

Parkview Health • Notice of Privacy Practices

Effective April 14, 2003, and last revised Effective February 9, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE ALSO DESCRIBES YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION AND 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 BY PHONE AT 260-373-5121 (OR TOLL FREE: 855-773-0012) AND BY E-MAIL AT COMPLIANCE@PARKVIEW.COM IF YOU HAVE ANY QUESTIONS.

When this Notice refers to “we” or “us” or “Parkview Health,” it is referring to Parkview Health System and its affiliates, including Parkview Hospital and its specific programs, Parkview Regional Medical Center, Parkview Hospital Randallia, Parkview Behavioral Health, Parkview Hospice, along with Parkview Huntington Hospital, Parkview LaGrange Hospital, Parkview Noble Hospital, Parkview Wabash Hospital, Parkview Whitley Hospital, Parkview Kosciusko Hospital, Parkview Kosciusko SurgeryONE, Parkview DeKalb Hospital, Parkview DeKalb Pharmacare, Park Center, Parkview Logansport Hospital, Logansport Memorial Hospital Pain Management, Parkview Ortho Hospital, Parkview SurgeryONE, Parkview Occupational Health Centers, Parkview Physicians Group, Parkview Southwest Surgery Center, Parkview Bryan Hospital, Parkview Montpelier Hospital, Parkview Archbold, Midwest Community Health Associates, Health Professional Resources d/b/a Community Pharmacy, and Parkview Retail Services.

To the extent any of the entities listed above is a clinically integrated care setting in which individuals typically receive health care from more than one health care provider, this Notice also applies to individual health care professionals when they provide treatment or other non-treatment services at these entities’ locations, regardless of whether the individuals are employees of Parkview Health. For example, this would include the hospitals listed above and the members of their medical staffs and other credentialed individuals.

This Notice describes how we will use and disclose your health information. The policies outlined in Section I of this Notice apply to all of your health information generated by Parkview Health, whether recorded in your medical record, invoices, payment forms, videotapes or other ways. These policies also apply to the health information gathered from other health care providers and organizations by any employee, volunteer, or independent contractor who participates in your care at a Parkview Health facility or practice, including information we receive and maintain in our records pursuant to Parkview Health’s participation in health information exchanges, accountable care organizations, or clinically integrated networks.

In addition, with respect to any Parkview Health service line, location or individual health care professional that meets the definition of a Part 2 program for the diagnosis, treatment, or referral of patients with substance use disorders under 42 C.F.R. Part 2 (“Part 2 Program”), we must follow the policies outlined in Section II of this Notice with respect to any of your information, whether recorded or not, created by, received, or acquired by the Part 2 Program relating to you (e.g., diagnosis, treatment and referral for treatment information, billing information, e-mails, voicemails, and texts), including patient identifying information (collectively, “Part 2 Records”). In the event of a conflict between the policies outlined in Section I and Section II, the Part 2 Program will follow the more stringent requirement.

Section I – GENERAL REQUIREMENTS REGARDING YOUR HEALTH INFORMATION

A) Uses and Disclosures of Your Health Information

1. Uses and Disclosures that Do Not Require Consent or an Opportunity to Object. In most circumstances, we are permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:
 - a. Uses or disclosures relating to treatment, payment and health care operations:
 - (1) Treatment. We may use and/or disclose your health information to provide, or to allow others to provide, treatment to you. For example, your primary care physician may disclose your health information to another doctor for a consultation. Also, we may contact you with appointment reminders or information about treatment options or other health-related benefits and services that may be of interest to you.
 - (2) Payment. We may use and/or disclose your health information for the purpose of allowing us, as well as other organizations, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for the health care services provided to you.
 - (3) Health Care Operations. We may use and/or disclose your information for the purposes of our day-to-day operations and functions. We may also disclose your information to another covered entity (covered health care provider, health plan or health care clearinghouse) to allow it to perform certain of its day-to-day functions, but only to the extent that we both have a relationship with you. For example, we may compile your health information, along with that of other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the quality of care provided at this facility.
 - (4) Electronic Health Record. We use an electronic health record that allows us to exchange health information electronically with other health care providers, clinics, centers, facilities, and other permitted parties for treatment, payment and certain health care operations.
 - (5) Organized Health Care Arrangements. We may participate in accountable care organizations (“ACOs”), clinically integrated networks (“CINs”), and other organized health care arrangements with other health care providers to facilitate access to health information, improve the quality of care, and reduce the cost of care. If we do, we may use or disclose to other health care providers and covered entities also participating in these arrangements your health information for treatment, payment or health care operations. While we may participate in these arrangements, we do not assume liability for negligence, errors, omissions, or breaches of your privacy rights that are committed by other health care providers.
 - b. When required by law, including to the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law;

- c. For public health purposes, such as preventing disease, helping with product recalls, reporting adverse reactions to medications, or preventing or reducing a serious threat to anyone's health or safety;
- d. To disclose information about victims of abuse, neglect, or domestic violence as permitted or required by law;
- e. For health oversight activities, such as audits or civil, administrative or criminal investigations;
- f. For judicial or administrative proceedings;
- g. For law enforcement purposes;
- h. To assist coroners, medical examiners or funeral directors with their official duties;
- i. To facilitate organ, eye or tissue donation;
- j. For research, subject to a special approval process unless the information is in the form of a limited data set; or we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any health information;
- k. To create de-identified health information by removing certain specified identifiers or obtaining a determination that the health information is not individually identifiable from a person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable;
- l. To create a limited data set, which is health information that excludes certain direct identifiers and may only be used or disclosed for the purposes of research, public health, or health care operations;
- m. To avert a serious threat to health or safety;
- n. For specialized governmental functions, such as military, national security, presidential protective services, criminal corrections, or public benefit purposes; and
- o. For workers' compensation purposes, as permitted by law.

We may also participate in initiatives, such as Health Information Exchanges, registries, and other electronic data sharing systems, that allow us to exchange health information electronically with permitted parties, such as payors, other health care providers, clinics, centers, and facilities, and other organizations, for treatment, payment and certain health care operations, as described above, even if they are not affiliated with Parkview Health. These initiatives may also enable us to exchange your health information with other parties, even if they are not affiliated with Parkview Health, for other permitted activities described above, such as for research or public health.

2. **Uses and Disclosures that Require an Opportunity to Object.** In the situations below, we may use or disclose your health information only if we first have offered you an opportunity to object. However, if it is an emergency situation, or if you are incapacitated, or if you are not present, we generally are not required to offer you an opportunity to object. There are also certain situations where we may be allowed to infer, based on the circumstances and the exercise of our professional judgment, that you do not object to the disclosure.
 - a. **Directories.** We may maintain a directory of patients that includes your name and location within the facility, your religious designation, and information about your condition in general terms that will not communicate specific medical information about you. Except for your religion, we may disclose this information to any person who asks for you by name. We may disclose all directory information to members of the clergy.
 - b. **Notifications.** We may disclose to your relatives, close personal friends, or any other persons you identify for us, any health information that is directly related to that person's involvement in the provision of, or payment for, your care. We may also use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your location, general condition or death, and to organizations that are involved in those tasks during disaster situations.
3. **Uses and Disclosure that Require your Written Authorization.** The following uses and disclosures of your health information require your written authorization:
 - a. Uses and disclosures of psychotherapy notes except:
 - (1) To carry out the following treatment, payment, or health care operations: Use by the originator of the psychotherapy notes for treatment; use or disclosure by us for our own training programs; or use or disclosure by us to defend ourselves in a legal action or other proceeding brought by you;
 - (2) Uses and disclosures to the federal Secretary of the Department of Health and Human Services required by the Secretary to investigate or determine our compliance with federal privacy regulations; and
 - (3) Uses and disclosures required by law or permitted with respect to the following: health care oversight of the originator of the psychotherapy notes; about decedents to coroners and medical examiners; or necessary to prevent or lessen a serious and imminent threat to health or safety;
 - b. Uses and disclosures for marketing purposes that involve remuneration to us from a third party; and
 - c. Disclosures that would constitute a sale of your health information.
 - d. Other uses and disclosures of your health information not described in this Notice.
4. **Fundraising.** We may use or disclose your health information to contact you as part of our efforts to raise funds. You have the right to opt out of receiving such fundraising communications, which you can do by notifying the Designated Contact in Section I.D of this Notice in writing. In addition, all fundraising communications will include information about how you may opt out of future fundraising communications.
5. **Revoking Your Authorization.** You may revoke your authorization at any time, in writing, unless we have taken action based on your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

B) Your Rights

1. To Request Restrictions. You have the right to request restrictions on the use and disclosure of your health information for treatment, payment or health care operations purposes or notification purposes. To request a restriction, submit a written request to the Designated Contact listed on the final page of this Notice. We are not required to agree to your request. However, we must agree to your request to restrict the disclosure of your health information to a health plan, if the disclosure is for payment or health care operations and it is not otherwise required by law and the health information is solely related to items or services that you (or someone on your behalf) paid us for in full. If we do agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment.
2. To Limit Communications. You have the right to receive confidential communications about your own health information by alternative means or at alternative locations. This means that you may, for example, designate that we contact you only via e-mail, or at work rather than home. To request communications via alternative means or at alternative locations, you must submit a written request to the Designated Contact listed on the final page of this Notice. All reasonable requests will be granted.
3. To Access and Copy Health Information. You generally have the right to inspect and copy health information about you contained in clinical, billing, or other records used to make decisions about you other than psychotherapy notes and information compiled in anticipation of or for use in civil, criminal or administrative proceedings. To arrange for access to your records or to receive an electronic or paper copy of your records, you should submit a written request to Parkview HIM Release of Information, 2200 Randallia Drive, Fort Wayne, IN 46805 (Fax: 260-373-3781). If you request copies, you will be charged a reasonable, cost-based fee for copying and mailing the requested information.

Despite your general right to access your Protected Health Information, access may be denied in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if the federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review.

In addition, access may be denied if (i) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else, (ii) the information makes reference to another person and your access would reasonably be likely to cause harm to that person, or (iii) you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

4. To Request Amendment. You may request that your health information be amended, if you think it is incorrect or incomplete. Requests to amend health information must be submitted in writing to Parkview HIM Data Integrity, 2200 Randallia Drive, Fort Wayne, IN 46805 (Fax: 260-458-5667). Your request may be denied if the information in question: (i) was not created by us (unless you show that the original source of the information is no longer available to seek amendment from), (ii) is not part of our designated record set, (iii) is not the type of information that would be available to you for inspection or copying, or (iv) is accurate and complete. If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates.
5. To an Accounting of Disclosures. You have the right to an accounting of disclosures of your health information made during the six-year period prior to the date of your request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. However, the following disclosures will not be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures made pursuant to an authorization signed by you, (vii) disclosures that are part of a limited data set, (xiii) disclosures that are incidental to another permissible use or disclosure, or (ix) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. To request an accounting, submit a written request to the Designated Contact listed in Section I.D of this Notice. We will provide one accounting a year for free, but we will charge a reasonable, cost-based fee if you ask for another one within 12 months.
6. To a Copy of this Notice. You have the right to obtain a paper or electronic copy of this Notice upon request. You may request a paper copy of this Notice even if you agreed to receive the notice electronically.

C) Our Duties

1. We are required by law to maintain the privacy and security of your health information.
2. We are required to provide you with this Notice of our legal duties and privacy practices concerning your health information. We reserve the right to change the terms of this Notice and to make those changes applicable to all health information that we maintain. Any changes to this Notice will be posted on our website (if applicable) and at our facility, and will be available from us upon request.
3. We are required to abide by the terms of this Notice.
4. We are required by law to notify you if there is a breach of any of your health information which was unsecured and that compromised the privacy or security of your health information.

D) Complaints or Questions

You can complain to us and to the federal Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. To lodge a complaint with us, please file a written complaint with the Designated Contact listed below. No action will be taken against you for filing a

complaint. You also have the right to discuss this Notice with the Designated Contact below to obtain more information about the practices in this Notice upon request.

Designated Contact: For questions, please contact the Privacy Officer in the Corporate Compliance and Legal Department:

1. In writing: Attn: Privacy Officer
Parkview Health, P.O. Box 5600, Fort Wayne, IN 46895-5600
2. By phone: 260-373-5121 or toll free: 855-773-0012
3. By e-mail: compliance@parkview.com

E) Certain Types of Sensitive Information

If any Federal or State law requires us to apply more stringent protections to your health information than HIPAA, we will follow the more stringent law. For example, some laws may give greater protections for certain types of sensitive information in some situations, such as mental health information or Part 2 Records. More information about how we protect Part 2 Records is outlined in Section II below.

Section II – ADDITIONAL REQUIREMENTS FOR PART 2 RECORDS

Federal law protects the confidentiality of Part 2 Records. The following policies apply to Part 2 Records and term “we” in this Section II refers to a Part 2 Program.

A) Uses and Disclosures of Your Part 2 Records

1. Permitted Uses and Disclosures of Your Part 2 Records Without Your Consent. We are permitted or required to use or disclose your Part 2 Records without your written consent in the following situations:
 - a. To communicate about your diagnosis, treatment, or referral for treatment within our Part 2 Program or with a related entity having direct administrative control over our Part 2 Program;
 - b. For use internally for our own health care operations, or for related disclosures to our service providers, known as qualified service organizations, who assist us with our operations;
 - c. To address a medical emergency;
 - d. To report child abuse or neglect;
 - e. To report a crime on our premises or against our personnel;
 - f. Pursuant to a lawful court order;
 - g. For scientific research;
 - h. For audits or program evaluation;
 - i. To report to the Food and Drug Administration (FDA) if the FDA asserts a reason to believe that your (or anyone else's) health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction;
 - j. To report a death or other vital statistics, as required under applicable law; and
 - k. For compliance investigations by the Department of Health and Human Services.

2. Uses and Disclosures of Your Part 2 Records For Which Your Consent Is Required. For all other uses and disclosures of your Part 2 Records not described in this Notice, we must obtain your written consent.
 - a. For example, unlike for your general health information under Section I.A.1, we will obtain your written consent to disclose your Part 2 Records to other health care providers for treatment purposes or to your health insurance carrier for payment purposes.
 - b. You may provide a single consent for all future uses or disclosures of your Part 2 Records for treatment, payment, and health care operations purposes.
 - c. If your Part 2 Records are disclosed to a Part 2 program, HIPAA covered entity, or HIPAA business associate pursuant to your written consent for treatment, payment, and health care operations, they may be further disclosed by that Part 2 program, HIPAA covered entity, or HIPAA business associate without your written consent, to the extent the HIPAA regulations permit such disclosure.

You have the right to revoke your written consent as provided by 42 C.F.R. §§ 2.31 and 2.35 and as described in Section I.A.5 above. If you have signed a consent for us to disclose information from a Part 2 Record to persons within the criminal justice system who have made participation in the Part 2 Program a condition of the disposition of any criminal proceedings against the patient or of the patient's parole or other release from custody, your right to revoke consent may be more limited as stated in the consent you signed.

3. Use and Disclosure of Your Part 2 Records For Legal Proceedings. We will not use or disclose your Part 2 Records, or give any testimony relaying the content of such records, in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order. When a court order is required, your Part 2 Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the records, where required by law. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

B) Additional Rights Under Part 2

In addition to your rights as described in Section I of this Notice, Part 2 gives you the right to a list of disclosures by an intermediary for the past 3 years.