

## NOTICE OF PRIVACY PRACTICES

### THIS NOTICE DESCRIBES:

- HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW YOU CAN GET ACCESS TO THIS INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION
- YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE PRIVACY OFFICER AT (928) 537-6939 OR [PRIVACYOFFICER@SUMMITHEALTHCARE.NET](mailto:PRIVACYOFFICER@SUMMITHEALTHCARE.NET) IF YOU HAVE ANY QUESTIONS

### PLEASE REVIEW IT CAREFULLY

#### Our Legal Duties and Responsibilities

We are required by law to maintain the privacy and security of your health information. We will notify you if a breach occurs that may compromise the privacy or security of your unsecured protected health information. We will abide by the terms of this notice and will not use or share your health information other than as described here unless you tell us we can in writing. If there are different laws covering your health information, we will follow the law that offers the greatest privacy protections to you or gives you greater control of your health information.

#### Additional Protections for Substance Use Disorder (“SUD”) Health Information

SUD health information is protected by a federal law called 42 CFR Part 2 (“Part 2”), which provides greater privacy protections than the Health Insurance Portability and Accountability Act (“HIPAA”). We may operate Part 2 program(s), and this section explains how we may use and disclose SUD health information and your rights concerning your SUD health information. If we receive SUD records from another provider, we will continue to safeguard those records under the same heightened federal protections.

- Use and Disclosure of SUD Health Information: In many cases, we may not use or disclose SUD health information - even for purposes normally allowed under HIPAA such as treatment, payment, or healthcare operations (“TPO”) - unless you provide written consent or another specific legal exception applies. For SUD records a single consent may be used for future TPO uses and disclosures, as permitted by law.
- Records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to your written consent for TPO may be further disclosed by that recipient without your written consent, if HIPAA regulations allow the disclosure.
- Disclosure of SUD Health Information Without Patient Consent: SUD health information may be disclosed without your consent for the following purposes: Within the part 2 program if there is a need to know, between the part 2 program and those with direct administrative control, to a qualified service organization (QSO) pursuant to a QSO agreement, to law enforcement to report a crime on premises, a threat against our personnel, or suspected child abuse or neglect, for public health purposes, for medical emergencies where your consent cannot be obtained or when the Part 2 program is closed during a declared disaster and we are unable to obtain your consent, for scientific research, for audits and investigations, or pursuant to a special court order. There may be certain conditions on these uses and disclosures which are discussed below.
- Re-disclosure of SUD Health Information: If we disclose your SUD health information pursuant to your written consent, the recipient may be prohibited from re-disclosing it unless you consent again or federal law permits it. We will inform you when information we share may be subject to redisclosure limitations under Part 2.

#### How We Use and Disclose Your Health Information

- Treatment: We use your health information to provide you with medical treatment and services, disclose your health information to other medical professionals who need that information to treat you, and share it with others involved in your care. *Examples:* Disclosing health information to your physical therapist to develop a treatment plan, using it to contact you about an upcoming appointment, sharing it with family members who are helping with your care, or, with your written consent, sharing SUD treatment medications with your provider to avoid drug interactions.

- **Payment:** We use and disclose your health information to get paid for the medical services we provide to you. *Examples:* We may give your insurance company medical records so they will pay us for your care, or share health information to get prior authorization before providing certain types of treatment.
- **Healthcare Operations:** We use and disclose your medical information to conduct standard internal operations and evaluate the quality of care we provide. *Examples:* We use health information for quality improvement activities, to arrange for audit, accounting or legal services, and to assess the care and outcomes of your case and others like it.

### **Other Ways We Use or Disclose Your Health Information**

We may be required or permitted to use or disclose health information even without your permission as described below:

- **As Required by Law:** We will use and disclose your health information if federal, state, or local laws require us to do so. *Examples:* We use and disclose health information to report suspected abuse, neglect or exploitation of children or vulnerable adults, or to report patient injury due to illegal acts.
- **Public Health and Safety:** We may use or disclose health information to state, local or federal public health agencies for vital statistics, to the Food and Drug Administration for product recalls or to public health authorities for communicable diseases. SUD health information disclosed to public health authorities will be de-identified.
- **Worker's Compensation:** We may disclose information as necessary to comply with laws relating to the Workers' Compensation program, including claims for work-related injuries.
- **Health Oversight Activities:** We may disclose health information to a government agency to assist in investigations and audits, eligibility for government programs providing public benefits, and similar activities.
- **Coroners, Medical Examiners and Funeral Directors:** We may disclose health information to coroners, medical examiners and funeral directors to assist them in carrying out their duties.
- **Organ and Tissue Donation:** We may disclose health information to organizations that handle organ, eye or tissue donation or transplantation.
- **Military, Veterans, National Security and Other Government Purposes:** If you are a member of the armed forces, we may release your health information as required by military command authorities or to the Department of Veterans Affairs. We may disclose health information to federal officials for intelligence and national security purposes or for presidential protective services, or for medical suitability determinations for the Department of State.
- **Judicial and Administrative Proceedings:** We may disclose health information if ordered to do so by a court or in response to an administrative order, subpoena, search warrant or other lawful process. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited health information with a law enforcement official concerning a suspect, fugitive, material witness, crime victim or missing person. We may share the health information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

SUD health information records, and testimony about these records, cannot be used or disclosed in civil, criminal, administrative or legislative proceedings against you without your written consent or a special court order accompanied by a subpoena or other legal mandate, and notice and an opportunity to be heard as required by law. This prohibition applies even if we did not create the SUD records but received them from another provider.

- **Health Research:** In limited circumstances, we may use or share your health information for health research purposes, subject to certain safeguards.
- **Law Enforcement Purposes:** We may disclose health information if needed or requested by law enforcement officials or to report a crime on our premises or crime against our personnel.
- **Serious Threat to Health or Safety:** We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Disaster Relief:** We may use or disclose your health information to assist in disaster relief efforts.

### **Uses and Disclosures about Which You Have Choice**

- **Facility Directory:** Unless you object ("opt out"), we may include your name, location in the hospital, and your general condition (e.g., fair, stable, or critical) in our facility directory and disclose this information to persons who ask for you by name. Members of the clergy may also be informed of your religious affiliation (if any). If you wish to opt out of the facility directory, please inform our registration personnel.

- **Persons Involved in Your Care:** We may share your health information with a family member, friend or other person who is involved in your care, or who helps pay for your care. We will get your permission, if possible, before we share, or give you the opportunity to refuse permission. We will ask you if you would like to provide the name(s) of individuals with whom we can share your health information. If you cannot tell us your preference (e.g., if you are unconscious), we may disclose your health information if, in our professional judgment, we believe it is in your best interest.
- **Fundraising:** The Summit Healthcare Foundation may contact you to raise money for the Foundation. You can elect not to be contacted for fundraising by sending a written request to opt out to Summit Healthcare, ATTN: Marketing Manager, 2200 E. Show Low Lake Rd., Show Low, Arizona 85901. You may also ask for a form to opt out.
- **Marketing:** We do not use or disclose your health information for marketing purposes without your written permission. We do not sell your health information.

### Individual (Patient) Rights

- **Right to a Copy of This Notice:** You have the right to a paper or electronic copy of this notice at any time. You can get a copy of this notice by calling (928) 537-6556 or going to the Summit Healthcare website at [summithealthcare.net/notice-of-privacy](http://summithealthcare.net/notice-of-privacy). If you would like to discuss the notice, contact the privacy officer at (928) 537-6939 or [privacyofficer@summithealthcare.net](mailto:privacyofficer@summithealthcare.net).
- **Right to Access Your Health Information:** In most cases, you have the right to inspect and get a copy of your medical records. We require a written request for access to your medical records. Contact Health Information Management at (928) 537-6326 or visit our website at: [summithealthcare.net/medical-records/](http://summithealthcare.net/medical-records/) We may charge a reasonable, cost based fee for copies of your medical records. We will tell you the cost in advance. We do not charge for medical records provided to you, your health care decision maker, or your health care provider for continuation of care.
- **Right to Request Correction of Your Health Information:** If you believe that information in your medical record is incorrect or incomplete, you may ask us to correct it. Contact Health Information Management at (928) 537-6326 or visit our website at: [summithealthcare.net/medical-records/](http://summithealthcare.net/medical-records/).
- **Right to a List of Disclosures of Your Health Information:** We will provide a list of disclosures of your health information that we made for the six (6) years (or three (3) years for SUD health information) prior to the date of your request, other than for TPO and certain other exceptions. To request an accounting of disclosures, contact Health Information Management at (928) 537-6326 or 2200 E. Show Low Lake Rd., Show Low, Arizona, 85901. You also have the right to a list of disclosures of SUD health information by an intermediary, such as the Arizona Health Information Exchange ("HIE") upon written request. To request an accounting of disclosures from the HIE, call Contexture at (844) 279-7120.
- **Right to Request Restrictions Use or Disclosure of Your Health Information:** You can ask us not to use or disclose your health information, even if you have previously given written consent for use and disclosure of your SUD records for TPO. We are not required to agree to a requested restriction, except for requests for restrictions for purposes of TPO when you, or another person on your behalf, has paid in full, out-of-pocket for the item or service covered by the request and the uses or disclosures are not required by law. To request a restriction, contact Health Information Management at (928) 537-6326 or 2200 E. Show Low Lake Rd., Show Low, Arizona, 85901.
- **Right to Request Confidential Communications:** You can ask us to communicate with you in a way that you feel is more confidential. Examples: You can ask us contact you at a different address, or call you at a specific number. If you would like to request confidential communication, please inform Summit Healthcare personnel.
- **Right to Designate a Personal Representative:** You may designate a personal representative to exercise your rights, or act on your behalf if you are unable to communicate or make your own health care decisions due to mental or physical illness, injury, disability or incapacity. We will ensure this person has the authority to act for you before we take any action.
- **Right to Revoke Consent:** If you give your consent to use or disclose your health information, you may revoke that permission any time, unless we have already relied on your permission to use or disclose the health information. If you would like to revoke your consent, please contact the privacy officer at (928) 537-6939 or [privacyofficer@summithealthcare.net](mailto:privacyofficer@summithealthcare.net)

### Changes in Privacy Practices

We may change the terms of this notice at any time and these changes will be effective for all health information we maintain about you. If we change these practices, we will publish a revised Notice of Privacy Practices on our website at [summithealthcare.net](http://summithealthcare.net) and post the notice in prominent locations throughout our facilities. This notice is available to you upon request.

### Questions, Concerns or Complaints

If you have questions or concerns, or if you believe we have violated your privacy rights, please contact the privacy officer at (928) 537-6939 or [privacyofficer@summithealthcare.net](mailto:privacyofficer@summithealthcare.net).

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at 200 Independence Avenue SW, Washington, DC. 20201, or by calling (877) 696-6775, or electronically at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

We will not penalize you or retaliate against you in any way for filing a complaint.

**Effective February 15, 2026**