

# HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: February 2026

At Redeemer Health, including its subsidiaries, affiliates, and related entities (collectively, "Redeemer Health," "we," or "us"), safeguarding your privacy has always been of paramount importance. We are also legally required to maintain the privacy of your protected health information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to your PHI. This Health Insurance Portability and Accountability Act ("HIPAA") Privacy Notice ("HIPAA Privacy Notice") only applies to individuals whose health information is (a) in the possession of Redeemer Health and/or its subsidiaries, affiliates or related entities, and (b) afforded protection under HIPAA.

We are providing this Notice to you to help you understand your rights, uses and disclosures of PHI, and our responsibilities.

We may provide additional or different privacy policies that are specific to certain services, and we may revise this HIPAA Privacy Notice from time to time.

Please read this HIPAA Privacy Notice carefully to understand our policies and practices regarding your PHI and how we treat it.

## PHI Defined

Your PHI is health information about you which someone may use to identify you, and which we keep or transmit in electronic, oral, or written form. PHI includes personal information such as your name, contact information, past, present, or future physical or mental health or medical conditions, payment for health care products or services, or prescriptions. PHI does not include employment records that Redeemer Health may hold as your employer.

## Scope

We will only use and disclose your PHI as described in this HIPAA Privacy Notice and will abide by the terms of this HIPAA Privacy Notice while it remains in effect. This HIPAA Privacy Notice applies to all PHI that we generate, receive, or maintain, and to substance use treatment-related records ("substance use treatment records") under 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2 ("Part 2").

## Changes to this Notice

We can change the terms of this HIPAA Privacy Notice, and the changes will apply to all information we have about you. The new notice will be accessible on our websites and/or physically at our locations.

## Your Rights Regarding Your Protected Health Information

Your rights regarding your PHI include the following:

- **Obtain a Copy.** You may request to see or obtain an electronic or paper copy of your medical and billing records that we have. You may be charged for copies in accordance with established policy and state and federal guidelines and laws, if applicable. If you are a parent or legal guardian of a minor, certain portions of the minor's medical record may be inaccessible to you under the law unless the patient authorizes us to disclose this PHI to you. Other limitations on your right to access medical records may apply, pursuant to law. We will provide a copy or a summary of your PHI, usually within 30 days of your request.

- **Correct or Amend.** You have the right to request that we correct PHI within your medical or billing records that you think is incorrect or incomplete. We may say no to this request, but will let you know in writing within 60 days. We may include in your record a document you prepare indicating you disagree with or are clarifying your health record.
- **Confidential Communication.** You have the right to request that we communicate with you through confidential means, on paper or electronically, or at an alternate location or phone number. We will say yes to reasonable requests.
- **Obtain a List with Whom We Shared Your PHI.** You have the right to request a list (accounting) of the times we have shared your PHI for six years prior to the date you ask, who we shared it with, and why. We do not have to account for disclosures for treatment, payment, health care operations, and certain other disclosures (such as those you asked us to make). We will provide one accounting per year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Right to Receive Notice of a Breach.** You have the right to be notified promptly if a breach occurs that may have compromised the privacy and security of your PHI.
- **Right to Request Restrictions to a Health Plan.** If you paid out-of-pocket, in full, for a specific item or service received, you have the right to request a restriction on disclosure to your health plan with respect to that item or service. We will comply unless a law requires us to share that information.
- **Request Restriction.** You have the right to request a restriction on the uses and disclosure of your PHI. We are not required to comply with your request. For example, we may say no if it affects your care.
- **Access to this Notice.** You can ask for a paper or electronic copy of this Notice at any time, even if you have agreed to receive the Notice electronically. If you need help understanding this Notice we will provide language and content support.
- **Choose Someone to Act for You.** If you have chosen a medical power of attorney or someone is your legal guardian, they can exercise your rights and make choices about your PHI. We will confirm that the person has this authority and can act for you before we take any action.
- **You may file a complaint if you believe that your rights were violated.** You may complain if you feel that we violated your rights by contacting our Compliance Department, in writing, at 521 Moredon Rd. Huntingdon Valley, PA 19006, by email at [HRHSCopliance@redeemerhealth.org](mailto:HRHSCopliance@redeemerhealth.org), or by calling 215-856-1148. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- **We will not retaliate against you for exercising your rights, including filing a complaint.**

## Our Responsibilities as to Your PHI

- We are required by law to maintain the privacy and security of your PHI.
- We are required to comply with the duties and privacy practices described in this Notice.
- We are required to provide you a copy of this Notice.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- We will not use or share your PHI other than as described in this Notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. You must inform us in writing if you change your mind.

To exercise any of these rights, and others provided under applicable law, we must receive your request or other instruction in writing signed by you or your authorized representative at [HRHSCompliance@redeemerhealth.org](mailto:HRHSCompliance@redeemerhealth.org) or Redeemer Health's Compliance Department, 521 Moredon Road, Huntingdon Valley, PA 19006. We may reasonably require additional information and/or writings from you or your authorized representative to process and/or determine our obligations with respect to any such requests. We may refuse your request where required or allowed by law.

## **Communications with Us**

Unless you expressly indicate to the contrary, you agree to receive information from us and the persons and entities with whom we share your PHI by automated means, e.g. automatic telephone dialing system, pre-recorded message, artificial voice, email, and/or SMS (text messages).

## **Redeemer Health's Use of Your PHI**

**Uses and Disclosures Without Authorization:** Redeemer Health may use and disclose your PHI for purposes of treatment, payment, and health care operations as described below.

- **For Treatment:** Health care professionals, such as physicians and other health care practitioners within Redeemer Health may access your information for the purpose of providing care to you. We may also share information with other providers within Redeemer Health and its subsidiaries and affiliates, and other providers and health care entities outside of these organizations (e.g., physicians, nurses, pharmacies and other non-Redeemer Health providers and facilities involved in your medical treatment). We may accomplish such sharing of your PHI with other providers through a Health Information Exchange. You have the right to opt out of having your PHI shared with a Health Information Exchange. To exercise this right, you may contact Redeemer Health via email at [HRHSCompliance@redeemerhealth.org](mailto:HRHSCompliance@redeemerhealth.org). We may also use your PHI to give you information about treatment options or other health related benefits and services that may interest you.
- **For Payment:** We may use and disclose your PHI to health plans or other entities so that we can bill and receive payment for the treatment and services you receive. We may also disclose your information to other providers for their payment activities.
- **For Health Care Operations:** We may use and disclose your PHI as necessary for facility operations, such as for management purposes, the monitoring of the quality of care you receive from Redeemer Health, to improve your care, or to contact you. We may use your PHI to manage your treatment and services, including to contact you to remind you that you have an appointment for medical care. We may also share your information with outside companies that perform services for us such as accreditation, legal, computer or auditing services. These outside companies are "Business Associates" and are required by HIPAA to keep your information confidential. We may also disclose information to clinicians, residents and fellows, medical students, and other authorized personnel for educational and learning purposes.

**Other Uses and Disclosures That May Be Made Without Written Authorization, Unless You Object.** In these situations, you can tell us your choices about what we share. If you have a preference for how we share your information in these situations, let us know and we will follow your request. You have both the right and choice to tell us whether to share information, and you may prohibit or restrict certain uses and disclosures.

- **Patient Directory:** Unless you request to opt out, we will include you in the resident directory. This information may be provided to members of the clergy and to other people who ask for you by name. If you would like to opt out of being in the resident directory, please request the Opt-Out Form from the admission staff.
- **Individuals Involved in Your Care:** Unless you object, we may release PHI about you to a friend or

family member who is involved in your medical care or who helps pay for your care.

- **Disaster Relief:** Unless you object, we may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Future Communications:** We may communicate with you via newsletters or other means regarding health-related information, disease-management programs, wellness programs, or other community-based initiatives our facility is participating in. If you do not wish to be contacted, please let us know by calling 1-800-818-4747.
- **Fundraising Activities:** We may use certain health information to contact you in an effort to raise funds for Redeemer Health and its mission, but you can tell us not to contact you for this purpose. If you do not wish to be contacted, please let us know by calling 1-800-818-4747.
- **Health Information Exchange:** We may participate in a Health Information Exchange (HIE) that allows us to electronically share PHI with local health care providers that are participating in the HIE to coordinate your care. HIEs may exist at the facility, regional, state and national levels so that providers will have prompt access to your records for your care. You have the right and opportunity to “opt-out” or decline to participate in a networked HIE.
- **Health Information Organizations:** We may also participate with one or more secure health information organization networks (each, an “HIO”), including, for Redeemer Health Physicians Services (“RHPs”), an HIO called “HealthShare Exchange of Southeastern Pennsylvania, Inc. (“HSX”), which makes it possible for us to share your PHI electronically through a secure connected network with other participating healthcare providers. We may share or disclose your PHI to HSX and other secure HIOs, including HIOs contracted with the Commonwealth of Pennsylvania, and HIOs in other states. Other health care providers, including physicians, hospitals and other health care facilities, that are also connected to the same HIO network as us may access your PHI for treatment, payment and other authorized purposes, to the extent permitted by law. You have the right to “opt-out” or decline to participate in HSX and other HIOs. If you opt out of data sharing through HIOs, RHPs will no longer share your PHI through an HIO network. However, it will not prevent your PHI that has already been shared through an HIO network from otherwise being accessed and released to authorized individuals in accordance with law, and/or through other secure mechanisms. To opt out of HSX, go to: <https://www.hsxsepa.org/patient-options-opt-out-back>.

- In the context of a merger or other sale transaction undertaken by Redeemer Health or any of its subsidiaries, divisions and/or affiliates.

**Other Uses and Disclosures That May Be Made Without Written Authorization:** Redeemer Health is permitted and may be required to use or disclose your health information without your written authorization in limited situations. The following lists the limited situations in which Redeemer Health may use and disclose your health information without written authorization. If you have further questions about these instances please contact our Compliance Department at 215-856-1148.

- With some limited exceptions, to you or someone who has the legal right to act on your behalf (your personal representative).
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.
- Redeemer Health may disclose your health information to our “business associates” — individuals or companies that provide services to Redeemer Health. For example, a business associate may include a software vendor, a telehealth solutions provider, a company that administers billing claims, or other providers. Business associates are required to keep your information private and secure.
- Food and Drug Administration, if necessary to report product defects or participate in product recalls.

- Public health or legal authorities charged with preventing or controlling disease, injury or disability or certain public health activities such as such as reporting births or deaths, preventing or controlling the spread of disease, injury or disability, reporting child abuse and neglect, reporting to the United States Food and Drug Administration, to assist Federal disaster relief efforts, and/or reporting to your employer when your treatment relates to a work-related injury, illness or death.
- Reporting suspected abuse, neglect or domestic violence.
- To respond to lawsuits and legal actions, such as in response to a court or administrative order, or in response to a subpoena.
- Correctional institutions if you are an inmate.
- Address workers' compensation, law enforcement, and other government requests.
- For special government functions, such as military, national security, and presidential protective Services.
- Health Oversight Agencies as required to comply with government health care programs.
- Funeral Directors, Coroners, Medical Examiners, and Organ and Tissue Procurement Organizations, or for banking or transplantation.
- Research.
- To prevent a serious threat to health or safety.
- Proof of immunizations to schools required to obtain immunization record prior to admitting the student, as long as we have the student's parent or legal representative's agreement.
- As otherwise required by law.

### **Uses and Disclosures That Require Written or Electronic Authorization or Consent:**

The following lists the situations in which Redeemer Health may use and disclose your PHI to a third-party only with written authorization, unless a limited exception applies. If you have further questions about these instances, please contact the Compliance Department at 215-856-1148 or via email at [\*\*HRHSCompliance@redeemerhealth.org\*\*](mailto:HRHSCompliance@redeemerhealth.org).

- Certain types of highly sensitive medical information that are given extra protection under federal or state law, which includes the following:
  - psychotherapy notes written and kept by your therapist, except for purposes related to treatment, payment, healthcare operations, or as allowed or required by law;
  - other mental health information documented by a mental health provider;
  - substance use disorder treatment information;
  - HIV/AIDS testing, diagnosis or treatment information; or
  - genetic information when shared with certain non-healthcare providers.
- For marketing purposes.
- Disclosures that constitute a sale of PHI.
- We, or a third party we work with under a Business Associates Agreement, may contact you and request that you provide a patient survey, rating or comment regarding your experience with Redeemer Health. If you complete the request, you may then be requested to post your rating, review and/or comment to your public-facing account (e.g., your Google account and other Google platforms and third-party sites and apps that use Google services). Any such postings to your account may be public and will only occur with your active selection to post. You may choose not to complete such requests, or you may delete your Google postings at any time through Google.

- In a civil, criminal, administrative, or legislative proceeding against an individual, we will not use or share information about your substance abuse treatment records unless a court order requires us or you give us your written permission.

**Your Authorization is Required for All Other Uses of PHI**, unless otherwise now or hereafter permitted by the HIPAA or other applicable Federal, State or Local law, rule or regulation. You may revoke an Authorization to use or disclose PHI, in writing, at any time. If you revoke an Authorization, we will no longer use or disclose your PHI for the purposes covered by that Authorization, except where we have already relied on the Authorization.

### **Confidentiality of Substance Use Disorder Records**

Certain Redeemer Health facilities may receive information from providers that specialize in providing substance use disorder treatment (“Programs”). The confidentiality of substance use disorder patient records maintained or disclosed by these Programs to Redeemer are protected by special federal laws. Generally, a Program may not disclose information identifying a patient as having or having had a substance use disorder, unless (1) the patient consents in writing, (2) the disclosure is required by a court order, or (3) the disclosure is made to medical providers in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations governing substance use disorder patient records by a Program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Suspected violations can be reported to the U.S. Attorney where the Program is located.

Redeemer Health may disclose such information where certain exceptions apply. For example, federal law does not protect any information about a crime committed by a patient either at the Program or against any person who works for the Program or about any threat to commit such a crime. Federal law also does not protect any information about suspected child abuse or neglect from being reported under state law to the appropriate state or local authorities.

**If Pennsylvania (or as relevant New Jersey) privacy laws are more stringent than federal privacy laws, we will follow the more protective state law.**

### **Changes to our HIPAA Privacy Notice**

We may amend this HIPAA Privacy Notice at our discretion at any time. When we make changes to this HIPAA Privacy Notice, we will provide access to the updated HIPAA Privacy Notice on our website and update the HIPAA Privacy Notice’s effective date. Your continued use of this website after we make changes is deemed to be acceptance of those changes.

For additional information regarding our use of PHI and other information, and your rights concerning these items, please visit our website at [www.redeemerhealth.org](http://www.redeemerhealth.org) and review our Privacy Policy.

### **HIPAA Privacy Notice Translation**

Our HIPAA Privacy Notice is available in Russian and Spanish.

Download the HIPAA Privacy Notice in Russian [www.redeemerhealth.org/privacy-security](http://www.redeemerhealth.org/privacy-security), or in Spanish [www.redeemerhealth.org/privacy-security](http://www.redeemerhealth.org/privacy-security).

For translations into any other languages you may contact Redeemer Health’s Compliance Department at 215-856-1148 or by sending an email to [HRHSCompliance@redeemerhealth.org](mailto:HRHSCompliance@redeemerhealth.org).