

## Joint Notice of Privacy Practices

THIS JOINT NOTICE OF PRIVACY PRACTICES (THE “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 Notice applies to the following organizations (collectively, “NEXS Medical”):

- NEXS Medical and its medical staff
- NEXS Medical Physical Therapy and Rehabilitation and its medical staff
- NEXS Medical at Home and its medical staff
- NEXS Medical Pharmacy and its medical staff

This Notice identifies the general ways your protected health information can be used or disclosed. Protected health information refers to your personal health information found in your medical and billing records. This includes information, whether oral, written or recorded in electronic form, that is created or received by us and relates to your past, present or future physical or mental health conditions or the payment for healthcare services. This information can be transmitted or maintained in any form by NEXS Medical.

This Notice describes your legal rights regarding your health information. It also informs you of our legal duties and privacy practices. If you receive services by a physician or a healthcare provider not at a NEXS Medical clinic, there may be different health information privacy policies or notices, and there will be different contact information.

NEXS Medical organizations and their medical staffs participate in an Organized Health Care Arrangement under HIPAA for the purpose of sharing protected health information for treatment, payment and healthcare operations. NEXS Medical and its respective medical staff members are independently responsible for complying with this Notice.

### **Our legal duties**

We are required by law to keep your protected health information private, to provide you with this Notice of our legal duties and privacy practices with respect to your health information, to provide you with notice in the event of a breach of your unsecured protected health information, and to follow the terms of the Notice as long as it is in effect. If we revise this Notice, we will follow the terms of the revised Notice, as long as it is in effect.

### **How we may use and disclose your health information**

The following information describes how we are permitted, or required by law, to use and disclose your health information. Not every use or disclosure in a category will be listed.

#### **Treatment**

We may use or disclose your health information to a physician or other healthcare provider in order to provide care and treatment to you. For example, a physician treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. Different departments at NEXS Medical also may share information about you in order to coordinate the different services you receive, such as lab work, X-rays and prescriptions. We also may disclose health information about you to those who may be involved in your healthcare outside NEXS Medical, such as physicians and others who provide you with follow-up care, and medical equipment or product suppliers. We may contact you to coordinate care after discharge; to provide appointment reminders; and to provide you with information about health-related benefits and services at NEXS Medical, or treatment alternatives that may be of interest to you.

### **Payment**

We may use or disclose your health information to obtain payment for services we provide to you. We may disclose your health information to another healthcare provider or entity. For example, NEXS Medical may need to provide your health plan with information about surgery you received so your health plan will pay NEXS Medical or reimburse you for the surgery. NEXS Medical may also tell your health plan about a treatment you are going to receive, in order to obtain the health plan's prior approval for the treatment or to determine whether your plan will cover the treatment.

### **Healthcare operations**

We may use or disclose health information about you to support the programs and activities of NEXS Medical, such as quality and service improvement, healthcare delivery review, staff performance evaluation, competence or qualification review of healthcare professionals, education and training of physicians and other healthcare providers, business planning and development, business management and general administrative activities. We use this information to continuously improve the quality of care for all patients we serve. For example, we may combine health information about many patients to evaluate the need for new services or treatments. We may disclose information for educational purposes to doctors, nurses and other students. And we may combine health information we have with that of other facilities to see where we can make improvements.

Additionally, we may share your health information with other healthcare providers and payors for certain elements of their business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information.

Our ability to use or disclose your protected health information for the above payment, treatment, and healthcare operation purposes may be further limited by other more stringent applicable laws.

### **NEXS Medical Health Information Exchange**

We may make your health information available electronically, through an information exchange network, to other providers such as hospitals, laboratories and physicians involved in your care who

request your electronic health information. The purpose of this information exchange is to support the delivery of safer and better-coordinated patient care. Participation in the information exchange is voluntary, and you may opt out by emailing.

### **Electronic disclosures**

NEXS Medical creates, receives, maintains and, in some instances, discloses your health information in an electronic format. We will obtain your written or electronic authorization prior to electronically disclosing your protected health information for any reason other than treatment, payment, healthcare operations or as otherwise authorized or required by law.

### **Authorization for other disclosures**

We will not use or disclose your health information, except as described in this document, unless you authorize us, in writing, to do so. You may give us written authorization to disclose your medical information to anyone, for any purpose. NEXS Medical may use electronic or other means to satisfy your request for the authorized disclosure. You can revoke an authorization at any time by providing written notification to NEXS Medical. If you revoke an authorization, we will no longer use or disclose your health information for the purpose covered by the authorization. However, we are unable to take back any uses or disclosures already made with your authorization. Specific examples of uses or disclosures requiring written authorization include the use of psychotherapy notes, marketing activities, the sale of your health information and most uses and disclosures for which we are compensated.

### **Family and friends**

We may use or disclose information to notify or assist in notifying a family member, personal representative or other person responsible for your care, of your location and general condition. We will also disclose health information to a family member, other relative, close personal friend or any other person you identify and authorize, if the information is relevant to that person's involvement with your care or payment for your care.

### **Future communications**

We may use or disclose your information to communicate with you via newsletters, mailings or other means regarding treatment options, health-related information, disease-management programs, wellness programs or other community-based initiatives or activities in which NEXS Medical participates. If we receive any financial compensation for such communications (with limited permitted exceptions), we will obtain your authorization prior to sending the communication, and your authorization can be revoked at any time by providing us written notification of the revocation.

### **Public health and safety**

We may use or disclose health information, as authorized or required by local, state or federal law, for the following purposes, which are deemed to be in the public interest or benefit:

- To report certain diseases and wounds, births and deaths, and suspected cases of abuse, neglect or domestic violence
- To help identify, locate or report criminal suspects, crime victims, missing persons, suspicious deaths or criminal conduct on NEXS Medical premises
- To respond to a court order, subpoena or other judicial process
- To assist federal disaster-relief efforts
- To enable product recalls, repairs or replacements
- To respond to an audit, inspection or investigation by a health-related government agency
- To assist in federal intelligence, counterintelligence and national security issues 4
- To facilitate organ and tissue donations
- To assist coroners, medical examiners and funeral directors
- To respond to a request from a jail or prison regarding an inmate's health or medical treatment
- To respond to a request from your military command authority (if you are a member or veteran of the armed forces)
- To provide information to a workers' compensation program

### **Prohibited Uses and Disclosures Related to Reproductive Health Care**

We are prohibited from using or disclosing your protected health information where the information is sought to investigate or impose liability on individuals, health care providers, or others who seek, obtain, provide, or facilitate reproductive health care that is lawful under the circumstances in which such health care is provided, or to identify persons for such activities. This prohibition applies in situations where we receive a request for information connected to reproductive health care and we reasonably determine that one of the following circumstances applies:

- The reproductive health care is lawful under the law of the state in which such health care is provided under the circumstances in which it is provided.
- The reproductive health care is protected, required, or authorized by federal law, including the U.S. Constitution, under the circumstances in which such health care is provided, regardless of the state in which it is provided.

For example, if law enforcement from another state requests records related to an abortion you obtained legally in this state, we would be prohibited from disclosing that information.

### **Attestation Required for Certain Disclosures**

In some cases, we may be required to obtain a signed attestation that a request for your information potentially related to reproductive health care is not for a prohibited purpose as described above before disclosing that information. This applies to requests for protected health information related to:

- Health oversight activities
- Judicial and administrative proceedings
- Law enforcement purposes
- Disclosures to coroners and medical examiners

For example, if we receive a request from law enforcement for records that may be related to reproductive health services you received, we would need to obtain a signed attestation from the requestor that the information is not being sought to investigate or impose liability related to lawful reproductive health care before releasing those records.

## **Part 2 Program Information**

If you receive services from our Part 2 program for substance, use disorder, your information is protected by additional federal law (42 CFR Part 2). Records from our Part 2 program, or testimony relaying the content of those records, may not be used, or disclosed in a civil, criminal, administrative, or legislative proceeding against you without either your written consent or a court order. A court order authorizing this use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure. You also have the right to elect not to receive fundraising communications from us if we intend to use Part 2 records for fundraising purposes. You will be provided a clear and conspicuous opportunity to make this election.

## **Business associates**

There are some services provided at NEXS Medical through contracts with business associates. When these services are contracted, we will disclose your health information to the business associate so they can perform the job we have asked them to do. However, business associates, such as NEXS Medical, are required by federal law to appropriately safeguard your information.

## **Research**

We will disclose information to researchers after approval by an Institutional Review Board (IRB) in preparation for a research study, to recruit research subjects, or for a research study. The IRB reviews research proposals and establishes protocols to protect your safety and the privacy of your health information.

## **Special privacy protections for alcohol and drug-abuse information**

Alcohol and drug-abuse information has special privacy protections. We will not disclose any information identifying an individual as being a patient or provide any health information relating to the patient's substance-abuse treatment unless the patient consents in writing; a court order requires disclosure of the information; medical personnel need the information to meet a medical emergency; qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits or program evaluation; or it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

## **Your health information rights**

Your medical record is the physical property of NEXS Medical (via the healthcare practitioner or facility that compiled it). You have the following rights, with certain exceptions, regarding the health information that is created about you at NEXS Medical.

### **Paper copy of Notice**

You have the right to a paper copy of this Notice. In addition, a copy of this Notice also may be obtained at our website.

### **Confidential communications**

You have the right to request that we communicate health information to you by an alternate means or location other than your home address and telephone number. Your request must be made in writing to the NEXS Medical contact person listed below. The request must specify how or where you wish to be contacted. We will try to accommodate your request for alternate communications. If you request an alternate means of communication, you should also communicate that request to all your physicians, including your private physician.

### **Restrictions**

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member about a surgery you had. To request a restriction, you must make your request in writing to the NEXS Medical contact person listed below. We will agree to reasonable requests, but note that we are not required to agree to all requests. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment.

Additionally, you have the right to request that we not use or disclose information to a health plan for purposes of payment or healthcare operations (not for treatment) if the health information pertains solely to a healthcare item or service that has been paid for out of pocket and in full. Your request for restriction must be submitted in writing. In this case, NEXS Medical must honor your request. However, you should be aware that such restrictions may have unintended consequences, particularly if other providers need to know that information (such as a pharmacy filling a prescription). It will be your obligation to notify any such other providers of this restriction. Additionally, such a restriction may impact your health plan's decision to pay for related care that you may not want to pay for out of pocket (and which would not be subject to the restriction).

### **Access**

You have the right to review and obtain a copy of your health information, with certain exceptions. Usually, this includes medical and billing records, but does not include psychotherapy notes or information compiled in reasonable anticipation of, or for future use in, a civil, criminal, or administrative action or proceeding. Your request to review or obtain a copy of your health information must be in writing. We may deny your request in certain circumstances, but in most instances, you will be provided with our written explanation and an opportunity to review. You will be charged a

reasonable cost-based fee as authorized by law. To the extent your information is held in an electronic health record capable of fulfilling your request, you may be able to receive the information in an electronic format no later than 15 business days after the date your written request is received.

### **Amendment**

If you feel the health information we have about you is incorrect or incomplete, you have the right to ask for an amendment of that information. You have the right to request an amendment for as long as the information is kept by or for us. Your request for an amendment must be made in writing, and include a reason that supports your request. We may deny your request, but we will explain our decision in writing within 60 days and you would then be given the opportunity to submit a statement of disagreement.

### **Accounting of disclosures**

You have the right to receive a list of certain disclosures of your health information we have made 7 within the last six years, who we shared your health information with, and why. Your request for an accounting must be in writing to the NEXS Medical contact person listed below, and must state a time period for which you want an accounting. You may request one accounting free of charge within any 12-month period. A reasonable cost-based fee will be charged for additional lists within this same time period.

### **Breach notification**

You have the right to be notified in the event that we, or one of our business associates, discover an inappropriate use or disclosure of your unsecured protected health information. Notification of any such use or disclosure will be made in accordance with state and federal requirements.

### **Revisions of this Notice**

We reserve the right to change this Notice, and the right to make the new provisions effective for all health information we currently maintain, as well as any information we receive in the future. If we make a major change to this Notice, the revised Notice will be physically posted at NEXS Medical and on our website. In addition, a paper copy of the revised Notice will be available upon request.

### **To report a complaint**

If you believe your health information privacy rights have been violated, you can file a complaint with us at the contact information below or with the Secretary of the United States Department of Health and Human Services by sending a letter to 200 Independence Avenue S.W., Room 509F HHH Bldg., Washington, D.C. 20201, calling 1- 800-368-1019 or visiting <https://www.hhs.gov/hipaa/filing-acomplaint/index.html>. There will not be any penalty or retaliation against you for making a complaint to us or to the Department of Health and Human Services.

### **NEXS Medical contact person**

If you have any questions or need information regarding our legal duties and privacy practices, or how to exercise any of your health information rights listed in this Notice, please submit any requests in writing via email to us or mail.

You may contact the Privacy Officer by calling us.

Effective: February 2025