

	Ethics & Compliance Department	
	Policy No.: 42	Created: 01/2018
		Reviewed: 06/2025
		Revised: 06/2025

HIPAA: ORGANIZATIONAL STRUCTURE

SCOPE:

All Envision Healthcare teammates. For purposes of this policy, all references to “teammate” or “teammates” include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

PURPOSE:

Envision Healthcare Operating, Inc. and its subsidiaries and affiliates (“Envision” or “the Company”) has adopted this Organizational Structure policy to establish the internal Company responsibilities for the oversight of privacy matters. The privacy and security of protected health information (“PHI”) is an organization-wide responsibility and must be guarded by all members of the workforce.

POLICY:

The Company has established and maintains formal privacy and security compliance programs and management structure responsible for monitoring and maintaining security and confidentiality standards throughout the organization. The Privacy Official is responsible for the development, implementation, and enforcement of the Company’s HIPAA policies and procedures. Any questions, concerns, reports, or complaints regarding privacy matters should be directed to the Privacy Official.

Company teammates will direct any complaints, including patient complaints, and reports of a violation related to the Company’s privacy and security policies to the Privacy Official. The Privacy Official will coordinate and initiate an investigation of the complaint or violation.

The Privacy and Security Officials will oversee the daily management of program activities, and will work closely with the Company’s departmental directors, administrators, and other management staff. The Privacy Official and Security Official will report, as necessary, at the Executive Compliance Committee meetings. In this way, the Company has provided a single point of contact responsible for the management of privacy and security issues.

The Company has designated the Privacy and Security Officials as the officials responsible

	Ethics & Compliance Department		
	Policy No.: 42	Created:	01/2018
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for the development and implementation of the security/confidentiality policies and procedures. The Privacy Official will report significant violations and compiled data to the Executive Compliance Committee. The Privacy and Security Officials will coordinate with appropriate departmental managers to ensure proper implementation of security measures, training programs, and privacy rules.

All outside consultants, contractors, and temporary workers must be subject to the same information security and privacy requirements as Company employees. This includes, but is not limited to physicians, students, consultants, and out-sourced employees.

Any outside visitor to the Company shall be challenged regarding his or her presence in areas deemed restricted or proximate to PHI.

The Privacy Official and/or Security Official will:

- 1) Guide the development of information privacy objectives and policies;
- 2) Develop implementation plans and propose budgets to support objectives and policies;
- 3) Guide the implementation of information privacy objectives and policies;
- 4) Determine the methodology and procedures for accomplishing the goals of the information privacy regulations;
- 5) Manage privacy incidents policies and procedures;
- 6) Direct training and awareness programs;
- 7) Oversee on-going privacy monitoring processes;
- 8) Research and understand privacy/confidentiality related regulatory requirements such as HIPAA and state privacy regulations in tandem with the Legal Department;
- 9) Research and understand privacy-related technologies;
- 10) Execute directives of senior management and the Executive Compliance Committee related to privacy and confidentiality of patient information; and
- 11) Inform senior management and the Executive Compliance Committee on privacy issues and make recommendations.

The Executive Compliance Committee will meet at least quarterly to:

- 1) Review the current status of the Company’s privacy and security compliance;
- 2) Review and monitor privacy and security incidents within the Company;
- 3) Approve and review privacy projects;

	Ethics & Compliance Department	
	Policy No.: 42	Created: 01/2018
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- 4) Approve new or modified privacy and security policies; and
- 5) Perform other necessary high-level information security management activities.

POLICY REVIEW

The Ethics & Compliance Department will review and update this Policy, when necessary, in the normal course of its review of the Company's Ethics & Compliance Program.