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 Notice serves as notice for Esse Health and its affiliates of our privacy practices related to health information. It describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI.

We are required by law to abide by the terms of this Notice of Privacy Practices and provide you with a copy of this Notice. We have the right to change the terms of our Notice at any time. The new Notice will be effective for all PHI that we maintain at that time. Upon request, we will provide you with any revised Notice of Privacy Practices.

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

We are required by law to protect the privacy of your protected health information, to provide you with notice of these legal duties, and to notify you following a breach of unsecured protected health information. This Notice explains how, when, and why we typically use and disclose health information, and your privacy rights regarding your health information. In our Notice, we refer to our uses and disclosures of health information as our "Privacy Practices." PHI generally includes information that we create or receive that identifies you and your past, present, or future health status or care, or the provision of or payment for that health care. We are obligated to abide by these Privacy Practices as of the effective date listed below. Please note that once your PHI is disclosed, it is subject to redisclosure by the recipient and no longer protected by these Privacy Practices.

CHANGES TO THIS NOTICE

We reserve the right to change our Privacy Practices and the terms of this Notice. If we make material changes to this Notice, we will provide you with the revised Notice by making it available to you upon request and by posting it at our service sites. We will also post the revised Notice on our website. Any changes that we make to our Privacy Practices will affect any PHI that we maintain.

HOW WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION

For Treatment, Payment, and Healthcare Operations

- **For Your Treatment:** We may use PHI to give you medical treatment or services and to manage and coordinate your medical care. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel who are involved in taking care of you, including physicians or health care providers outside our practice, such as referring or specialist physicians or laboratories.

- **For Payment of Health Services:** Your PHI will be used, as needed, to obtain payment for your health care services from you, your family members, or your health insurance provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as determining eligibility for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

- **For Our Healthcare Operations:** We may use and disclose PHI for our health care operations. For example, we may use PHI for our general business management activities, to improve the quality and effectiveness of the health care services we give, for our cost-management activities, and for audits. We may also give PHI to other health care entities for their health care operations.

We may use artificial intelligence (AI) tools to support treatment, payment for health services, and healthcare operations that may involve use of your health information. For example, we may use AI tools to assist with medical transcription. These tools are designed to support, not replace, the expertise and judgment of our healthcare providers.

For Activities Permitted or Required by Law

There are situations where the Health Insurance Portability and Accountability Act (HIPAA) permits us to use or disclose your PHI without first obtaining your written authorization for purposes other than for

treatment, payment, or health care operations. Except for the specific situations where laws require us to use and disclose information (such as reports of abuse or neglect to social services), we have listed all HIPAA permitted uses and disclosures in this section. We must meet many conditions in the law before we can share your information for these purposes. For more information see hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Please note that if we receive information relating to your diagnosis, prognosis, or treatment for a substance use disorder from programs subject to 42 CFR Part 2 ("Part 2 Records"), we will not use or disclose your Part 2 Records, or provide testimony relaying the content of your Part 2 Records, in any civil, criminal, administrative, or legislative proceeding against you unless you have provided written consent to this disclosure (separate from your consent for any other use or disclosure), or a court order after notice and an opportunity to be heard is provided to you or us (as the lawful holder of the Part 2 Record), as provided by 42 CFR Part 2. A court order authorizing the use or disclosure of this information must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested information is used or disclosed.

- **Public Health Activities:** We may disclose your health information for public health purposes, including:
  - to a public health authority that is authorized by law to collect or receive information to report, among other things, communicable diseases and child abuse
  - to the FDA to report medical device or product-related events
  - to notify a person exposed to a communicable disease
  - to your employer if we are providing care at your employer's direction related to a workplace injury
  - to your school if proof of vaccination is requested
- **To Report Potential Adult Abuse or Neglect:** If we believe a patient is the victim of abuse, neglect, or domestic violence, we may notify the government agency authorized by law to receive reports of those issues.
- **Health Oversight Activities:** We may disclose your health information to a health oversight agency that is authorized by law to monitor the health care system and our compliance with certain laws.
- **Law Enforcement Activities:** We may disclose your PHI in response to a law enforcement subpoena, summons, grand jury subpoena, administrative request, warrant, investigation demand, or a law enforcement official's request for information to identify or locate a victim, suspect, fugitive, material witness, or a missing person (including individuals who have died), for reporting a crime that has occurred on our premises, or to report a crime that may have caused a need for our emergency services.
- **Judicial and Administrative Proceedings:** We may disclose your PHI in response to a subpoena, order of a court or administrative tribunal, discovery request, or other lawful process in a judicial or administrative proceeding.
- **Coroners, Medical Examiners, and Funeral Directors:** We may disclose your PHI to coroners, medical examiners, and funeral directors to identify a deceased person or to determine the cause of death.
- **Organ Donation:** We may disclose your PHI to an organ procurement organization or other facility that participates in or determines the procurement, banking, or transplantation of organs or tissues.
- **Research Purposes:** We may use and disclose your PHI for research purposes, but we will only do that if the research specifically has been approved by an institutional review board (IRB) or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, if they do not remove or take a copy of any PHI. We may use and disclose a limited data set that does not contain specific, readily identifiable information about you for research, but we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to use the data set only for the purposes for which it was provided, ensure the security of the data, and not identify the information or use it to contact an individual.

- **Avoidance of Harm to a Person or Public Safety:** We may disclose your PHI if we believe that the disclosure is necessary to prevent or lessen a serious threat or harm to the public or the health or safety of another person.

- **Specialized Government Functions:** We may disclose your PHI for specific governmental security needs, or as needed by correctional institutions.

- **Workers' Compensation Purposes:** We may disclose your PHI to comply with workers' compensation laws or similar programs.

- **To Business Associates:** Some services are provided by or to us through contracts with business associates. We may disclose your PHI to our business associates so that they can perform the job we have contracted with them to do. We require that business associates keep your information safe.

- **To Inform You of Health-Related Products or Services:** We may use or disclose your PHI to contact you for medical appointments or other scheduled services, or to provide you with information about treatment alternatives or other health-related benefits and services.

- **To Parents and Legal Guardians of Minors:** When a patient is an unemancipated minor, we may share the minor's health information with the patient's parents or guardians unless otherwise prohibited by law.

- **Billing and Collection Purposes:** We may use or disclose your PHI for the purpose of obtaining payment for services provided. You may be contacted by mail or telephone at any telephone number associated with you, including wireless numbers. Telephone calls may be made using pre-recorded or artificial voice messages or automatic dialing device (an "auto dialer"). Messages may be left on answering machines or voicemail, including any such message information required by law (including debt collection laws) or regarding amounts owed by you. Text messages or emails using any email addresses you provide may also be used to contact you.

- **Fundraising Purposes:** We may use or disclose demographic information, including names, addresses, other contact information, age, gender, and date of birth; the dates that you received health care from us; department of service information; treating physician information; and outcome information to contact you in order to raise funds so that we may continue or expand our health care activities. You have the right to opt out of these fundraising communications by emailing privacy@essehealth.com. If you decide you do not wish to be contacted as part of our fundraising efforts, we will not condition service or payment upon that decision.

USES AND DISCLOSURES GUIDED BY YOUR PREFERENCES

- We may disclose your PHI to a family member, relative, friend, or any other person you identify who is involved in your care or involved with the payment related to your care unless you tell us otherwise.

- A directory may include your name and other identifying information. Unless you tell us that you would like to restrict your information in a facility directory, you will be included and directory information may be disclosed to members of the clergy or to people who ask for you by name.

- We may use the contact information you provide to us to reach you and send you information. You may receive autodialed or pre-recorded phone calls, SMS texts messages, faxes, or emails from us or our agents, including account management companies or debt collectors, for treatment, payment, health care operations, and other notification purposes, including appointment or prescription reminders, care coordination, billing, surveys, research, marketing, and fundraising. You may receive those communications at any telephone number, email address, or fax number that you provide to us. Standard message or data rates may apply. These means of communication may be unsecure and could potentially be intercepted and seen by others. You may opt out of receiving unencrypted communication from us and our agents by providing express written notice to us by emailing privacy@essehealth.com.

- We may participate in health information networks and exchanges (HINs/HIEs) that securely share your electronic health information with others for treatment, payment, health care operations, public health, and other purposes allowed by law, such as giving you access

to your own records. You may "opt out" of sharing your information through an HIN/HIE by emailing privacy@essehealth.com to request an Opt-Out Form and emailing the completed form to privacy@essehealth.com. If you choose to opt out, we may still use and share your information as required or permitted by law. If you ask to see your information through an HIN/HIE, please know that because of current technical and administrative limitations it is not feasible for us to provide you with all your information this way.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

- We will not engage in disclosures that constitute a sale of your PHI without your written authorization. A sale of PHI occurs when we, or someone we contract with directly or indirectly, receive payment in exchange for your PHI.

- We will not use or disclose your PHI for marketing purposes without your written authorization. Marketing is defined as receipt of payment from a third party for communicating with you about a product or service offered by a third party.

- We will not disclose psychotherapy notes without your written authorization unless the use and disclosure is otherwise permitted or required by law.

For situations not generally described in our Notice, we will ask for your written authorization before we use or disclose your PHI. You may revoke that authorization, in writing, at any time to stop future disclosures of your PHI. Information previously disclosed, however, will not be requested to be returned nor will your revocation affect any action that we have already taken in reliance on your authorization. In addition, if we collected the information in connection with a research study, we are permitted to use and disclose that information to the extent it is necessary to protect the integrity of the research study.

YOUR RIGHTS REGARDING YOUR PHI

Requesting Restrictions on Uses and Disclosures of PHI

You may request a restriction on how we use or disclose your PHI for your treatment, payment for healthcare services, or activities related to healthcare operations. You may also request a restriction on what PHI we may disclose to someone who is involved in your care, such as a family member or friend. To make a request, please email privacy@essehealth.com. We are not required to agree to your request in all circumstances. Additionally, any restriction that we may approve will not affect any use or disclosure that we are required or permitted to make under the law. We must agree to your request to restrict disclosure of your PHI to your health plan if the disclosure is not required by law and the PHI you want restricted pertains solely to a healthcare item or service for which you (or someone on your behalf other than your health plan) paid us for in full.

Requesting Confidential Communications

You may request changes in how we communicate with you or the location where we may contact you. You must make your request in writing by emailing privacy@essehealth.com. We will accommodate your reasonable request, but in determining whether your request is reasonable, we may consider the administrative difficulty it may impose on us.

Inspecting and Obtaining Copies of Your PHI

You may ask to look at or obtain a copy of your PHI. You must make your request in writing. To make a request for your PHI, please email recordrequests@essehealth.com. We may charge a fee for copying or preparing a summary of requested PHI. Within 30 days of receipt, we will respond to your request by either providing the information requested, denying the request with a written explanation for the denial, or advising you we need additional time to complete our action on your request (for instance, if your PHI is not readily accessible or the information is maintained in an off-site storage location).

Requesting a Change in Your PHI

You may request, in writing, a correction or amendment to your PHI if you think your health information is incorrect or incomplete. We are not required to agree to your request unless required by applicable state law. Under no circumstances will we erase or otherwise delete original documentation in your PHI unless requested in accordance with applicable state laws. To request an amendment, please email privacy@essehealth.com.

Requesting an Accounting of Disclosures of your PHI

You may ask, in writing, for an accounting of certain types of disclosures of your PHI that we have made in the six years prior to your request. The law excludes from an accounting many of the typical disclosures, such as those made to care for you, to pay for your health services, or where you provided your written authorization to the disclosure. To request an accounting, please email privacy@essehealth.com. Generally, we will respond to your request within 60 days of receiving your request unless we need additional time. You are only entitled to one accounting per year.

OUR RESPONSIBILITIES REGARDING YOUR PHI

We are required by law to maintain the privacy and security of your PHI. For more information, see https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Notification Following a Breach of Unsecured PHI

We are required by law to notify you if your PHI is involved in a breach that may have compromised the privacy or security of your PHI.

Obtaining a Notice of Our Privacy Practices

We are required to provide you with our Notice to explain and inform you of our Privacy Practices. Even if you have requested this Notice electronically, you may request a paper copy at any time by emailing privacy@essehealth.com. You may also view or obtain a copy of this Notice on our website at https://www.essehealth.com/privacy-policy/.

COMPLAINTS

We welcome an opportunity to address any concerns you may have regarding the privacy of your PHI. If you believe that the privacy of your PHI has been violated, you may file a complaint by emailing privacy@essehealth.com. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, by sending a letter to 200 Independence Ave, SW, Washington, DC 20201, calling 877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html.

We will not retaliate against you for filing a complaint with us or the Office for Civil Rights.

CONTACT INFORMATION

If you want more information about our privacy practices or have questions or concerns, please contact us at privacy@essehealth.com, by calling 314-851-1000, or writing to us at Esse Health Privacy Officer, 555 Maryville University Drive, Suite 240, St. Louis, MO 63141.