



NOTICE OF PRIVACY PRACTICES Healthsource of Ohio (HSO)

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.

Effective Date: February 16, 2026

OUR PLEDGE TO YOU

We understand that PHI about you is personal. We are committed to protecting this information. We create a record of the care and services you receive to make sure you receive quality healthcare and to comply with legal requirements. This Notice applies to all records of your care that we keep at our offices, listed in this Notice. Special requirements may apply to certain types of records or diagnoses. Your personal doctor may have some different policies or notices regarding your treatment.

OUR LEGAL DUTY

HealthSource of Ohio (HSO) is required by law to:

- Maintain the privacy and security of your protected health information (PHI)
- Provide you with this Notice of Privacy Practices
- Follow the terms of this Notice currently in effect
- Notify you following a breach of unsecured PHI as required by law
- Provide you with timely electronic access to your electronic health information (EHI) which includes access to clinical notes, laboratory results, and other EHI unless a regulatory exception applies

For more information, see: <https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

We may use and disclose your PHI without your authorization for the following purposes:

Treatment: We may use or disclose your PHI to provide, coordinate, or manage your health care.

Examples: sharing information with doctors, nurses, specialists, hospitals, pharmacies, laboratories, or other providers involved in your care. **Payment:** We may use or disclose your PHI to bill and receive payment for services provided. Examples: submitting claims to health plans, verifying coverage, determining eligibility, or collecting payment. **Operations:** We may use or disclose PHI for operational purposes. Examples: quality improvement activities, accreditation, licensing, audits, staff training, credentialing, compliance reviews, business planning, and legal services. **Hospital directory:** We do not maintain a hospital directory. **Family and friends involved in your care:** You can tell us your preferences about sharing information with your family, close friends, or others involved in your care or payment for your care. Examples: If you have a clear preference, tell us and we will follow your instructions. If you are unable to tell us (for example, if you are unconscious), we may share information if we believe it is in your best interest. We may also share information to help lessen a serious and imminent threat to health or safety.

YOUR CHOICES

OTHER PERMITTED OR REQUIRED DISCLOSURES

We may use or disclose PHI without your authorization when required or permitted by law, including:

- Public health activities
- Reporting abuse, neglect, or domestic violence
- Health oversight activities
- Certain Judicial or administrative proceedings
- Law enforcement purposes
- Work with a medical examiner or funeral director
- Organ and tissue donation
- Research (as permitted by law)
- Appointment reminders, notifications about possible treatment options or health-related benefits
- To prevent a serious threat to health or safety
- In emergencies when you cannot communicate with us, or to assist in public disaster relief efforts
- Workers' compensation



- Fundraising: We may use certain information (name, address, age, DOB, gender, insurance status, treatment dates, treating physician, and outcome information) to contact you for the purpose of raising money for HSO to expand and improve the services and programs we provide to the community. You will have the right to opt out of receiving such requests with each solicitation. Your decision to opt out will have no impact on your treatment or payment for services at HSO.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

We must obtain your written authorization for:

- Marketing purposes
- Sale of PHI
- Most uses and disclosures of psychotherapy notes
- Uses and disclosures of substance use disorder (SUD) records protected under 42 CFR Part 2, unless otherwise permitted by law

You may revoke an authorization at any time in writing, except to the extent we have already relied on it.

BUSINESS ASSOCIATES

HSO may disclose your PHI to business associates that perform services on our behalf, such as billing, information technology, electronic health records, cloud storage, legal, consulting, or quality improvement services. All business associates are required by law and contract to protect the privacy and security of your PHI.

SUBSTANCE USE DISORDER (SUD) RECORDS – 42 CFR PART 2

Some health information maintained by HSO related to substance use disorder treatment is protected by federal law under 42 CFR Part 2, which provides additional privacy protections beyond HIPAA. SUD records we receive per your Part 2-compliant written consent may be used for treatment, payment or operations (TPO) and may be redisclosed by HSO for TPO. However, your written consent will be required to use or disclose your SUD records for any legal proceedings unless an exception applies under federal law, including court order or subpoena. If HSO uses or discloses SUD records for fundraising communications, you will first be given a clear opportunity to opt out of such communications.

REDISCLOSURE NOTICE

Information disclosed under this Notice may be subject to redisclosure by the recipient and may no longer be protected by HIPAA, including SUD records we receive per your Part 2-compliant written consent and as described above.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Inspect and obtain a copy of your health information in paper or electronic form
- Request an amendment to your health information if you believe it is incorrect or incomplete
- Request restrictions on certain uses or disclosures (HSO is not required to agree)
- Request confidential communications, such as being contacted at an alternate address or phone number
- Receive an accounting of disclosures of your PHI for certain disclosures made in the past six (6) years
- Receive a paper copy of this Notice at any time, even if you agreed to receive it electronically
- Request that we do not disclose PHI to your health plan for health care items or services for which you have paid in full out of pocket. HSO is required to comply with this request, unless disclosure is required by law
- Choose someone to act for you: If someone has legal authority to act for you, such as a medical power of attorney or a court-appointed guardian, that person may exercise your rights and make choices about your health information. We will verify the person's authority before we take any action.

To exercise any of these rights, submit a written request to the Privacy Officer.

ELECTRONIC ACCESS TO RECORDS

You have the right to receive an electronic copy of your PHI without delay unless a regulatory law applies. HSO may charge a reasonable, cost-based fee as permitted by law. You may request that we transmit your PHI in paper or electronic form to a person or entity you designate, provided the request is made in writing, signed by you, and clearly identifies where the information should be sent. See QR code below to authorize a request for your records.

NOTICE OF PRIVACY PRACTICES AVAILABILITY

- A paper copy of this Notice is available at each HSO location



- The Notice is posted in a clear and prominent location in each center
- The Notice is available on HSO's website
- The Notice may be provided electronically upon request or per the QR code on this notice below
- A paper copy will be provided upon request, even if received electronically
- The Notice can be translated into other languages to improve accessibility for patients with limited English proficiency

ACKNOWLEDGMENT OF RECEIPT

Patients or legal guardians will be asked to sign an acknowledgment of receipt of this Notice. If acknowledgment is not obtained, HSO will document good-faith efforts, and the reason acknowledgment was not obtained. The acknowledgment will be maintained in the medical record.

CHANGES TO THIS NOTICE

HSO reserves the right to change this Notice at any time. Changes will apply to all PHI maintained. The revised Notice will be available at our facilities and on our website. HSO complies with all applicable federal and state privacy laws and regulations governing the protection of health information, including future amendments, regulatory guidance, and enforcement requirements, to safeguard PHI from unauthorized use, disclosure, access, or acquisition.

REVOCAION OF AUTHORIZATION

A patient or legal guardian who wishes to revoke an authorization must do so in writing and submit the request to the Practice Manager at the HSO center where care is received. All revocation requests and complaints will be directed to the Privacy Officer.

COMPLAINTS AND NON-RETALIATION

If you believe your privacy rights have been violated, you may file a written complaint with:

- HealthSource of Ohio, or
- The U.S. Department of Health and Human Services, Office for Civil Rights

There will be no retaliation for filing a complaint or exercising your privacy rights.

NON-DISCRIMINATION

HealthSource of Ohio (HSO) does not discriminate in the provision of health care services based on race, color, national origin, age, disability, sex, sexual orientation, gender identity, pregnancy, or any other characteristic protected by applicable federal or state law.

GOOD FAITH ESTIMATE

If you are uninsured or choose not to use insurance for certain services, federal law may require HealthSource of Ohio (HSO) to provide you with a Good Faith Estimate of expected charges for those services. The Good Faith Estimate is provided separately from this Notice of Privacy Practices and does not affect your rights under HIPAA. Information about Good Faith Estimates and how to request one is available at our facility.

OTHER POLICIES AND SAFETY PRACTICES

HSO maintains additional policies to protect the privacy, safety, and security of patients, staff, and visitors while on our premises. These policies may address matters beyond the scope of this Notice and do not limit or expand rights under HIPAA.

CONTACT INFORMATION

For questions or complaints regarding this Notice or your privacy rights, contact:

HealthSource of Ohio – Privacy Officer
424 Wards Corner Road Suite 200, Loveland, OH 45140
Email: ComplianceHotline@HSOhio.org
513-576-7700

RESPONSIBLE PARTIES

HSO ensures all patients receive the current Notice of Privacy Practices and that PHI is used and disclosed only as permitted or required by law and/or this Notice. This includes all healthcare professionals who treat you, all departments of our organization, employed, contracted and volunteer staff, and any business associate or partner with whom we share health information.