

NOTICE OF HEALTH INFORMATION PRACTICES

Effective Date: April 14, 2003

Dates Amended: 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.

WHO WILL FOLLOW THIS NOTICE. This notice describes the health information practices of UAB Huntsville Regional Medical Campus/The Valley Foundation.

OUR PLEDGE REGARDING MEDICAL INFORMATION.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at UAB Huntsville Regional Medical Campus/The Valley Foundation. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by UAB Huntsville Regional Medical Campus/The Valley Foundation, whether made by clinic/hospital personnel or your personal doctor. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you;
- notify you in the case of a breach of your identifiable medical information; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment and Treatment Alternatives.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical residents or students, or other UAB Huntsville Regional Medical Campus/The Valley Foundation personnel or people outside our facility who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of UAB Huntsville Regional Medical Campus/The Valley Foundation also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside UAB Huntsville Regional Medical Campus/The Valley Foundation who may be involved in your medical care after you leave, such as your local physician, family members, clergy or others we use to provide services that are part of your care. We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health Information Exchanges (HIEs).** UAB Medicine participates in certain health information exchanges that allow us to securely share your electronic health information (EHI) for treatment, payment, or health care operations purposes, as permitted by law, with other health care providers or entities who share in the exchange. Our participation in these exchanges helps improve the quality and coordination of care you receive.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive through UAB Huntsville Regional Medical Campus/The Valley Foundation may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to

- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive through UAB Huntsville Regional Medical Campus/The Valley Foundation may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may give your health plan information about surgery you received at UAB Medicine Enterprise so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for the treatment. We will share only the information necessary to obtain payment for the services provided.
- **For Routine Health Care Operations.** We may use and disclose medical information about you for UAB Huntsville Regional Medical Campus/The Valley Foundation routine operations. These uses and disclosures are necessary to run UAB Huntsville Regional Medical Campus/The Valley Foundation and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many UAB Huntsville Regional Medical Campus/The Valley Foundation patients to decide what additional services UAB Huntsville Regional Medical Campus/The Valley Foundation should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical residents and students, and UAB Huntsville Regional Medical Campus/The Valley Foundation personnel for review and learning purposes. We may also combine the medical information we have with medical information from other entities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Substance Use Disorder (SUD) Records.** If we maintain or receive records related to substance use disorder treatment (“SUD records”) that are subject to 42 CFR Part 2 (“Part 2”), those records are protected by special federal confidentiality rules in addition to HIPAA which are described below. Where the requirements of Part 2 are more restrictive than HIPAA, we will follow the more restrictive Part 2 requirements. All other provisions of this Notice apply to SUD records to the extent they do not conflict with Part 2.

Your Rights and Protections Under Part 2

- **Enhanced confidentiality.** SUD records and any testimony or content from such records may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless one of the following occurs:
 1. You provide a written consent specifically authorizing the use or disclosure for that purpose, in accordance with Part 2; or
 2. A court order is issued after you have been given notice and an opportunity to be heard, and the court order is accompanied by a subpoena or other legal process compelling disclosure, as required under Part 2.
- **Limitation on redisclosure.** If we or a permitted recipient disclose your SUD records under a Part 2-compliant consent for treatment, payment, or health care operations, that recipient (if a covered entity or business associate) may only redisclose those records consistent with the HIPAA rules *and* the limitations imposed by Part 2 (i.e., not for legal proceedings against you absent separate consent or court order).
- **Fundraising communications.** We (or a covered entity that receives SUD records) will not use your SUD-related information for fundraising purposes.
- **Right to request restrictions.** You may request that we restrict certain uses or disclosures of your SUD records for treatment, payment, or health care operations consistent with Part 2 and HIPAA. We are not obligated to agree to every request, but if Part 2 grants you the right to restrict such uses or disclosures, we will follow the restriction (unless otherwise required by law).
- **Right to an accounting of disclosures.** You have the right to receive an accounting of certain disclosures of your SUD records made in the past three years, to the extent required by Part 2.
- **Right to file a complaint.** You may file a complaint with us or with the Secretary of Health and Human Services if you believe your Part 2 confidentiality rights have been violated. We will not retaliate against you for filing a complaint.

How to Exercise These Rights

To request any of the above, or for more information, please contact an Entity Privacy Coordinator using the information provided below. We will provide you with a written response in accordance with applicable law and within required timeframes.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Appointment Reminders and Health-Related Benefits and Services** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at UAB Huntsville Regional Medical Campus/The Valley Foundation. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Research.** Under certain circumstances, we may use and disclose medical information about you to researchers when their clinical research study has been approved by UAB's or the facility's Institutional Review Board. Some clinical research studies require specific patient consent, while others do not require patient authorization. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. This would be done through a retrospective record review with no patient contact. The Institutional Review Board reviews the research proposal to make certain that the proposal has established protocols to protect the privacy of your health information.
- **Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for UAB Huntsville Regional Medical Campus/The Valley Foundation. We may disclose medical information to a foundation related to UAB Huntsville Regional Medical Campus/The Valley Foundation so that the foundation may contact you in raising money for UAB Huntsville Regional Medical Campus/The Valley Foundation. For example, we may use or disclose the following information to contact you for fundraising purposes: your name, address and phone number, the physicians who furnished the services, and the location and dates you received treatment or services at UAB Huntsville Regional Medical Campus/The Valley Foundation. If you do not want UAB Huntsville Regional Medical Campus/The Valley Foundation to contact you for fundraising efforts, you have the right to opt out of fundraising communications, as described in every fundraising communication.
- **Certain Marketing Activities.** UAB Huntsville Regional Medical Campus/The Valley Foundation may use medical information about you to forward promotional gifts of nominal value, to communicate with you about services offered by UAB Huntsville Regional Medical Campus/The Valley Foundation, to communicate with you about case management and care coordination and to communicate with you about treatment alternatives. We do not sell your health information to any third party for their marketing activities unless you sign an authorization allowing us to do this.
- **UAB Huntsville Regional Medical Campus/The Valley Foundation Directory.** We may include certain limited information about you in the UAB Huntsville Regional Medical Campus/The Valley Foundation directories while you are a patient at UAB Huntsville Regional Medical Campus/The Valley Foundation, unless you request otherwise. This information may include your name, location in UAB Huntsville

Regional Medical Campus/The Valley Foundation, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. This information and your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you and generally know how you are doing.

- **Business Associates.** There are some services provided in UAB Huntsville Regional Medical Campus/The Valley Foundation through contracts with business associates. Examples include a copy service we use when making copies of your health record, consultants, accountants, lawyers, medical transcriptionists and third-party billing companies. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **Public Health Activities.** We may disclose medical information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, we are required to report the existence of a communicable disease, such as tuberculosis, to the Alabama Department of Public Health to protect the health and well-being of the general public. We may disclose medical information about you to individuals exposed to a communicable disease or otherwise at risk for spreading the disease. We may disclose medical information to an employer if the employer requires the healthcare services to determine whether you suffered a work-related injury.
- **Food and Drug Administration (FDA).** We may disclose to the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- **Victims of Abuse, Neglect or Domestic Violence.** We are required to report child, elder, and domestic abuse or neglect to the State of Alabama.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. We may disclose medical information for judicial or administrative proceedings, as required by law.
- **Law Enforcement.** We may release medical information for law enforcement purposes as required by law, in response to a valid subpoena, for identification and location of fugitives, witnesses or missing persons, for suspected victims of crime, for deaths that may have resulted from criminal conduct and for suspected crimes on the premises.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
- **Organ and Tissue Donation.** If you are an organ donor, we may use or release medical information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organ, eye or tissue to facilitate organ or tissue donation and transplantation.

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.
- **Other uses and disclosures.** We will obtain your authorization to use or disclose your psychotherapy notes (other than for uses permitted by law without your authorization); to use or disclose your health information for marketing activities not described above; and prior to selling your health information to any third party. Any uses and disclosures not described in this Notice will be made only with your written authorization.
- ***Special Note.*** Once your health information is disclosed for permitted purposes or according to your request, it may be subject to redisclosure and no longer protected by federal regulations.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

Although all records concerning your hospitalization and treatment obtained at UAB Huntsville Regional Medical Campus/The Valley Foundation are the property of UAB Huntsville Regional Medical Campus/The Valley Foundation, you have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Entity Privacy Coordinator. If you request a copy (paper or electronic) of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another physician chosen by UAB Huntsville Regional Medical Campus/The Valley Foundation will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that the health information we have about you is incorrect or incomplete, you have the right to request an amendment. You may request an amendment for as long as the information is maintained by or for UAB Huntsville Regional Medical Campus/The Valley Foundation. Your request for amendment must be made in writing on the required form, identify the specific records you wish to amend, explain why you believe the information is incorrect or incomplete, and be submitted to an Entity Privacy Coordinator.

We may deny your request for amendment in certain limited circumstances. If we deny your request, we will provide a written explanation of the reason for the denial and describe your options, including your right to submit a written statement of disagreement or to have your request included with your record.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing on the required form to the Entity Privacy Coordinator. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing on the required form to the Entity Privacy Coordinator. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request That Health Information Pertaining to Services Paid Out of Pocket Not Be Sent to Insurance.**

In some instances, you may choose to pay for a healthcare item or service out of pocket, rather than submit a claim to your insurance company. You have the right to request that we not submit your health information to a health plan or your insurance company, if you, or someone on your behalf, pay for the treatment or service out of pocket in full. To request this restriction, you must make your request in writing on the required form to the Entity Privacy Coordinator prior to the treatment or service. In your request, you must tell us (1) what information you want to restrict (2) and to what health plan the restriction applies.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing on the required form to the Entity Privacy Coordinator. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Revoke Authorization.** You have the right to revoke your authorization to use or disclose your medical information except to the extent that action has already been taken in reliance on your authorization.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, <https://huntsville.uabmedicine.org>. To obtain a paper copy of this notice, contact the Entity Privacy Coordinator.

CHANGES TO THIS NOTICE

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in UAB Huntsville Regional Medical Campus/The Valley Foundation facilities. The notice will contain on the first page the effective date. In addition, each time you visit UAB Huntsville Regional Medical Campus/The Valley Foundation to receive services, we will make available a copy of the current notice in effect.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the Entity Privacy Coordinator. If you believe your privacy rights have been violated, you may file a complaint with UAB Huntsville Regional Medical Campus/The Valley Foundation or with the Secretary of the Department of Health and Human Services. To file a complaint with UAB Huntsville Regional Medical Campus/The Valley Foundation, contact the Entity Privacy Coordinator. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

NOTICE EFFECTIVE DATE: The effective date of the notice is April 14, 2003, amended on February 16th, 2026

Entity Privacy Coordinator:

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