

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.

INTEGRIS Health hospitals, clinics and other provider entities (hereafter referred to as "INTEGRIS Health," "our," "we," or "us") are required to maintain the privacy of your Health Information and to provide you with a notice of our privacy practices. In this Notice you will find information about:

- [Your Rights](#)
- [Our Uses and Disclosures](#)
- [Our Responsibilities](#)
- [How to Contact Us](#)

Protected Health Information (referred to as "*Health Information*") is information that individually identifies you and pertains to your past, present, or future health status.

NOTE: Independent providers who are members of the professional staffs of INTEGRIS Health are neither employees nor agents of INTEGRIS Health but are joined under this Notice for the convenience of explaining how, when, and why we use and disclose your Health Information.

We will not use or disclose your Health Information except as described in this Notice. In certain situations, we must obtain your written authorization in order to use and/or disclose your Health Information. With some exceptions, we may not use or disclose any more of your Health Information than is necessary to accomplish the purpose of the use or disclosure. This Notice applies to all Health Information generated or maintained by INTEGRIS Health facilities.

➤ YOUR RIGHTS

You (and your Personal Representatives, who you may designate or who may be appointed by law or other legal process, in this section included as "you") have the following rights regarding your Health Information in our record. Please see the HOW TO CONTACT US SECTION for more information on how to exercise these rights:

1. **Right to Inspect and Copy:** You have the right to inspect and copy your Health Information as provided by law. Your request must be made in writing. We have the right to charge you the amounts allowed by state or federal law for such copies. We may deny your request to inspect and copy in certain circumstances, for example, if the release could endanger someone. If you are denied access, you may be able to request that the denial be reviewed. The person conducting the review will be a licensed health professional and different from the person who denied your request. We will comply with the outcome of the review. You have the right to receive a copy of your Health Information in our electronic health record, in an electronic format upon request. The electronic copy will be provided in the form or format you request, if it is readily producible in such form or format; or if not, in a readable electronic form and format as agreed to by you and INTEGRIS Health.
2. **Right to Confidential Communications:** You have the right to receive confidential communications of your Health Information by alternative means or at alternative locations. For example, you may request that we only contact you at work or by mail. You must submit your request in writing and identify how or where you wish to be contacted. We will accommodate all reasonable requests.
3. **Right to Amend:** If you feel that the Health Information we have about you is incorrect or incomplete, you have the right to request an amendment of your Health Information. You must submit your request in writing and state the

reason(s) for the amendment. We may deny your request for an amendment for several reasons, including: the information was not created or maintained by us, the information is not part of the information that you would be permitted to inspect or copy, or information is accurate and complete. If we deny your amendment, you have a right to file a statement of disagreement which can be included in your medical record for future use and disclosure.

4. Right to an Accounting: You have the right to obtain a statement of certain disclosures of your Health Information to third parties, except those disclosures made for treatment, payment or health care operations, authorized by you or pursuant to this Notice. To request this list, you must submit your request in writing and provide the specific time period requested. You may request an accounting for up to six (6) years prior to the date of your request. If you request more than one (1) accounting in a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to modify or withdraw your request before any costs are incurred.

5. Right to Request Restrictions on Disclosures: You have the right to request restrictions or limitations on health information we use or disclose about you unless our use or disclosure is required or permitted by law. Any agreement to additional restrictions must be in writing and signed by a person authorized to make such an agreement on behalf of INTEGRIS Health. To request restrictions, you must make your request in writing. While we will consider all restriction requests, we are only required to grant a request for restriction if (1) the disclosure is to a health plan for purposes of either payment or health care operations, and (2) the health information pertains to a service for which you have already paid in full out-of-pocket.

6. Right to Receive a Paper Copy of this Notice: You have the right to a paper copy of this Notice. If you received our services in person, you can request a paper copy from the INTEGRIS Health location. If you received this Notice in electronic form and would like a paper copy, please contact us using the information listed below.

7. Right to Authorize Release of Information: Except as otherwise stated in this notice or required by law, we require an authorization to release or use your Health Information. If you provide a signed Authorization, meeting all the requirements of the law, we are required to comply with it to the best of our ability.

8. Right to Revoke Authorization: You have the right to revoke your authorization to use or disclose your Health Information by writing to us as indicated in the Contact Us section. Please note that your authorization will not be revoked for actions we took before receiving your revocation.

9. Right to Receive Notice of a Breach. You have the right to be notified upon a breach of your unsecured Health Information. This notice may occur by mail or other methods as required.

➤ OUR USES AND DISCLOSURES

We may use or share your information in following ways:

1. Treatment: We may use your Health Information to provide you with medical treatment and services. We may disclose your Health Information to physicians, nurses, technicians, medical students, and other health care personnel who need to know your Health Information for your care and continued treatment. Different hospital departments may share your Health Information in order to coordinate services, such as prescriptions, lab work, x-rays and other services. For example, your physician may need to tell the dietitian if you have diabetes so we can arrange appropriate meals.

2. Payment: We may use and disclose your Health Information for the purpose of determining coverage, billing, collections, claims management, medical data processing, and reimbursement. Health Information may be released to an insurance company, third party payer or other entity involved in the payment of your medical bill and may include copies or excerpts of your medical record that are necessary for payment of your account. For example, a bill sent to a third-party payer may include information identifying you, your diagnosis, procedures and supplies used. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or determine whether your plan will cover the treatment.

3. **Health Care Operations:** We may use and disclose your Health Information during health care operations. These uses and disclosures are necessary to run our facilities and make sure our patients receive quality care. Common examples include conducting quality assurance, performance improvement, utilization review, population health improvement efforts, peer review, internal auditing, investigation of complaints, accreditation, certification, licensing, credentialing, medical research, training and education. For example, we may use your Health Information to contact you for the purpose of conducting patient satisfaction services or we may disclose your Health Information to a pharmaceutical company in assessing your eligibility for pharmaceutical assistance programs.
4. **Family and Caregivers:** We may disclose limited Health Information to a family member, friend or other caregiver if you have indicated they are involved in your medical care or help pay for your care. We may also tell your family and caregivers about your location of care, general condition, or death. We will give you an opportunity to object to certain individuals involved in your care from receiving information about you. If you are unable or unavailable to agree or object, for example in an emergency, we will use our best judgment in communicating with your family and caregivers.
5. **Inpatient Hospital Directories/Clergy:** We may include Health Information about you in a hospital directory while you are a patient at an INTEGRIS Health hospital. Our directory will consist of your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. This is so your family and friends can visit you and generally know how you are doing. Your name or religious affiliation will only be given to a member of the clergy affiliated with the hospital or a member of the community clergy, such as a priest, who asks for you by name or by religious affiliation.
6. **Communications:** We may use and disclose your Health Information to contact you for a variety of reasons, such as appointment and prescription reminders, general updates related to your visits, care management, financial clearance, billing notifications or to obtain additional information. This may be done by letter, email, phone, text/SMS messaging, automated system or by another method of communication. If you are not home, we may leave a message on an answering machine or with the person answering the telephone. Generally, we will use the address, telephone number and, in some cases, the email address you give us to contact you.
7. **Health-Related Business and Services:** Provided we do not receive any payment for making these communications, we may use and disclose your Health Information to tell you of health-related products, benefits or services related to your treatment, case management, care coordination, or to direct or recommend alternative treatments, therapies, providers or care settings.
8. **Health Information Exchange:** We may participate in a secure state, regional or national Health Information exchange ("HIE"). Generally, an HIE is an organization in which providers exchange patient information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical error will occur. By participating in a HIE, we may share your Health Information with other providers that participate in the HIE or participants of other Health Information exchanges. You can opt-out of the HIE by contacting our HIM department below.
9. **Business Associates:** We may disclose your Health Information to business associates with whom we contract to provide services on our behalf. Examples of business associates might include medical records, IT vendors, consultants, accountants, lawyers, medical transcriptionists and third-party billing companies. We will only make these disclosures if we have received assurance that the business associate will properly safeguard your Health Information and require its subcontractors to do the same.
10. **Research:** Under certain circumstances, we may use and disclose your Health Information to researchers whose clinical research studies have been approved by an Institutional Review Board ("IRB"). While most clinical research studies require consent and authorizations, there are some limited instances where Health Information may be used or disclosed pursuant to IRB waiver or as required or permitted by law. For example, a research project may involve comparing the health and recovery of all patients with the same medical condition who received one medication to those who received

another. Health Information may be disclosed to researchers preparing to conduct a research study, for example, to help them determine a need or a patient-population.

11. Limited Data Set: If we use your Health Information to create a Limited Data Set, we may give it to others for the purposes of research, public health action or health care operations. A Limited Data Set excludes many direct identifiers from the information, for example: name, phone number, and address. We will make reasonable efforts to limit use, disclosure of, and requests for Health Information to accomplish the intended purpose of the use, disclosure, or request. We will require the individuals who receive such information to take reasonable steps to protect your privacy as well.

12. Marketing: We must obtain your authorization for any use or disclosure of Health Information for marketing. The following are activities are not considered marketing, and we may conduct them without authorization: (i) a face-to-face communication made by INTEGRIS Health to a patient; ii) a promotional gift of nominal value; (iii) refill reminders so long as any payment received is limited to the cost of making the communication; (iv) case management; (v) care coordination; (vi) communications that merely promote health in general; and (vii) communications to you concerning health-related products, benefits or services related to your treatment or alternative treatments, therapies, providers or care settings.

13. Workers' Compensation: We may disclose your Health Information for workers' compensation or similar programs in order to comply with workers' compensation and similar laws.

14. Organ and Tissue Donation: We are required by federal law and accreditation standards to notify organizations that handle organ procurement, eye or tissue transplantation, and other entities engaged in the procurement, banking or transplantation of organs whenever there is a death in our facility. This is to facilitate organ or tissue donation and transplantation.

15. Data Breach Notification Purposes: We may use or disclose your Health Information to provide legally required notices of unauthorized access to or disclosure of your Health Information.

16. Regulatory Agencies: We may disclose your Health Information to a health oversight agency for activities required or permitted by law, including, but not limited to, licensure, certification, audits, investigations, inspections and medical device reporting. We may provide your Health Information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

17. Law Enforcement: We may disclose your Health Information if asked to do so by law enforcement: (1) when we receive a court order, warrant, summons or other similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) when the patient is the victim of a crime, if we are unable to obtain the person's agreement; (4) when we believe the patient's death may be the result of criminal conduct; (5) about criminal conduct at the hospital; and (6) in emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

18. Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose your Health Information in response to a valid court or administrative order. We may disclose your Health Information in response to a valid subpoena, discovery request or other lawful process.

19. Public Health: We may disclose your Health Information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, we are required to report births, deaths, birth defects, abuse, neglect, domestic violence, abortions, tumors, reactions to medications, device recalls, and various diseases and/or infections to government agencies in charge of collecting that information.

20. Judicial and Administrative Proceedings: We may disclose your Health Information in the course of any administrative or judicial proceeding.

21. Special Government Functions: We may disclose your Health Information to military personnel and veterans in certain situations. We may disclose your Health Information for national security purposes, such as protecting the President of the United States or conducting intelligence operations.

22. Inmates: If you are an inmate of a correctional institute or under the custody of a law enforcement officer, we may release your Health Information to the correctional institute or law enforcement official.
23. Health & Safety: In order to avoid a serious threat to the health and safety of a person or the public, we may disclose Health Information to law enforcement personnel or persons able to prevent or lessen such harm. We may notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition as ordered by public health authorities or allowed by state law.
24. Deceased Patients: We may disclose Health Information of the deceased pursuant to either a court order or a written release of executor, administrator or other personal representative appointed by the court, if the information is relevant to such proceeding or representation. We may also release limited Health Information to a medical provider for a member of the deceased's family, if doing so is likely to improve or impact the treatment provided to the family member. Otherwise, we maintain the privacy of deceased patient records for fifty (50) years from the date of death.
25. Required by Law: We may disclose your Health Information if required or permitted to do so by other federal, state, or local law. For example, we may be required to report injuries caused by criminal conduct to local law enforcement, like bullet wounds.
26. Coroners, Medical Examiners, Funeral Directors: We may release your Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. We may also release your Health Information to funeral directors as necessary to carry out their duties.
27. Fundraising: We may use some Health Information to contact you about fundraising programs. If, in the past, you have been a donor to one of the INTEGRIS Health hospitals or programs, you may receive mailings related to specific areas or programs. We may disclose this information to a business associate or an institutionally related foundation to assist us in fundraising efforts. Each fundraising communication will include a clear and conspicuous statement allowing you the opportunity to elect not to receive any further fundraising communications. We will not send any further fundraising communications to you if you elect not to receive them. We will not condition treatment or payment on your choice with respect to the receipt of fundraising communications.
28. Substance Use Disorder Treatment Records (SUD): If we receive your SUD records from programs subject to 42 CFR part 2, or testimony relaying the content of such records, we will not re-disclose these for use in civil, criminal, administrative, or legislative proceedings against you, unless you've provided written consent, or we receive a court order after notice and an opportunity to be heard is provided to you, or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record will be used or disclosed. If we intend to use or disclose your SUD records to fundraise for our benefit, you will first be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications.
29. Authorization: For other uses not permitted or required by law, we will seek your authorization before using or release your Health Information. For example, if we plan to sell your Health Information or market to you, we will obtain your signed authorization.

➤ OUR RESPONSIBILITIES

1. We are required by law to maintain the privacy and security of your Health Information.
2. We will inform you promptly if a breach of occurs that may compromise the privacy or security of your Health Information.
3. We must follow the requirements and practices described in this Notice and give you a copy. We may change this Notice and our privacy practices from time to time and reserve the right to make those provisions effective for all

Health Information we maintain. We will make the new Notice available to you upon request, at our facilities, and on our website.

4. We will respond and investigate any reports, concerns, or complaints regarding your privacy rights. If you believe your privacy rights have been violated, please contact our Privacy Officer. See the HOW TO CONTACT US SECTION at the bottom of this Notice for contact information.

➤ HOW TO CONTACT US

If you need to request medical records or exercise any of the rights laid out in this Notice, please contact our Health Information Management department:

Phone: 877-778-7211
Email: HealthInfoManagement@integrishealth.org
Website: <https://integrisok.com/patient-information/release-medical-records>
Mail Address: INTEGRIS Health HIM Department
3433 NW 56th Street, Building B Ste. C50
Oklahoma City, OK 73112

If you would like to receive a paper copy of this Notice, have questions about this Notice and about our privacy practices, or need to lodge a HIPAA complaint or report a breach of privacy, please contact the INTEGRIS Health Privacy Officer:

Phone: (405) 949-6081 or toll-free at 1-877-805-9681
Email: INTEGRISPrivacy@integrishealth.org
Mail Address: INTEGRIS Health Privacy Officer
3001 Quail Spring Parkway
Oklahoma City, OK 73134

You may also file a complaint if you feel your privacy rights have been violated to the United States Secretary of the Department of Health and Human Services, within 180 days learning about the violation. We will not retaliate against you for filing a complaint.

Phone: 877-696-6775
Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints>
Mail Address: 200 Independence Avenue,
S.W., Washington, D.C. 20201

NOTICE EFFECTIVE DATE: February 16, 2026

Original Notice April 14, 2003. Revised September 28, 2004, January 12, 2010, September 1, 2013, January 12, 2021, and February 13, 2026

(Form 1678 - Version #7 – Rev. 1/12/21, 3/23/22, 11/20/23, 2/16/26)