

NOTICE OF PRIVACY PRACTICES

Effective Date: December 15, 2025

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.

Our Responsibilities

Compassion Health Care is required by law to:

- Maintain the privacy and security of your protected health information (PHI).
- Provide you with this Notice of our legal duties and privacy practices with respect to your PHI.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the duties and privacy practices described in this Notice and provide you with a copy.

Uses and Disclosures of Your Health Information

We may use and disclose your PHI for the following purposes:

Treatment: To provide, coordinate, or manage your health care and related services. We can use your health information and share it with other professionals who are treating you both inside and outside of Compassion Health Care.

Payment: To obtain payment for the health care services we provide to you. We can use and share your health information to bill and get payment from health plans or other entities.

Health Care Operations: For administrative and operational purposes, such as quality assessment and improvement activities. We can use and share your health information to run our facilities or practices, improve your care, and contact you when necessary.

When we disclose your health information to another person or organization, the information may no longer be protected by HIPAA and may be redisclosed by the recipient. However, if the information includes substance use disorder treatment records that are protected by federal law under 42 C.F.R. Part 2 ("Part 2 Records"). These records remain protected and may not be redisclosed by the recipient unless you provide written consent, or the redisclosure is otherwise permitted by law.

Special Protections for Certain Information

Substance Use Disorder Records: Certain health information that we maintain may be protected by federal law at 42 C.F.R. Part 2. These laws provide additional privacy protections for records related to substance use disorder diagnosis, treatment, or referral for treatment. We may not use or disclose Part 2 Records without your written consent, unless the law permits the use or disclosure.

With written consent, we may use or disclose Part 2 Records as described in that consent. Information we disclose pursuant to that consent may be redisclosed by the recipient, unless expressly prohibited by law.

Part 2 prohibits us from using or disclosing these records (or testimony about these records) in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or a valid court order is obtained.

Other Uses and Disclosures Permitted or Required by Law

We may use or disclose your health information when required or permitted to do so by other federal or state law. These uses and disclosures include:

Public Health Activities: We may disclose your information to public health authorities that are legally authorized to collect or receive such information for purposes such as preventing or controlling disease, injury, or disability; reporting births and deaths; reporting child abuse or neglect; reporting adverse events; or conducting public health surveillance or investigations.

Health Oversight Activities: We may disclose your information to a health oversight agency for activities authorized by law, such as audits, inspections, investigations, licensure actions, or civil, administrative, or criminal proceedings.

Judicial and Administrative Proceedings: We may disclose your information in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process, when the law requires certain assurance of privacy protections to be provided.

Law Enforcement Purposes: We may disclose your information for law enforcement purposes as permitted by law, such as to comply with a court order, warrant, or subpoena; to identify or locate a suspect, fugitive, material witness, or missing person; or to provide information about a victim or suspected criminal activity when legally authorized.

Coroners, Medical examiners, and Funeral Directors: We may disclose information to a coroner or medical examiner for identification purposes, to determine cause of death, or for other duties authorized by law. We may also disclose information to funeral directors as needed to carry out their duties.

Organ and Tissue Donation: We may disclose information to organizations involved in organ, eye, or tissue procurement or transplantation, or to facilitate organ donation.

Serious Threat to Health or Safety: We may use or disclose your information to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, when such disclosure is permitted by law.

Specialized Government Functions: We may use or disclose your information for certain specialized government functions, as required for correctional institutions and law enforcement custodial situations.

Workers' Compensation: We may disclose your information as authorized by and to the extent necessary to comply with workers' compensation laws and similar programs.

Required Attestations: In some circumstances, federal law requires the person or entity requesting your information to provide a written attestation that the information will not be used for prohibited purposes. We will only disclose your information when the required attestation has been provided.

Disclosure to Health Information Exchanges

This facility participates in the North Carolina Health Information Exchange Network, called NC Health Connex, which is operated by the North Carolina Health Information Exchange Authority (NC HIEA). We will share your protected health information, or PHI, with the NC HIEA and may use NC Health Connex to access your PHI to assist us in providing health care to you. We are required by law to submit clinical and demographic data pertaining to services paid for with funds from North Carolina programs such as Medicaid and the State Health Plan. We may also share other patient data with NC Health Connex not paid for with state funds. If you do not want NC Health Connex to share your PHI with other health care providers who are participating in NC Health Connex, you must opt out by submitting a form directly to the NC HIEA. Forms and brochures about NC Health Connex are available in our offices and online at hiea.nc.gov/patients. You may also contact our Privacy Officer at 336-694-9331. Again, even if you opt out of NC Health Connex, we will still submit your PHI if your health care services are funded by state programs. Your patient data may also be exchanged or used by the NC HIEA for public health or research purposes as permitted or required by law. For more information on NC Health Connex, please visit <https://hiea.nc.gov/patients>.

Compassion Health Care is a participant in Aledade (ACO), which is an accountable health care organization made up of participating providers known as "ACO participants". Through the ACO, our patient information is combined with that of other ACO participants so the ACO can perform certain functions on our behalf, such as care coordination, joint utilization, and quality assurance activities. The ACO participants have also created an organized system of health care through the ACO that allows us to use and disclose patient information in our respective records systems for permitted treatment, payment, and health care operations purposes.

Additionally, we may use and share data with other healthcare agencies for your healthcare treatment, using secure bi-directional interfaces such as Quest Diagnostics, i2i Tracks/Azara i2i, NC Immunization Registry, and Health EC/Arcadia, and others, which may be added periodically. If you do not want your electronic medical record to be available to other providers, you must contact the Privacy Officer to opt out. If you choose to opt out, other providers involved in your care will not be able to electronically obtain your full health information. Compassion Health Care will be able to retrieve your health information from other providers, even if you opt out of Compassion Health Care's data sharing. You must contact other providers directly if you do not want those providers to share your information. Again, Compassion Health Care makes certain health information about you available through the North Carolina health information exchange, NC HealthConnex. You may prevent your health information from being available through NC HealthConnex by requesting to opt out. You can opt out online at <https://hiea.nc.gov/patients>.

Your Rights

You have the right to:

- **Access:** Request to inspect and obtain a copy of your PHI.
- **Amend:** Request corrections to your PHI if you believe it is incorrect or incomplete.
- **Accounting of Disclosures:** Request a list of certain disclosures of your PHI made by us in the past six years.
- **Restrictions:** Request restrictions on certain uses and disclosures of your PHI.
- **Confidential Communications:** Request that we communicate with you about medical matters in a certain way or at a certain location.
- **Paper Copy:** Obtain a paper copy of this Notice upon request, even if you have agreed to receive the Notice electronically.

If we maintain Part 2 Records about you, you have the right to request a list of certain disclosures of those records that we have made. You also have the right to revoke your consent to the use or disclosure of Part 2 Records at any time, except to the extent we have already relied on that consent.

Changes to This Notice

Compassion Health Care reserves the right to change this Notice and make the new provisions effective for all PHI we maintain. If we make material changes to our privacy practices, we will promptly revise and distribute the updated Notice as required by law.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Department of Health and Human Services – Office for Civil Rights, 200 Independence Avenue S.W., Washington D.C., 20201, or online at <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>. To file a complaint with us, contact:

Privacy Officer: Compassion Health Care's Chief Operations Officer

Compassion Health Care
US Hwy 158 W
Yanceyville, NC 27379
Phone: 336-694-9331

You will not be penalized for filing a complaint.

Contact Information

If you have any questions about this notice or our privacy practices, please contact:

Privacy Officer: Compassion Health Care's Chief Operations Officer

Compassion Health Care
US Hwy 158 W
Yanceyville, NC 27379
Phone: 336-694-9331

This notice has been updated to comply with federal privacy regulations, including 42 C.F.R. Part 2, and is effective no later than February 16, 2026.