NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE REVIEW CAREFULLY.

Moab Regional Hospital and its affiliated clinics and facilities (MRH) are required by law to maintain the privacy of your protected health information, to notify you of our legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured health information. This Notice summarizes MRH's duties and your rights concerning your information. We are required to abide by the terms of our Notice that is currently in effect.

1. Uses and Disclosures We May Make *Without* Written Authorization. We may use or disclose your health information for certain purposes without your written authorization, including the following: • ***Treatment***. We may use or disclose your information for purposes of treating you. For example, we may disclose your information to another health care provider so they may treat you, to provide appointment reminders, or to provide information about treatment alternatives or services we offer.
Payment. We may use or disclose your information to obtain payment for services provided to you. For example, we may disclose information to your health insurance company or other payer to obtain pre-authorization for treatment or payment for services rendered.
Healthcare Operations. We may use or disclose your information for certain activities that are necessary to operate our hospital and clinics and ensure that our patients receive quality care. For example, we may use information to train or review the performance of our staff or make decisions affecting our services.
• As required by state or federal law such as reporting abuse, neglect or certain other events.
• For certain public health activities such as reporting certain diseases.
• For certain judicial or administrative proceedings, such as disclosures required by a court order, warrant, or subpoena.

Other Uses or Disclosures. We may, in our discretion, also use or disclose your information for certain other purposes allowed by 45 CFR § 164.512 or other applicable laws and regulations, including the following:
• To prevent or lessen a serious threat to your health or safety or the health or safety of others.
• As allowed by workers compensation laws for use in workers compensation proceedings.
• For certain public health oversight activities such as audits, investigations, or licensure actions.
• For certain law enforcement purposes, such as identifying or locating a victim or reporting a crime.
• For certain specialized government functions such as the military or correctional institutions.
• For research purposes if certain conditions are satisfied.
• To coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.
• To MRH's business associates as necessary to perform permitted functions on MRH's behalf.

2. Disclosures We May Make *Unless* You Object. Unless you instruct us otherwise, we may disclose your information as described below.

- To a member of your family, friend, or other person who is involved in your healthcare or payment for your healthcare. We will limit the disclosure to the information relevant to that person's

involvement in your healthcare or payment.

- To maintain our facility directory. If a person asks for you by name, we will only disclose your name, general condition, and location in our facility. We may also disclose your religious affiliation to clergy. You may opt out of having your name listed in the directory at any time.

3. Uses and Disclosures *with* Your Written Authorization. Other uses and disclosures not described in this Notice will generally be made only with your written authorization, including most uses or disclosures of psychotherapy notes; for most marketing purposes; or if we seek permission to sell your information. You may revoke your authorization by submitting a written notice to the Privacy Contact identified below. The revocation will not be effective to the extent we have already taken action in reliance on the authorization.

4. Your Rights Concerning Substance Use Records. Substance use records are additionally federally protected under the Part 2 Program, otherwise known as 42 CFR Part 2. The Moab Regional Recovery Center is a Federally-supported Part 2 Program. In most cases these records can only be released with your expressed written permission. Should you request your records to be sent to a different provider or facility, you will be required to complete a separate form for the release of these records, in additional to our standard Medical Records Release. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Additionally, the federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§2.12(c)(5) and 2.65. The Moab Regional Recovery Center has an Addendum to this Notice further explaining these additional terms in more detail.

5. Your Rights Concerning Your Protected Health Information (PHI). You have the following rights concerning your health information. To exercise any of these rights, you must submit a written request to the Privacy Officer identified below**.** • You may request additional restrictions on the use or disclosure of information for treatment, payment or healthcare operations. We are *not* required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays for an item or service, and you request that information concerning such item or service not be disclosed to a health insurer.

• We normally contact you by telephone or mail at your home address. You may request that we contact you by alternative means or at alternative locations. We will accommodate reasonable requests.

• You may inspect and obtain a copy of records that are used to make decisions about your care or payment for your care, including an electronic copy. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, (e.g., if we determine that disclosure may result in harm to you or others).

• You may request that your PHI be amended. We may deny your request for certain reasons, (e.g., if we did not create the record of if we determine that the record is accurate and complete).

• You may receive an accounting of certain disclosures we have made of your PHI. You may receive the first accounting within a 12-month period free of charge. We may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.

6. Recording of Patient Visit. MRH has implemented an automated system to assist your provider in certain clinics. This system helps your provider complete their accurately and timely documentation of your visit. This system will record your visit as it happens, and digest the interaction into a draft clinical note for your provider's review. The recording is fully deleted once the provider reviews and approves the edited medical record note. No one other than your provider can access this recording. You may choose to opt out of this recording system at any time, even during the course of the visit itself.

7. Complaints: If you believe your rights have been violated, you may file a complaint with MRH or the Secretary of the Department of Health and Human Services. MRH will not retaliate against you for filing a complaint.

8. Contact Information: If you have any questions about this Notice, or if want to object to or complain about any use or disclosure or exercise any rights as explained above, please contact our Privacy Officer at 435-719-3500 or via e-mail at privacyofficer@mrhmoab.org

9. You may obtain a paper copy of this Notice upon request. You have this right even if you have agreed to receive the Notice electronically.

10. Changes to This Notice. We reserve the right to change the terms of this Notice at any time, and to make the new Notice effective for all protected health information that we maintain. If we materially change our privacy practices, we will post a copy of the current Notice in our reception area and on our website. You may obtain a copy of the operative Notice from our receptionist or Privacy Officer.

I have read the above policy and have had all of my questions answered.

Signature of Patient or Personal Representative	**Date**
Print Name of Signer	**Relationship to Patient**
Moab Regional Hospital Witness	**Date**

Effective Date: This notice is effective 16 February 2026