WHITE RIVER HEALTH

COMBINED NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES

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.***

You have a right to a copy of this Notice (in paper or electronic form) and to discuss it with the Privacy Officer if you have any questions. You can reach the Privacy Officer at 870-262-1481 or cwallace@whiteriverhealth.org.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical records

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

To request us to correct your medical record, your request must be in writing and submitted to the White River Health Information Management, P.O. Box 2197, Batesville, AR 72503.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
    - We may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
    - We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations. And certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

To request this list of accounting of disclosures, you must submit your request in writing to White River Health Information Management, P.O. Box 2197, Batesville, AR 72503.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- If you feel we have violated your rights, you may file a complaint. We will not retaliate against you for doing so.

- Contact the Privacy Officer or the U.S. Department of Health and Human Services Office for Civil Rights using the contact information at the end of this Notice.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. WE may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treatment

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Health Care Operations

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Payment

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

State Health Alliance for Records Exchange (SHARE)

- We may disclose your protected health information to other healthcare providers, public health reporting entities, or healthcare plans for treatment, payment, or operational purposes using the State Health Alliance for Records Exchange (SHARE) unless you have opted out of participation in SHARE. For more information on SHARE, you may visit the SHARE website at www.Sharearkansas.com. If you want to opt-out of the SHARE program, you must request an opt-out form from the system.

Other Uses and Disclosures

Permissible Uses and Disclosures Without Your Written Consent

We are allowed or required to share your information in other ways- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html

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Public Health and Safety Issues

- We can share health information about you for certain situations such as:
    - Preventing disease
    - Helping with product recalls
    - Reporting adverse reactions to medications
    - Reporting suspected abuse, neglect, or domestic violence
    - Preventing or reducing a serious threat to anyone's health or safety

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For Research Purposes

- We can use or share your information for health research.

Comply with the Law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Organ, Eye, and Tissue Donation Requests

We can share health information about you with organ procurement organizations.

To Medical Examiner, Coroner, or Funeral Director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address Workers' Compensation, Law Enforcement, and Other Government Requests

- We can use or share health information about you:
    - For workers' compensation claims
    - For law enforcement purposes or with a law enforcement official
    - With health oversight agencies for activities authorized by law
    - For special government functions such as military, national security, and presidential protective services

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Respond to Lawsuits and Legal Actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Contact Information (To file a complaint, ask questions, and exercise your rights)

If you would like to file a complaint, ask questions, express concerns, or further inquire about the way your protected health information is used and shared, please contact the Privacy Officer. Complaints may also be filed directly with the U.S. Department of Health and Human Services Office for Civil Rights.

White River Health
Privacy Officer
Office Phone: 870-262-1481
Compliance Hotline: 800-612-3136
Email: cwallace@whiteriverhealth.org

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, SW

Room 509F, HHH Building
Washington, D.C. 20201
Toll-free: 1-800-368-1019
TDD toll-free: 1-800-537-7697
Portal: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf

This Notice of Privacy Practices applies to the following White River Health facilities:

- White River Medical Center
- Stone County Medical Center
- White River Health Family Care- Batesville
- White River Health Neurology
- White River Health Oncology
- White River Health Pulmonology
- White River Health Family Care- Cave City
- White River Health Pediatrics
- White River Health Family Care- Drasco
- White River Health Family Care- Melbourne
- White River Health Family Care- Cherokee Village
- White River Health Family Care- Newark
- White River Health Family and Specialty Care- Newport
- White River Health Family Care- Pleasant Plains
- White River Health Family and Specialty Care- Mountain View
- White River Health Family Care- Mountain View
- White River Health Family Care- Strawberry
- White River Health Family Care- Heber Springs
- White River Health Cardiology
- White River Health Orthopaedics, Hand Surgery, and Sports Medicine
- White River Health Women's Clinic
- White River Health Behavioral Health
- White River Health Breast Center
- White River Health Cancer Center
- White River Health Cardiology
- White River Health ENT
- WRMC Family Practice Clinic

- White River Health Family and Specialty Care
- White River Health Family Care- Southside
- White River Health Orthopaedics and Sports Medicine
- White River Health Pain Management
- White River Health Rheumatology
- White River Health Surgical Clinic
- White River Health Wound Care

WHITE RIVER HEALTH

COMBINED NOTICE OF PRIVACY PRACTICES: CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

Effective Date: February 16, 2026

FEDERAL LAW PROTECTS THE CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES

This notice describes:

- *How health information about you may be used and disclosed*
- *Your rights with respect to your health information*
- *How to file a complaint concerning a violation of the privacy or security of your protected 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 if you have any questions. You can reach the Privacy Officer at 870-262-1481 or cwallace@whiteriverhealth.org.

How We Use Your Protected Health Information

White River Health will only use and disclose your protected health information as described in this Notice. Any other uses or disclosures of your protected health information not specifically mentioned or otherwise described in this Notice will be made only with your expressed written consent.

Uses and Disclosures

Permissible Uses and Disclosures Without Your Written Consent

Under federal law, there are limited instances where we can share your health information without your consent, and these are explained in this Notice. Before your information can be used or shared, all legal conditions must be met. If use or disclosure for any purpose described in below of this section is prohibited or materially limited by other applicable law, the description of such use or disclosure must reflect the more stringent law. These instances are:

Medical Emergencies and Serious Threats to Health or Safety

- We may use or share your health information with medical personnel to the extent necessary to treat you during a medical emergency or during a state/federal emergency declaration, when your consent cannot be obtained.
- We may also use or share your health information to lessen a serious and imminent threat to your health and safety of others. Any disclosure would be made to someone able to help prevent that threat only.

Food and Drug Administration (FDA)

- We may share your health information with the FDA medical staff to alert you or your doctor of potential risk to your health.

Scientific Research

- We can use or share your information for health research.

Management Audits, Financial Audits, and Program Evaluation

- We may share your health information for audits and evaluations with authorized entities such as government agencies, accreditation bodies, insurers, and White River Health program administrators.

Public Health Authorities

- We may disclose your records to the public health authority, however any records or information provided will be de-identified in accordance with 45 C.F.R. 164.514(b), so that the information provided cannot be used to identify you.

Reporting of Crimes

- We may disclose your health information to law enforcement or other agencies if you commit a crime, or threaten to commit such a crime, on our premises or against our employee(s); only limited details about the incident and involved individuals will be shared.

Reporting Suspected Child Abuse or Neglect to State or Local Authorities

- We may share information with government or protective services agencies as required by law in cases of suspected child abuse or neglect, but your records will not be disclosed as part of any civil or criminal proceedings arising from such reports.

Vital Statistics, Medical Examiners

- Your information may be provided under laws requiring reports of death or vital statistics, including sharing with medical examiners or coroners to determine cause of death.

As Required by Law

- We may use or share your health information when required by state or federal law, including with the U.S. Department of Health and Human Services when the agency is assessing our compliance with federal privacy laws.

Uses and Disclosures Requiring Your Written Authorization

In all other cases, we require your written authorization to use or share your protected health information outside our organization. We will not use or share records without your written authorization in these situations:

Treatment

- When you sign your authorization, we can use or share your health information with other professionals who are treating you.

Example: The facility's substance use disorder provider asks your primary care provider for information about medical conditions.

Payment

- When you sign your authorization, we can use and share your health information to bill your health plan for treatment services we have provided to you.

Example: We share records with your health insurance plan, when needed to obtain an authorization for treatment/services.

Health Care Operations

- When you sign your authorization, we can use and share your health information to carry out activities necessary to operate the facility, improve your care, and contact you when necessary.

Example: We use health information about you to manage your care.

Future Uses and Disclosures for Treatment, Payment, and Health Care Operations

- You may sign a single authorization for all future uses and disclosures of your health information for treatment, payment, and health care operations purposes.
- Records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to the patient's written authorization for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity or business associate, without the patient's written authorization, to the extent the HIPAA regulations permit such disclosure.

All Other Uses and Disclosures Requiring Your Written Consent

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To Individuals, a Category of Individuals, or an Entity You Choose

- We may use or share your health information outside of our program when you ask us, in writing, to do so. The person or category of persons designated by you must be clearly identified in the consent and only information as described by you in the consent will be shared.

Substance Use Disorder Counseling Notes

- Your SUD counseling notes, as defined by 45 C.F.R. 164.501 and 42 C.F.R. 2.11, are given extra protections under federal law. These are personal notes your counselors may keep to remember session details; these are not part of your official medical record. Your SUD counseling notes cannot be used or shared without your written consent, except when:
    - The counselor uses them for your treatment
    - The program uses them for training
    - The program needs them in legal defense against your claim
    - Law requires or specifically permits disclosure

Written consent must be a separate, specific form and cannot be combined with other authorizations.

Civil, Criminal, Administrative, and Legislative Proceedings

- We will not share your records, or testimony relaying the content of such records, for use in any civil, criminal, administrative or legislative proceedings against you unless you have provided your specific written consent, or it is based on a court order after notice and an opportunity to be heard is provided to you and us as required by 42 U.S. Code 290dd-2 and 42 C.F.R. Part 2.
- 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.

Marketing or Sale of Protected Health Information

- We will not use or share your health information for certain marketing purposes without your consent. Unless otherwise permitted by law, we will not sell your health information to third parties without your consent.

Prescription Drug Monitoring Program

- With your prior written consent, we may report any substance use disorder medication prescribed or dispensed by the facility to the applicable state prescription drug monitoring program (PDMP) when reporting is required by state law.

Your Rights Concerning Your Substance Abuse Treatment Records

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Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical records

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

To request us to correct your medical record, your request must be in writing and submitted to the White River Health Information Management, P.O. Box 2197, Batesville, AR 72503.

Right to Request Restrictions on Disclosures

- You have a right to request restrictions of disclosures, for purposes of treatment, payment, and healthcare operations, including when you have previously provided written consent. While we are not obligated to accept such restrictions, should we agree to them, we are required to comply with the terms of the restriction and safeguard your information accordingly.
- You have the right to request and obtain restrictions of disclosures to your health plan for those services for which you have paid in full. We will honor this restriction unless required by law or contract to share that information.

How to Exercise this Right: To request us to correct your medical record, your request must be in writing and submitted to White River Health Information Management, P.O. Box 2197, Batesville, AR 72503.

Right to an Accounting of Disclosures

- You can ask for a list (accounting) of the times we've shared your health information for three years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations. And certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

To request this list of accounting of disclosures, you must submit your request in writing to White River Health Information Management, P.O. Box 2197, Batesville, AR 72503.

Right to Obtain a Copy of this Notice

- You have a right to obtain a copy of this Notice in paper or electronic format from White River Health upon request.

How to Exercise this Right: Ask any staff member at the facility to provide you with a copy of this Notice in the format of your choice. You may also contact the Privacy Officer to obtain a copy.

Right to Discuss this notice

- You have a right to discuss this Notice with a contact person or the Privacy Officer described at the end of this Notice.

How to Exercise this Right: Contact the Privacy Officer using the contact information at the end of this Notice.

Right to Elect Not to Receive Communications for Fundraising

- You have the right to elect not to receive communications from White River Health Management to fundraise on our own behalf.

How to Exercise this Right: White River Health will not contact you for fundraising purposes.

Right to Revoke Consent/Authorizations

- You have the right to revoke any consent/authorization you have provided, except to the extent that White River Health has already relied upon the authorization or request a reasonable accommodation for an alternative process.

How to Exercise this Right: During treatment, notify any staff member and they will help you process the revocation. After discharging from treatment, you may revoke any consent(s) that are still valid by contacting the White River Health Information department. You may request a reasonable accommodation for an alternative revocation process by contacting the White River Health Information department.

File a complaint if you feel your rights are violated

- If you feel we have violated your rights, you may file a complaint. We will not retaliate against you for doing so.
- *Contact the Privacy Officer or the U.S. Department of Health and Human Services Office for Civil Rights using the contact information at the end of this Notice.*

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- Abide by the terms of this Notice currently in effect.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Contact Information (To file a complaint, ask questions, and exercise your rights)

If you would like to file a complaint, ask questions, express concerns, or further inquire about the way your protected health information is used and shared, please contact the Privacy Officer. Complaints may also be filed directly with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for exercising your rights and filing a complaint.

White River Health
Privacy Officer
Office Phone: 870-262-1481
Compliance Hotline: 800-612-3136
Email: cwallace@whiteriverhealth.org

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Toll-free: 1-800-368-1019
TDD toll-free: 1-800-537-7697
Portal: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf

White River Health Part 2 Programs Covered Under This Notice

- White River Medical Center Inpatient Medical Detox Unit
- White River Health Behavioral Health MOUD Clinic

NOTICE OF NONDISCRIMINATION

Discrimination is Against the Law

White River Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including gender identity). White River Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including gender identity).

White River Health Provides:

- Free aid and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
    - Provides free language services (such as qualified interpreters and information written in other languages. to people whose primary language is not English, such as:

If you need these services, notify your caregiver or the Corporate Compliance Officer/Civil Rights Officer at:

- **Phone:** 870-262-1482
- **Email:** achapman@whiteriverhealth.org

Attention: If you do not speak English, language assistance services, free of charge, are available to call. Call 870-262-1200.

Language assistance services are available in the following languages, Spanish, Vietnamese, Marshallese, Chinese, Laotian, Tagalog, German, French, Hmong, Korean, Portuguese, Japanese, Hindi, Gujarati

Complaints

If you believe that White River Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including gender identity), you can file a complaint with the Corporate Compliance Officer/Civil

Rights Officer or the U.S. Department of Health and Human Services Office for Civil Rights. The contact information is provided below.

Contacts

White River Health
Corporate Compliance Officer/Civil Rights Officer
P.O. Box 2197
Batesville, AR 72503
Phone: 870-262-1482
Email: achapman@whiteriverhealth.org

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, SW
Room 509F, HHH Building
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Toll-free: 1-800-368-1019
TDD toll-free: 1-800-537-7697
Portal: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf