

NOTICE OF PRIVACY PRACTICES OF ENVISION HEALTHCARE OPERATING, INC.

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.

Your health information is personal, and we are committed to protect it. Your health information is very important to our ability to provide you with quality care, and to comply with certain laws. This Notice applies to all records about care provided to you by Envision Healthcare Operating Inc. and its affiliates and subsidiaries. (Your physician may have different policies and a separate notice regarding your health information that is created in the physician's office may be provided to you.) Your information may be stored electronically and if so, is subject to electronic disclosure.

I. We Are Legally Required to Safeguard Your Protected Health Information.

We are required by law to:

- A. maintain the privacy of your health information, also known as "protected health information" or "PHI;"
- B. under certain circumstances, notify you following a breach of unsecured PHI;
- C. provide you with this Notice, and
- D. comply with this Notice.

II. Future Changes to Our Practices and This Notice.

We reserve the right to change our privacy practices and to make these changes applicable to the PHI we previously obtained about you. If a significant change in our practices is made, we will revise this Notice to reflect the modifications. You may obtain a copy of any revised Notice by contacting the Ethics & Compliance Department at 877-835-5267. We will also make any revised Notice available on our website at www.envisionhealth.com.

III. How We May Use and Disclose Your Protected Health Information.

The law requires us to have your authorization for certain uses and disclosures of your PHI. In other circumstances, the law allows us to use or disclose PHI without your authorization. This section gives examples of each of these circumstances.

Uses and Disclosures That Require Us to Give You the Opportunity to Object. Unless you object, we may provide relevant portions of your PHI **to a family member, friend, or other person you indicate** is involved in your health care or in helping you obtain payment for your health care. We may also use or disclose your PHI to notify your family or personal representative of your location or condition. In the event of an emergency or if you are not capable of agreeing or objecting to these disclosures, we will divulge PHI as we determine is in your best interests. We will inform you of such actions following the conclusion of the emergency and allow you the opportunity to object to future disclosures to family and friends. Unless you object, we may also disclose your PHI to persons performing disaster relief activities.

A. Certain Uses and Disclosures Do Not Require Your Authorization. The law allows us to disclose PHI without your authorization in the following circumstances:

- 1) When Required by Law.
- 2) For Public Health Activities.
- 3) For Reports About Victims of Abuse, Neglect or Domestic Violence.
- 4) To Health Oversight Agencies.
- 5) For Lawsuits and Disputes.
- 6) To Law Enforcement. We may release PHI if asked to do so by a law enforcement official, in the following circumstances: (a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (d) about a death we believe may be due to criminal conduct; (e) about criminal conduct at our facility; and (f) in emergency circumstances, to report a crime, its location or victims, or the identity, description or location of the person who committed the crime.
- 7) To Coroners, Medical Examiners and Funeral Directors.
- 8) To Organ Procurement Organizations.
- 9) For Medical Research. We may disclose your PHI without your authorization to medical researchers who request it for approved medical research projects
- 10) To Avert a Serious Threat to Health or Safety.
- 11) For Specialized Government Functions.
- 12) To Workers' Compensation or Similar Programs.

IV. Other Uses and Disclosures of Your Protected Health Information.

Other uses and disclosures of your PHI that are not covered by this Notice or the laws that apply to us will be made only with your written authorization. The law also requires your written authorization before we may use or disclose: (i) psychotherapy notes, other than for the purpose of carrying out treatment, payment or health care operations purposes, (ii) any PHI for our marketing purposes or (iii) any PHI as part of a sale of PHI. If you give us written authorization for the use or disclosure of your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose your PHI for the purposes specified in the written authorization, except we are unable to retract any disclosures already made with your permission. In addition, we can use or disclose your PHI after you have revoked your authorization for actions already taken in reliance on the authorization. We are also required to retain certain records of the uses and disclosures made when the authorization was in effect.

V. Your Rights Related to Your Protected Health Information.

You have the following rights:

- A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us to limit how we use and disclose your PHI. Any such request must be submitted in writing to our Privacy Officer. We are not required to agree to your request. If we do agree, we will put it in writing and abide by the request except when you require emergency treatment. Notwithstanding the foregoing, we must agree to a restriction on the use or disclosure of your PHI if: (i) the disclosure is for our payment, treatment or health care operations purposes and is not otherwise required by law and (ii) you or another person acting on your behalf has paid for our services in full.
- B. The Right to Choose How We Communicate With You. You have the right to ask that we send information to you at a specific address (for example, at work rather than at home) or in a specific manner (for example, by e-mail rather than by regular mail, or never by telephone). We must agree to your request if it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to our Privacy Officer.
- C. The Right to See and Copy Your PHI. Except for limited circumstances, you may look at and copy your PHI if you ask in writing to do so. Any such request must be addressed to our Patient Billing Service Center, which will respond to your request within ten (10) days (or thirty (30) days if extra time is needed). In certain situations, we may deny your request, but if we do, we will tell you the reasons for the denial in writing and explain your rights about having the denial reviewed. If we keep your information in an electronic format, you may request that we provide it to you in that format and we will do so if it is feasible.
- D. The Right to Correct or Update Your PHI. If you believe that the PHI we have about you is incomplete or incorrect, you may ask us to amend it. Any such request must be made in writing, addressed to our Patient Billing Service Center and must tell us why you think the amendment is appropriate. We will not process your request if it is not in writing or does not tell us why you think an amendment is appropriate. We will act on your request within thirty (30) days or less if state law requires (or sixty (60) days if extra time is needed). We will inform you in writing as to whether the amendment will be made or is denied. If we agree to make the amendment, we will ask who else you would like us to notify of the amendment.

We may deny your request if you ask us to amend information that:

- 1) was not created by us;
- 2) is not part of the PHI we keep about you;
- 3) is not part of the PHI that you would be allowed to see or copy; or
- 4) is determined by us to be accurate and complete.

If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement or complaint, or to request inclusion of your original amendment request in your PHI.

- E. The Right to Get a List of the Disclosures We Have Made. You have the right to get a list of instances in which we have disclosed your PHI going back six (6) years from the date of your request. The list will not include disclosures we have made for treatment, payment, and health care operations purposes, those made directly to you or your family or friends, through our facility directory, disaster relief purposes, national security purposes or to law enforcement personnel.

Your request for a list of disclosures must be made in writing and addressed to the Patient Billing Service Center address that is listed on your invoice. We will respond to your request within the timeframe established by applicable state law. The list we provide will include disclosures made within the last six (6) years unless you specify a shorter timeframe. The first (1st) list you request within a twelve (12) month period will be free of charge. You will be charged our costs for providing any additional lists within the same twelve (12) month period.

- F. The Right to Get a Paper Copy of This Notice. Even if you have agreed to receive the Notice by e-mail, you also can request a paper copy. You may obtain a paper copy of this Notice by contacting the Ethics & Compliance Department at 877-835-5267. The Notice is also available on-line at www.envisionhealth.com.

VI. Complaints.

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services Office for Civil Rights ("OCR"). A complaint may be filed with the OCR at <https://ocrportal.hhs.gov/ocr> or by phone at 877-696-6775. To file a complaint with us, please put your complaint in writing and address it to: Privacy Officer, Envision Healthcare Operating, Inc., 20 Burton Hills Blvd, Suite 300, Nashville, TN 37215. You may also contact our Privacy Hotline at 877-835-5267 to file a complaint, or if you have questions or comments about our privacy practices. We will not retaliate against you for filing a complaint.

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