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 obtain copies of medical information that may be used or disclosed about you. This includes medical and billing records and other information we may have about you. If we maintain medical information about you in electronic format, you also have the right to request a copy of such information in electronic format.

To inspect and receive copies of medical information that may be used or disclosed about you, you must submit your request in writing to our Health Information Services Department. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other cost associated with your request.

We may deny your request and inspect and copy in certain very limited circumstances. If you are denied access, you may ask us to amend the information or to have an explanation added to your record. We will comply with your request unless the information is needed to provide you with health care.

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 Schneck Medical Center. To request an amendment, your request must be made in writing to our Health Information Services Department. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment 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:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is part of the information kept by or for Schneck Medical Center;
- Is not part of the information which you would be permitted to inspect and receive copies of; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you, excluding disclosures for purposes of treatment, payment or health care operations. This list will also exclude any disclosures you authorize in writing. To request an accounting of disclosures you must submit your request in writing to our Health Information Services Department. Your request must include the time period of the disclosures you are requesting. We may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you. 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, like a family member or friend. For example, you could ask that we not use or disclose information about you to a healthcare provider outside of Schneck Medical Center. If we agree, we will comply with your request unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to our Privacy Officer at the address listed at the end 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, disclosure to your spouse.

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 mail test results to a specific address.

To request confidential communications, you must make your request in writing to our Privacy Officer at the address listed at the end of this notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

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

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as for information we receive in the future. We will post a copy of the current notice in the Hospital. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Schneck Medical Center or with the Secretary of the Department of Health and Human Services. To file a complaint with the Hospital, contact our Privacy Officer at Schneck Medical Center, Health Information Services Department, 411 West Tipton Street, Seymour, IN 47274. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. We must obtain your written permission for any use or disclosure of psychotherapy notes, the use or disclosure of your medical information for marketing purposes, and disclosures that constitute the sale of your medical information. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have made with your permission, and that we are required to retain our records of the care that we provided to you.

If you have any questions about this notice, please call 812-522-2349.

Other contact numbers:

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<tr>
<th>Administration</th>
<th>Privacy Officer</th>
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<td>812-524-4238</td>
<td>812-522-0107</td>
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Health Information Services Department

812-522-0104

Address: Schneck Health Information Services Department

411 West Tipton Street, Seymour, Indiana 47274
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.

Our Pledge Regarding Medical Information:
We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive. This record is needed to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Schneck Medical Center, whether made by Schneck Medical Center personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:
- ensure that medical information identifying you is kept private
- give you this notice of our legal duties and privacy practices with respect to medical information about you
- follow the terms of our notice that are currently in effect
- notify you following a breach of your unsecured medical information

WHO THIS NOTICE APPLIES TO:
This Notice describes Schneck Medical Center’s practices and those of:
- Any health care professional authorized to enter information into or consult your medical record.
- All departments and units of Schneck Medical Center.
- Any member of a volunteer group we allow to help you.
- All employees, staff and other Schneck Medical Center personnel and residents and students in training.
- Schneck Medical Center Medical Staff and its members; attending physicians; radiologists; pathologists; anesthesiologists; surgeons; internal medicine physicians; emergency department physicians; and any other physician or health care provider who provides treatment to you while you are at or in the hospital, and staff members of such physicians who work at the hospital.

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

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:
The following categories describe different ways that we may use and disclose medical information. We will explain and try to give some examples of each category of use or disclosure. Not every use or disclosure in every category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

For Treatment.
We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you receive at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell you about a treatment or service you are going to receive in order to obtain prior approval or determine whether your plan will cover the treatment.

For Health Care Operations.
We may use and disclose medical information about you for Schneck Medical Center operational reasons. These uses and disclosures are necessary to run the Hospital and ensure that all of our patients receive quality care. For example, we may use and disclose medical information to review our treatment and services, to evaluate the performance of our staff in caring for you, or to accrediting agencies that evaluate our performance. We may also combine medical information about many Hospital patients to evaluate current services. We may use and disclose medical information to evaluate the performance of our staff in caring for you, or to accrediting agencies that evaluate our performance. We may use and disclose medical information about you for Health Care Operations. However, all of the ways we are permitted to use and disclose information will fall under the category of "For Health Care Operations."