Owensboro Health Caring for you.

# Owensboro Health
# Notice of Privacy Practices
## Effective 2/16/2026

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.
YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH OUR PRIVACY OFFICER AT (270) 417-6990, PRIVACY@OWENSBOROHEALTH.ORG IF YOU HAVE ANY QUESTIONS.

You will receive a copy of this notice the first time you register for treatment with us. You will be asked to acknowledge in writing your receipt of this notice.

### Our pledge to you

We understand that medical information about you is personal, and we are committed to protecting it. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by our staff 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. We are required by law to:

- Keep medical information about you private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you
- Notify you following a breach of your unsecured medical information
- Follow the terms of the notice that is currently in effect

### Who will follow this notice?

This notice applies to records of your care created or maintained by Owensboro Health, Inc. and by affiliated health care providers of Owensboro Health that are subject to HIPAA, including but not limited to Owensboro Health Regional Hospital, Owensboro Health Muhlenberg Community Hospital, Owensboro Health Twin Lakes Medical Center, clinics operated by Owensboro Health Medical Group and other affiliated providers (collectively referred to herein as "Owensboro Health," "we", "our" or "us"). We have designated ourselves as a single Affiliated Covered Entity under HIPAA. This means that we may share your medical information among ourselves as necessary for treatment, payment, health care operations, and other purposes. The information privacy practices in this notice will be followed by us and by:

- All health care professionals who treat you at any of our locations
- All of our employees, staff, contractors, students, or volunteers

### How we may use and share your Medical Information

*For Treatment, Payment and Healthcare Operations*
We may use and disclose medical information for treatment (such as sending medical information about you to a specialist as part of a referral or disclosing information about treatment you received at our hospitals to your doctor; to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our health care operations (such as comparing patient data to improve treatment methods).

*For Shared Electronic Health Records/Health Information*
We use a shared electronic health record that allows our workforce and the workforce at other health care facilities to store, update, access and use your medical information. For example, they may do so as needed at the time you are seeking care, even if they work at different clinics and hospitals. We do this so it is easier for your providers to access your medical information when you are seeking care and to better coordinate and improve the quality of your care. For example, if your personal doctor takes part in the shared electronic health record, then he/she can see when you have visited other facilities and physicians that also participate in the shared electronic health record and the treatment you received.

Because our hospitals are clinically integrated care settings, our patients receive care from hospital staff and from independent practitioners on the medical staff. These integrated care settings are Organized Health Care Arrangements (OHCAs) and allow each hospital and its medical staff to share your medical information as necessary for treatment, payment, and health care operations as described above. If you receive care from more than one provider who enters information into the shared electronic health record, your medical information will be combined into one record. Once information is combined, it cannot be separated in the future.

For a list of the health care providers that participate in the shared electronic health record OHCA, please visit https://www.owensborohealth.org/epic/physicians/provider-list

*For Health Information Exchanges (HIEs)*
A health information exchange (HIE) is a secure electronic system that helps health care providers and entities such as health plans and insurers manage care and treat patients. We will send your medical information to the HIEs Owensboro Health participates in, including the Epic Care Everywhere HIE and Kentucky HIE. Medical information about your past medical care and current medical conditions and medicines are available to us and also to other non-Owensboro Health health care providers who participate in the HIE. Participation in the HIE is not a condition of receiving care, however, if you decide not to make your information available to the HIE, it may limit the information available to your health care providers. Your information is not stored with the HIE. Please contact us if you have questions about HIE or desire not to make your information available through the HIE.

*To use AI tools that help with your care*
We use AI to help with administrative tasks, such as creating drafts of clinical notes, session summaries, and other documentation. This allows our providers to spend more time with you. The AI tools we use are configured to meet HIPAA compliance standards and our strict internal privacy policies.

All AI-generated content is reviewed, edited, and approved by a qualified human healthcare professional before it becomes part of your official record.

*When Required by Law*
We may use or disclose your medical information to the extent that the use or disclosure is required by law, such as a suspicious death or suspected child abuse. 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 of any such uses or disclosures if the law requires notification.

*For Public Health Activities*
We may disclose your medical information for public health activities and purposes to a public health authority:

1. for the purpose of preventing or controlling disease, injury or disability
2. that is authorized by law to receive reports of child abuse or neglect
3. for public health purposes related to the quality, safety or effectiveness of products or activities regulated by the Food and Drug Administration (FDA)

We may let someone know if they may be at risk of contracting or spreading a disease, if such disclosure is authorized by law. We may notify your employer, for the purposes of conducting an evaluation of medical surveillance of the workplace or for the purposes of evaluating whether you have a work-related illness or injury. We may provide proof of immunization to your school, or your child's school, if the school is required by law to have such proof prior to admitting you or your child. We will obtain and document your agreement to such disclosures as required.

*When we believe you to be a victim of abuse or neglect*
We may disclose your medical information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity authorized to receive such information. If you do not agree to the disclosure, the disclosure will be made only if required or authorized by law.

*For health oversight activities*
We may disclose your medical 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, and other government regulatory programs and entities subject to the civil rights laws.

*For judicial and administrative proceedings*
We may use or disclose your medical information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in certain conditions in response to a subpoena, discovery request or other lawful process not accompanied by an order of a court or administrative tribunal.

*For law enforcement purposes*
We may disclose your medical information for a law enforcement purpose to a law enforcement official if certain conditions are met.

*So that coroners, medical examiners, and funeral directors can carry out their duties*
We may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death, or performing other duties authorized by law. We may also disclose medical information to funeral directors, consistent with applicable law, where such information is necessary to carry out the funeral directors' duties with respect to the deceased.

*To facilitate organ, eye, or tissue donation and transplantation*
We may disclose medical information to organ procurement organizations or other similar entities for the purpose of facilitating organ, eye, or tissue donation and transplantation.

*For research purposes*
We may use or disclose your medical information for research purposes, if certain conditions are met. When required, we will obtain a written authorization from you prior to using your information for research.

*To avert a serious threat to health or safety*
We may, consistent with applicable law and standards of ethical conduct, use or disclose medical information if we believe that the use or disclosure is necessary to prevent or lessen a serious threat to the health or safety of a person or the public; provided that, if a disclosure is made, it must be to a person(s) reasonably able to prevent or lessen the threat. We may also use or disclose medical information if we believe that the use or disclosure is necessary for law enforcement authorities to identify or apprehend an individual who: (i) admits to participation in a violent crime that we reasonably believe caused serious physical harm to the victim, or (ii) appears to have escaped from a correctional institution or lawful custody.

*For military activities*
We may use or disclose medical information of individuals who are Armed Forces personnel for activities deemed necessary to ensure proper execution of military missions, provided certain conditions are met. We may also use or disclose medical information of individuals who are foreign military personnel to their appropriate foreign military authority for activities deemed necessary to ensure proper execution of military missions, provided certain conditions are met.

*For national security and intelligence activities*
We may disclose medical information to authorized federal officials for the conduct of lawful intelligence, counterintelligence, and other national security activities authorized by the National Security Act and implementing authority. We may also disclose medical information to authorized federal officials for the protection of the President or other persons, or for certain federal investigations.

*For correctional institutions or other law enforcement custodians*
Should you be an inmate of a correctional institution or be in the lawful custody of a law enforcement official, we may disclose your medical information to the institution or the official if necessary for your health, the health and safety of other inmates or law enforcement, and the safety of the institution at which you reside. An inmate does not have the right to the Notice of Privacy Practices.

*For workers' compensation purposes*
We may disclose your medical information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or to other similar programs established by law.

*For the hospital directory*
If you are admitted as a hospital patient, unless you tell us otherwise, we will list in the patient directory your name, location in the hospital, your general condition (good, fair, etc.) and your religious affiliation, and will release all but your religious affiliation to anyone who asks about you by name. Your religious affiliation may be disclosed only to a clergy member, and even if they do not ask for you by name.

*To share with business associates*
There are some services provided to us through contracts with entities known as business associates. We will disclose your medical information to our business associates and allow them to create, use and disclose your information to perform their jobs for us. For example, we may disclose your medical information to an outside billing company who assists us with billing insurance companies. To protect your medical information, we will seek assurance from the business associate that it has implemented appropriate safeguards to protect your information.

*For Fundraising*
We may use, or disclose to a business associate or to the Owensboro Health Foundation or any other institutionally-related foundation, the following information to contact you for our fundraising activities: your name, address, other contact information, age, gender and date of birth; the department(s) where you received services, your treating physician, your outcome information, your health insurance status, and the dates you received services. We raise funds to expand and support healthcare services, educational programs, and research activities related to curing disease. You have the right to opt out of receiving our fundraising communications. If you opt out of receiving fundraising communications, you can always choose to opt back in with respect to specific campaigns or ask to be contacted for our fundraising efforts by calling us at 270-688-2113 or emailing us at Found@OwensboroHealth.org. We do not condition treatment or payment on your choice with respect to the receipt of fundraising communications.

*State law restrictions on information regarding certain conditions*
Kentucky has more stringent laws than HIPAA with respect to HIV/AIDs status and mental health and chemical dependency, and Indiana has more stringent laws than the HIPAA Privacy Rule with respect to Medicaid information, communicable diseases, mental health, and substance abuse (we are allowed to disclose this information only under certain limited circumstances and/or to specific recipients). In addition, Indiana law generally requires your written authorization to disclose your identity in connection with the release of your medical information for our business purposes, unless essential to the purpose or to quality assurance or peer review. In situations in which these laws apply to your information, we will comply with these more stringent laws.

*Other uses of your medical information*
We may disclose medical information about you to a friend or family member who is involved in your medical care, or to disaster relief authorities so that your family can be notified of your location and condition.

We may use or disclose your medical information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, about your location, general condition, or death.

If you are deceased, we may disclose medical information about you to a friend or family member who was involved in your medical care prior to your death, limited to information relevant to that person's involvement, unless doing so would be inconsistent with wishes you expressed to us during your life. We are required to protect your medical information in accordance with the HIPAA Privacy Rule for 50 years after your death.

*Substance Use Disorder (SUD) Records*
Federal regulations, 42 CFR Part 2, ("Part 2") provide additional protections for the SUD treatment records of Part 2 providers. Owensboro Health Addiction Services clinic at Owensboro Health Twin Lakes Medical Center is a Part 2 provider, and we have a separate Notice of Privacy Practices that describes the additional protections for its SUD treatment records. It is available at https://www.owensborohealth.org/services/addiction-services.

Part 2 regulations also protect the SUD treatment records that we receive and maintain from Owensboro Health Addiction Services and other Part 2 providers. We may use and redisclose SUD treatment records in accordance with HIPAA. However, SUD treatment records received from Part 2 programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

If we intend to use or disclose SUD treatment records for fundraising purposes, you will first be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

*Notice of redisclosure*
Once your health information is shared, it may be redisclosed by the recipient and it may no longer be protected by HIPAA.

### Your rights regarding Medical Information about you

*Right to review and get a copy of your Medical Information*
In most cases, you have the right to look at and to get a copy of your medical records and billing records that we maintain or that are maintained for us, when you submit a written request. If the information is maintained electronically and if you request an electronic copy, we will provide you with an electronic copy in the form and format requested by you, if it is readily producible in that form and format (if it is not, then we will agree with you on a readable electronic form and format). You can direct us to transmit the copy directly to another person if you submit a signed written request that identifies the person to whom you want the copy sent and where to send it.

If you request paper or electronic copies, we may charge a reasonable, cost-based fee for the labor involved in copying the information, the supplies for creating the paper copy or the portable media, postage, or providing a summary of your records, if you request a summary. If we deny your request to review or obtain a copy of your medical or billing records, you may submit a written request for a review of that decision.

*Authorizations required*
Certain uses and disclosures of your medical information require that we obtain your prior written authorization.

Psychotherapy: Most uses and disclosures of Psychotherapy Notes will require your prior written authorization. "Psychotherapy Notes" means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. "Psychotherapy Notes" excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Marketing: If we use or disclose your medical information for marketing purposes, we must first obtain your written authorization to do so, except if the communication is face-to-face by us to you or is a promotional gift of nominal value.

Sale of your medical information: We will not sell your medical information without first obtaining your written authorization.

*Other uses/disclosures of medical information*
In any other situation not described in this notice, we are required to obtain your written authorization before using or disclosing your medical information. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision. However, the revocation will not be effective:

(1) to the extent we acted in reliance on the authorization before receiving the revocation, or

(2) if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

*Right to ask for a change in your Medical Information*
If you believe that information in your medical or billing records is incorrect or if important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record for a number of reasons, including: if the information was not created by us; if it is not part of the information maintained about you by or for us; or if we determine that record is accurate and complete. You may submit a written statement of disagreement with our decision not to amend a record.

*Right to ask for a list of when we share your Medical Information*
You have the right to a list of those instances where we have disclosed medical information about you, except in certain instances. These exceptions include: disclosures for treatment, payment and health care operations; disclosures made to you; disclosures incident to a use or disclosure permitted or required by the HIPAA Privacy Rule; disclosures authorized by you; disclosures for our directory; disclosures to persons involved in your care or to disaster relief authorities; disclosures for national security and intelligence purposes; disclosures to correctional institutions or law enforcement officials; disclosures that are part of a limited data set; and disclosures occurring more than six years prior to the date of your request. You must submit a written request to obtain the list of those instances where we have disclosed medical information about you. The request must state the time period desired for the accounting, which must be less than a six-year period from the date of the request. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.

*Right to ask for restrictions on the use and sharing of your Medical Information*
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. You also have the right to request a limit on the medical information we disclose about you to someone involved in your care or the payment for your care, like a family member or a friend. For example, you could ask that we not use or disclose information about a surgery you had. We will inform you of our decision on your request. Requests should be submitted in writing.

If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. Except for restrictions that we must comply with relating to health plans, we may terminate our agreement to a restriction at any time by notifying you in writing, but our termination will only apply to information created or received after we sent you the notice of termination, unless you agree to make the termination retroactive.

*Right to limit sharing of Medical Information with health plans*
We must comply with a request from you not to disclose your medical information to a health plan, if the purpose for the disclosure is not related to treatment, and the health care items or services to which the information applies (such as a genetic test) have been paid for out-of-pocket and in full; otherwise, we are not required to agree to your request.

*Right to ask for confidential communications*
You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home or by notifying us in writing of the specific way or location for us to use to communicate with you. We may condition our agreement on information as to how payment will be handled and specification of an alternate address or other method of contact.

### How to contact us, ask a question or report a complaint

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer:

**Owensboro Health Privacy Officer**
1201 Pleasant Valley Road
Owensboro, KY 42303
Phone: (270) 417-6990
Fax: (270) 417-6827
Email: privacy@owensborohealth.org

You may also contact our Compliance Department at (270) 417-4847 or the Owensboro Health Hotline, a 24-hour, toll-free hotline, at 1-855-632-9120. You may also send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer can provide you with the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

### Nondiscrimination

Owensboro Health, Inc complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, disability, age, or sex.

### Availability of Language Services and Auxiliary Aids

We provide free aids and services to deaf and hard of hearing individuals to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).

We also provide language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. For more information about Language Services assistance, please visit https://www.owensborohealth.org/about/nondiscrimination--accessibility-notice/language-assistance

### Changes to this Notice

We may change our privacy practices at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change, we will change our notice and post the new notice in prominent locations and on our website at www.owensborohealth.org. You can receive a paper copy of the current notice at any time by requesting one. The effective date is listed just below the title.