for filing a complaint. If you believe your rights with respect to substance use disorder treatment records have been violated, you may also file a complaint directly with the U.S. Department of Health and Human Services, Office for Civil Rights. You may file a complaint online at <https://www.hhs.gov/ocr/complaints> or by mail to: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201.

Effective Date: February 16, 2026 (V5)