

Notice of Privacy Practices

Effective Date: February 16, 2026

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.

At St. Bernard Hospital we take the privacy of your health information seriously. This Notice of Privacy Practices (Notice) explains how we use and disclose protected health information (PHI) of current and former St. Bernard Hospital patients. By law under the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, as amended (“HIPAA”), we must maintain the privacy of your PHI. We must also provide you with a description of our legal duties and privacy practices. We must abide by the terms of this Notice and notify you if your PHI is subject to a breach.

This Notice describes health information we collect about you and how it may be used or shared with others. For example, we may get information related to medical treatment, test results, insurance information and demographic data. We may also collect information about your race, ethnicity, language, sexual orientation and gender identity. In some cases, once PHI is disclosed as permitted by this Notice, HIPAA may no longer provide protection of that information from further disclosure by the party we have disclosed it to.

How will we use and disclose information about you?

Treatment. St. Bernard Hospital may use and disclose your PHI for your medical treatment.

- We will make your PHI available to others who need it for your medical treatment. For example, we might share your PHI with your doctors, nurses, pharmacies, home health agencies, visiting nurses, ambulance companies and hospitals for continuity of care.
- We may allow your physician to have access to your PHI for follow-up care.

Payment. We may use and disclose your PHI to pay or arrange payment for medical services and supplies provided to you. For example, your PHI may be used:

- To support payment for your medical care by your health plan
- To ensure you are billed for medical services correctly

Health Care Operations. We may use and disclose your PHI to support its health care operations, including:

- To create programs to improve quality or cost of care
- To make sure you get the care you need
- To contact you about treatment options
- To contact you about health-related services available to you

Facility Directory. Unless you tell us not to, if you are a patient in St. Bernard Hospital, we keep a directory with basic information about you. This includes your name, where you are in the hospital, how you are doing (like “stable” or “fair”) and your religious preference. This information is used to tell callers or visitors who ask for you by name where you are and how you’re doing. We can also share all this information, including your religion, with clergy members who visit.

Family Members and Others Involved in Your Care. Unless you communicate otherwise, we may also share your PHI with friends or family members who help take care of you or with your legal representative, including in certain emergency situations. In the event of a disaster, we might share your information if needed to help disaster relief agencies to help you or others.

Health Information Exchanges. We may share information that we obtain or create about you with other health care providers or other health care entities, as permitted by law, through health information exchanges (HIEs) in which we may participate.

Research. We might use or disclose PHI for medical research. For example, we might study how well a drug, medical device, or type of medical treatment works. Before we use or disclose your PHI for research, it goes through a special review process. This process makes sure your information stays private and protected.

Required by Law. We share your PHI when the law requires it. For example, we are required to report certain things, such as:

- Reporting child abuse to state authorities
- Reporting gunshot wounds to law enforcement
- Reporting information about work-related injuries to the state workers’ compensation authorities

Public Health. We may report PHI for public health purposes. For example, we are required to tell the state about certain diseases that can spread to others, such as measles. We must also tell the Food and Drug Administration (FDA) if a medicine or medical product caused problems for you. This helps protect everyone’s health in our community.

Public Safety. We may share PHI to keep the public safe. For example, we may share information for purposes, such as:

- To help law enforcement find a missing person or a suspect in a crime
- To stop a serious threat to a person’s health or safety

Health Oversight Activities. We may share PHI with government agencies that oversee us to make sure we are providing good services, such as with:

- The state’s health department
- The Centers for Medicare and Medicaid Services
- The state agencies that oversee doctors and other health workers

Coroners, Medical Examiners and Funeral Directors. When a person dies, St. Bernard Hospital may need to share their PHI with coroners, medical examiners or funeral directors. We share this information to assist their job, such as finding out why someone died or to plan the funeral properly.

Organ and Tissue Donation. We may share PHI with groups that help with organ or tissue donation. These groups find people who need new organs and tissues. They also help get organs and tissues from donors to the people who need them.

Law Enforcement Officials. We may disclose PHI to the police or other law enforcement officials in the event of a crime, or as required by law in response to a court order, subpoena, warrant or similar written request. We may disclose PHI to correctional institutions or law enforcement if you are an inmate or under the custody of a law enforcement official in order for us to provide health care services to you, for the safety and security of the facility and/or to protect your health and safety and the safety of other individuals or the public.

Military, Veterans and National Security. If you are in the military, we may share your PHI with your command authorities or with the Department of Veterans Affairs (VA) to help veterans. We may share your PHI with government authorities for national security purposes or presidential protective services.

Judicial and Administrative Proceedings. We may disclose PHI in the course of a legal proceeding, such as to comply with a court order.

Business Associates. We may disclose your PHI to our “business associates” – individuals or companies that provide services to St. Bernard Hospital. For example, a business associate would include a software vendor, a telehealth or other digital health solutions company and other service providers. We require that business associates keep your information safe, in accordance with HIPAA.

Victims of Abuse, Neglect or Domestic Violence. We may disclose PHI if we reasonably believe you are a victim of abuse, neglect, or domestic violence to a government authority authorized by law to receive reports of such abuse, neglect, or domestic violence.

Special Protection for Certain Health Information and Proceedings. Some types of health information have extra protection under Illinois and federal law. For example, we may be required to obtain your authorization or attestation, or in some instances, a court order, to use or disclose information about:

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- HIV/AIDS
- Drug or alcohol treatment
- Genetic information, testing and counseling
- Reproductive healthcare

We may also be required to obtain your authorization to use or disclose PHI in certain disciplinary proceedings (such as the Department of Financial and Professional Regulation), in certain litigation proceedings or to certain state-sponsored registries.

Disclosure of Mental Health Records. In Illinois, mental health records are considered more confidential than general medical records and so your mental health records may not be disclosed without your specific, written and properly witnessed consent, unless in an emergency or we are disclosing to other providers involved with your care. Mental health records disclosed with your written consent may not be redisclosed to any other person without you or your personal representative's express written consent. You or your personal representative may revoke consent at any time. If a subpoena is served to obtain your mental health records, we may not comply unless the subpoena is accompanied by a court order.

Immunization Purposes. We may disclose immunization records to schools or to support public health efforts if we obtain and document consent from the parent or guardian or other person acting *in loco parentis*. All immunizations given by St. Bernard Hospital are entered into I-CARE (Illinois' immunization registry) unless you request and sign an opt-out form, in which case your information will still be entered into I-CARE but it will only be seen by St. Bernard Hospital. Demographic information will still be shared with other Illinois physicians participating in the I-CARE program.

When is your written authorization required?

In some cases, we are required to collect your authorization to use or disclose your PHI, including for other uses and disclosures not described in this notice which will be made only with your written authorization. You are permitted, however, to revoke a written authorization you've given to us. Examples of where your written authorization is required include the following:

Substance Use Disorder (SUD) Records. In some cases, information about substance use disorder treatment cannot be used or shared without your permission. We must ask for your permission to allow us to use or disclose some SUD records for certain treatment purposes, payment purposes, or for operating our business. See the 42 CFR Part 2 Addendum to Notice of Privacy Practices for more information.

Psychotherapy Notes. We will not use or disclose psychotherapy notes about you without your authorization except to support mental health and other treatment to you, internal training or as necessary to defend St. Bernard Hospital in a legal proceeding brought by you.

Fundraising, Marketing, Sale of Protected Health Information. We do not currently use or disclose your PHI for fundraising or paid marketing, and we do not sell your PHI. If we do so in the future, any such disclosure would require your authorization.

What are your rights?

Your Right to Access Your Information. You can ask to see or get your PHI. This includes your medical records and billing information. You can ask for paper or electronic copies of your records. In some cases, we may charge you a fee.

Your Right to Request that we Amend Your Information. If you find wrong or missing information in your health records, you may ask us to fix it. You can ask us to update your medical record or to add information that is missing. We will look at your request and make changes if needed.

Your Right to an Accounting of Your Disclosures. You can ask for a list of who St. Bernard Hospital shared your PHI with, going back up to six years. The list will tell you who saw your information and when. Some things will not be on this list, like when we share your information to support your medical care, payment of medical services, or to run the health care business. Additionally, the list will not show when you asked us to share your information. We will give you one list per year at no charge. We may request a fee if you ask for a list more than once in a year.

Right to Request Restrictions on How We Will Use or Disclose Information About You. You can ask us to limit how we use or share your PHI. For example, you can ask us not to share certain information:

- For treatment, payment, or health care operations
- With family members or friends

We do not have to agree to all requests. If we do agree to your request, we may still be able to use your PHI to give emergency treatment or to allow a physician or other health care worker to provide medical care to you. If you pay St. Bernard Hospital yourself for medical treatment we provide, you may ask us not to tell your health insurance plan about it. We must agree if you have already paid in full.

Your Right to a Copy this Notice

You can request a copy of this Notice at any time. You can request a paper copy, even if you have agreed to receive the notice electronically, or you can find it on our website at www.stbh.org

Disclosures to parents and legal guardians of minors.

We may share a minor's health information with parents or guardians unless such disclosure is otherwise prohibited by law. For example, a minor's parent may discuss medical treatment with the care team. Note, however, that if a minor is emancipated, married, pregnant or a parent, we will not share information with the minor's parents or guardians. Also, if a minor is receiving certain types of treatments (such as genetic or HIV testing; testing for sexually transmitted diseases; mental health, drug or alcohol use counseling; or certain other types of treatments) we will not disclose information to the minor's parents or guardians except in certain situations as required or allowed by law (including, but not limited to, if doing so is necessary to protect the minor's safety or that of a family member or other individual or if, in the professional judgment of the health care provider, notification would be in the minor's best interest and we have first tried unsuccessfully to persuade the minor to notify parents or guardians).

Changes to These Privacy Practices

Within legal requirements, we may change the privacy practices in this Notice from time to time. This means we might change how we use or share your PHI. Additionally, we could change how you can access your information. If we make any changes, we will create a new version of this Notice and publish it on our website.

How to Share Your Concerns or Complaints

We want to hear from you if you have questions about your privacy or how St. Bernard Hospital uses PHI. We will not retaliate against you for making a complaint, and we will not treat you differently for speaking up. We take your privacy concerns seriously.

For questions, concerns, or complaints, please contact the St. Bernard Hospital Privacy Officer by calling **773-962-4479** or the Corporate Compliance Officer by calling **773-962-4100**.

For more information or to make a complaint to U.S. Department of Health & Human Services, Office for Civil Rights

You can find more information about your privacy rights at: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

You can file a complaint at www.hhs.gov/ocr.

Addendum to Notice of Privacy Practices

42 CFR PART 2 ADDENDUM TO ST. BERNARD HOSPITAL NOTICE OF PRIVACY PRACTICES EFFECTIVE FEBRUARY 16, 2026 (FOR SUBSTANCE USE DISORDER TREATMENT RECORDS)

Substance use disorder treatment records and other information that would identify a patient as having or having had a substance use disorder (collectively, "Part 2 Records") are protected by the federal Confidentiality of Substance Use Disorder Patient Records law and regulations (collectively, "Part 2") in addition to HIPAA and state law.

This 42 CFR Part 2 Addendum ("Addendum") supplements the overall St. Bernard Hospital HIPAA Notice of Privacy Practices ("Base Notice") and applies to St. Bernard Hospital's "SUD Programs." These are facilities, units, departments, and staff at St. Bernard Hospital which specialize in providing diagnosis and treatment for substance use disorders. In this Addendum, when we say "we," "us," "our," or "Programs," we mean the SUD Programs at St. Bernard Hospital.

This Addendum describes:

- How your Part 2 Records may be used and disclosed
- Your rights with respect to your Part 2 Records
- How to file a complaint concerning a violation of the privacy or security of your Part 2 Records or of your rights concerning your Part 2 Records

This Addendum only applies to your Part 2 Records. It does not apply to health information related to services you receive outside of the SUD Programs. For example, records of a visit with a primary care provider at St. Bernard Hospital or a mobile unit, including if they screen you for a substance use disorder, are not covered by Part 2 or this Addendum.

You have a right to a copy of this Addendum, in paper or electronic form, and to discuss it with our Privacy Office whose contact information is listed at the end of this Addendum if you have any questions.

How will we use and disclose information about you?

Generally, we must obtain your written consent to use or disclose your Part 2 Records. However, we may use and disclose your Part 2 Records without your written consent in the limited circumstances described below.

- **Medical Emergency.** Your Part 2 Records may be used and disclosed in a medical emergency where your consent cannot be obtained. We may also disclose your Part 2 Records to medical personnel of the Food and Drug Administration (FDA) who assert (i) a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction; and (ii) that your Part 2 Records will be used for the exclusive purpose of notifying you or your physicians of potential danger.
- **Research.** Under certain circumstances, we may use and disclose your Part 2 Records for research purposes to the extent permitted by HIPAA, FDA and HHS regulations related to human subject research where a waiver of consent has been granted.
- **Court Order with Compulsory Process.** We may disclose your Part 2 Records, or testimony relaying the content of such records, where required by a specific court order after notice and an opportunity to be heard is provided to you (the patient) and/or the applicable SUD Program (the record holder), if required by Part 2. The court order must also be accompanied by a subpoena or other similar legal mandate compelling disclosure before the Part 2 Record is used or disclosed.

- **Audit and Evaluation Activities.** We may disclose your Part 2 Records to qualified personnel for audit or program evaluation purposes who:
 - Agree in writing to protect the information as required under our policies;
 - Represent federal, state, or local government agencies that are authorized by law to oversee the SUD Programs; or
 - Provide financial assistance to the SUD Programs or provide payment for health care.
- **Treatment.** We may share your Part 2 Records with our personnel who need these records in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of patients with substance use disorders.
- **Qualified Service Organizations.** We may disclose your Part 2 Records to qualified service organizations to provide services to us or on our behalf (similar to provisions in the Base Notice regarding business associates).
- **Law Enforcement.** We may disclose your Part 2 Records to law enforcement to report a crime you commit, or threaten to commit, at our facilities or against our personnel.
- **Abuse Reporting.** We may disclose your Part 2 Records to the appropriate state or local authorities to report suspected child abuse and neglect as required by law.
- **Public Health.** We may disclose your Part 2 Records to public health authorities for public health purposes. However, the contents of your Part 2 Records will be de-identified in accordance with HIPAA.

When is your written consent required?

We will use and disclose your Part 2 Records for purposes not described in this Addendum only with your written consent. Examples of where your written consent is required include the following:

- **Treatment, Payment, and Healthcare Operations ("TPO").** With your written consent, we may use and disclose your Part 2 Records for treatment, payment, or health care operations purposes as described in the Base Notice. You may provide a single consent for all future TPO uses or disclosures. If your Part 2 Records are shared under a consent for this purpose with another Part 2 program or a HIPAA regulated entity (including the components of St. Bernard Hospital which are not SUD Programs) your records may be further disclosed by the recipient to the extent permitted by HIPAA, or if the Part 2 program is not subject to HIPAA, to the extent permitted by your consent.
- **Proceedings Against You.** Except where required by a court order, any use or disclosure of your Part 2 Records, or testimony relaying the content of such records, in any civil, administrative, criminal, or legislative proceedings against you requires your written consent. Your consent for this purpose must be separate from your consent for any other use or disclosure.
- **Prescription Drug Monitoring Programs.** We may report any medication prescribed or dispensed by the program to the applicable state prescription drug monitoring program (PDMP) if required by applicable state law with your consent.

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- **SUD Counseling Notes.** Except in limited circumstances, we may use or disclose your substance use counseling notes only with your written consent. This consent must be separate from your consent for any other use or disclosure.

Revoking Your Consent

You may revoke your consent at any time by submitting a request in writing to the St. Bernard Hospital provider treating you for SUD. If you revoke your consent, we will stop any future sharing of your Part 2 Records but will be unable to stop any information that has already been released.

Supplemental Rights Regarding your Part 2 Records

In addition to the rights described in the Base Notice, you have the following rights with respect to Part 2 Records.

- **Accounting of Disclosures.** If you provided consent to share your Part 2 Records through a health information exchange, accountable care organization, care management organization, or other intermediary, you have a right to a list of disclosures by that intermediary for the past 3 years by contacting the Privacy Officer by calling 773-962-4479.
- **Your Right to a Copy of this Notice.** You can request a copy of this Addendum at any time. You can request a paper copy or find it on St. Bernard Hospital's website at www.stbh.org
- **Right to Request Restrictions on How St. Bernard Hospital will Use or Disclose Information About You.** You have the right to ask St. Bernard Hospital to limit how we use or share your Part 2 Records. For example, you can ask us not to share certain information:
 - For treatment, payment or healthcare operations, including when you have previously provided written consent.
 - With family members or friends

St. Bernard Hospital does not have to agree to all requests for restrictions. If we do agree to your request, we may still be able to use your Part 2 Records to give emergency treatment or to allow a physician or other health care worker to provide medical care to you. If you pay St. Bernard Hospital yourself for medical treatment we provide, you may ask us not to tell your health insurance plan about it. St. Bernard Hospital must agree if you have already paid in full.

Our Commitment to You.

We are required by law to maintain the privacy of Part 2 Records, to provide patients with notice of our legal duties and privacy practices with respect to Part 2 Records, to abide by the terms of the notice of privacy practices currently in effect and to notify affected patients following a breach of unsecured records.

Changes to this Notice

Within legal requirements, we may change the privacy rules in this Addendum from time to time. This means we might change how we use or share your Part 2 Records. Additionally, we could change how you can access your information. If we make any changes, we will create a new version of this Addendum and publish it.

How to Share Your Concerns or Complaints

We want to hear from you if you have questions about your privacy or how the St. Bernard Hospital SUD Programs use your Part 2 Records. We will not retaliate against you for making a complaint, and we will not treat you differently for speaking up. We take your privacy concerns seriously.

For questions, concerns, or complaints, please contact the St. Bernard Hospital Privacy Officer by calling **773-962-4479** or the Corporate Compliance Officer by calling.

For more information or to make a complaint to U.S. Department of Health & Human Services, Office for Civil Rights.

You can file a complaint at www.hhs.gov/ocr