

St. Dominic Health Services, Inc.
St. Dominic-Jackson Memorial Hospital, Inc.
St. Catherine's Village, Inc.
St. Dominic Medical Associates, LLC
Community Health Services - St. Dominic, Inc.

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.

This Privacy Notice describes how the group health benefits under the St. Dominic Health Services Employee Health Benefit Trust (the “Plan,” “we,” or “us”) may use and disclose your Protected Health Information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. “Protected Health Information” is information the Plan create or receive about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services or the payment for health care. We limit the collection and disclosure of Protected Health Information to that which is the minimum necessary to accomplish the purpose of the use, disclosure, or request and to meet legal requirements. If the practices described in this notice meet your expectations, there is nothing you need to do. If you have any questions about this notice, please contact our Privacy Officer at the address at the end of this notice.

We are required by law to maintain the privacy of your Protected Health Information and to provide you with this notice of our legal duties and privacy practices with respect to Protected Health Information, and to notify affected individuals following a breach of unsecured Protected Health Information.

We are required to abide by the terms of this Privacy Notice. We may change the terms of this notice at any time. The new notice will be effective for all Protected Health Information that we maintain at that time. Should we make any significant changes to our privacy practices, we will send you a revised notice. You may request a copy of the notice at any time by making a written request to our Privacy Official, Deidra Bell, 969 Lakeland Drive, Jackson, Mississippi, 39216.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information for Treatment, Payment or Health Care Operations

We collect a variety of personal information to administer your group health coverage. This information includes medical services bills, medical record information, and past and present medical information. You may provide some of this

information in your enrollment form, claims and correspondence (such as address, phone number, Social Security number, prior health coverage, marital status, and dependent information). We also receive personal information (such as eligibility and claims information) through transactions and communication with you, affiliates, employers, schools, insurance agents, insurers, and health care providers. We retain this information after your coverage under the Plan ends.

Treatment: The Plan does not render treatment. However, we may use and disclose your Protected Health Information to a physician or other health care provider to treat you and to otherwise coordinate or manage your health care and any related services. For example, your physician may disclose Protected Health Information to a distributor of contact lens for the purpose of confirming a contact lens prescription.

Payment: Your Protected Health Information will be used, as needed, to enroll you in the Plan, to process claims for payment of health care services and any appeals that may arise in connection with a claim denial. This may include certain functions we may perform before we approve or pay for the health care services, such as making a determination of eligibility or coverage under the Plan, reviewing services you receive or will receive for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant Protected Health Information be disclosed to us to obtain approval for the hospital admission.

Health Care Operations: We may use or disclose, as needed, your Protected Health Information for underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits and securing or placing a contract of reinsurance relating to claims for health care (including stop-loss insurance and excess risk insurance). The Plan is prohibited from using or disclosing Protected Health Information that is genetic information of an individual for underwriting purposes.

We may also use your Protected Health Information to the extent we perform fundraising activities. If we use or disclose your Protected Health Information for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.

We will share your Protected Health Information with the Plan sponsor and with third party “business associates” that perform various activities (e.g., claims processing or administration, data analysis, processing or administration, utilization review, and repricing), including auditors, accountants and attorneys. Our disclosure will be subject to the privacy requirements in the Plan documents. We may disclose summary health information to the Plan sponsor for the purpose of obtaining premium bids from health plans for providing health insurance coverage under the Plan, or modifying, amending, or terminating the Plan. We may disclose to the Plan sponsor information on whether you are participating in the Plan or are

enrolled in or have disenrolled from the Plan. We will not obtain, retain, or disclose your genetic information or records relating to any sexually transmitted disease, including HIV/AIDS, alcohol or drug abuse treatment, substance abuse testing, or mental health except as permitted or required under applicable state law.

- We will respond to your request for access or an accounting within 30 days from the date your request is received.
- We will inform you of the nature and substance of such recorded personal information.
- We will give you a list of the persons to whom it has disclosed such personal information within two years prior to the request for access, if that information is recorded.
- We will respond to your written request to correct, amend, or delete any recorded personal information about you within our possession within 30 days from the date your request is received or notify you of our refusal to make the correction, amendment or deletion, the reasons for the refusal, and your right to a statement of disagreement.

Whenever an arrangement between a business associate and the Plan involves the use or disclosure of your Protected Health Information, we will have a written contract that contains terms that will protect the privacy of your Protected Health Information.

Disclosures to Your Personal Representative. We may disclose your Protected Health Information to a personal representative(s) you designate. A person who has the authority to make health care decisions on your behalf under applicable law will be your personal representative. A parent, guardian or other person acting *in loco parentis* generally will be the personal representative of an unemancipated minor, except with respect to health care services the unemancipated minor can obtain without the consent of the parent, guardian or other person acting *in loco parentis*.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

The Plan will obtain an authorization for any use or disclosure of psychotherapy notes, except to defend itself in a legal action or other proceeding brought by the individual. The Plan will obtain an authorization for any use or disclosure of Protected Health Information for marketing, except if the communication is in the form of a face-to-face communication made by the Plan to the individual or a promotional gift from the Plan of nominal value. If the marketing involves direct or indirect financial remuneration to the Plan from a third party, the authorization will state that such remuneration is involved. The Plan will obtain an authorization for any disclosure of Protected Health Information that is a sale of Protected Health Information. Such authorization will state that the disclosure will result in remuneration to the Plan. Other uses and disclosures of your Protected Health Information not described in this notice will be made only with your written authorization, unless otherwise permitted or required by law as described herein. You may revoke an authorization, at any time, in

writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

We may use and disclose your Protected Health Information in the situations described below. You have the opportunity to agree or object to the use or disclosure of all or part of your Protected Health Information. If you are not present or able to agree or object to the use or disclosure of the Protected Health Information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the Protected Health Information that is relevant to your health care will be disclosed.

Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care or payment for your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose Protected Health Information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your Protected Health Information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your Protected Health Information in the following situations without your authorization. These situations include:

Required By Law: We may use or disclose your Protected Health Information to the extent that the law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your Protected Health Information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your Protected Health Information if directed by the public health authority.

Communicable Diseases: We may disclose your Protected Health Information, if authorized by law, to a person who may

have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Food and Drug Administration: We may disclose your Protected Health Information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, or track products; to enable product recalls; to make repairs or replacements, or to conduct post-marketing surveillance, as the FDA may require.

Abuse or Neglect: We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your Protected Health Information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Health Oversight: We may disclose Protected Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Legal Proceedings: We may disclose Protected Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: We may disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, and (5) if a crime occurs on our premises.

Coroners, Funeral Directors, and Organ Donation: We may disclose Protected Health Information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may disclose Protected Health Information to a funeral director, as authorized by law, to permit the funeral director to carry out his duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Avert a Serious Threat to Health or Safety: Consistent with applicable federal and state laws, we may disclose your Protected Health Information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Specialized Government Functions: When the appropriate conditions apply, we may use or disclose Protected Health Information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities, (2) for the Department of Veterans Affairs to determine your eligibility for benefits, or (3) to a foreign military authority if you are a member of that foreign military. We may also disclose your Protected Health Information to authorized federal officials to conduct national security and intelligence activities, including to provide protective services to the President or others who are legally authorized.

Workers' Compensation: We may disclose your Protected Health Information as authorized to comply with workers' compensation laws and other similar legally established programs.

Required Uses and Disclosures: We must disclose your Protected Health Information to you on your request and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the federal privacy requirements.

2. Your Rights

The following is a statement of your rights with respect to your Protected Health Information and a brief description of how you may exercise these rights.

You have the right to request a restriction of your Protected Health Information. This means you may ask us not to use or disclose any part of your Protected Health Information for the purposes of treatment, payment or health care operations. You may also request that any part of your Protected Health Information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Privacy Notice. Your request must state the specific type of restriction requested (e.g., use of Protected Health Information, Disclosure of Protected Health Information, etc.), the information to be restricted, and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. However we will agree to the restriction if (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the Protected Health Information pertains solely to a health

care item or service for which you, or person other than the Plan on your behalf, has paid the health care provider in full. In other cases, if we believe it is in your best interest to permit use and disclosure of your Protected Health Information, your Protected Health Information will not be restricted. If we do agree to your requested restriction, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by submitting a written request to the Privacy Officer.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. For example, you may ask us to contact you only at work or by mail. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We may ask you to state that the information to which our request relates could endanger you. You must make this request in writing to our Privacy Officer.

You have the right to inspect and copy your Protected Health Information. The provider (e.g., doctor, dentist, hospital, pharmacy or other care giver) that generated the original records will have information that is the most complete. However, you may inspect and obtain a copy of Protected Health Information about you that is contained in a designated record set for as long as we maintain the Protected Health Information. A “designated record set” contains the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for us used, in whole or in part, by or for us to make decisions about your claims. You must make any request to review your Protected Health Information in writing to the Privacy Officer. We may impose a reasonable cost-based fee for providing you copies, which may include the cost of supplies, labor and postage.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and Protected Health Information that is subject to a law that prohibits access to Protected Health Information. In some circumstances, you may have a right to have the decision to deny you access reviewed. Please contact our Privacy Officer if you have questions about access to your medical records.

You may have the right to request that we amend your Protected Health Information. This means you may request an amendment of Protected Health Information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. For example, we may not be able to correct

inaccuracies in information others provided to us. We also may determine that the information is accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your Protected Health Information during the six years before your request. This right applies to disclosures, if any, that were made for purposes *other than* treatment, payment or health care operations as described in this Privacy Notice. It excludes disclosures we may have made to you, pursuant to your authorization, incident to a use or disclosure that is otherwise permitted to family members or friends involved in your care or payment for your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a time frame that is shorter than during the six years before your request. Your right to receive this information is subject to certain exceptions, restrictions and limitations. The exception above for treatment, payment or health care operations may not apply to certain disclosures through an electronic health record of any Protected Health Information we maintain in an electronic health record in which case you may have a right to receive an accounting of disclosures of such information during only the three years prior to the date on which your request the accounting. We will charge you for the cost of providing more than one list during a 12-month period.

You have the right to obtain a paper copy of this notice from us, on request, even if you have agreed to accept this notice electronically.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe we violated your privacy rights. You may file a complaint with our Privacy Officer. Your complaint must be submitted in writing. We will not retaliate against you for filing a complaint. You may contact our Plan Administrator, Deidra Bell, 969 Lakeland Drive, Jackson, Mississippi, 39216, 601-200-2464, to answer questions or provide further information.

This notice is published and became effective on September 23, 2013.