

# 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 access this information. Please review it carefully.**

## WHO DOES THIS NOTICE APPLY TO?

This Notice describes the privacy practices of Hoag Health System, including Hoag Memorial Hospital Presbyterian, Hoag Clinic, and each of their affiliated entities, physicians and medical groups (collectively referred to as "Hoag"). This Notice applies to physicians, allied health professionals, other health care providers, staff, non-employee volunteers, and other personnel providing services to you at a facility or office operated by one of the entities above. This Notice also applies to, and will be followed by, affiliated members of Hoag's Organized Health Care Agreement (OHCA), including Hoag at Home, Hoag Clinic and Hoag Memorial Hospital Presbyterian.

These Hoag entities may share your medical information with each other for treatment, payment or health care operations purposes as described in this Notice. This Notice applies to all of the records of your care generated at Hoag whether made by Hoag personnel or your personal doctor when caring for you at Hoag, unless your individual provider gives you their own notice of privacy practices that describes how they will protect your medical information.

## OUR RESPONSIBILITY TO YOU REGARDING YOUR MEDICAL INFORMATION

We understand that your medical information is personal. We are committed to protecting the privacy of your medical information. In order to comply with certain legal requirements, we are required to:

- Keep your medical information private.
- Provide you with a copy of this notice.
- Follow the terms of this notice.
- Notify you if we are unable to agree to a restriction that you have requested.
- Accommodate your reasonable requests to communicate your medical information by alternative means or at alternative locations.
- Notify you following a breach of your unsecured medical information, as required by law.

## HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We typically use or disclose your health information for the following reasons:

### Treatment

We may use and disclose your medical information for your treatment. 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. We may also disclose your medical information to people, places and entities outside of Hoag for the purpose of coordinating your care. For example, we may give your physician access to your medical information to assist your physician in treating you.

### Payment

We may use and disclose your medical information to obtain payment. For example, we may give your health plan information about a surgery you received so your health plan will pay us or reimburse you for that surgery.

### Health Care Operations

We may use and disclose your medical information to support our health care operations outside of Hoag for the purpose of coordinating your care. These uses and disclosures are necessary to make sure that our patients receive quality care and cost-effective services. For example, we may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

**Unless you instruct us otherwise, we may also use or disclose your medical information for the following purposes:**

- **Fundraising Activities:** We may use your medical information to contact you to solicit support for certain fundraising activities related to our operations. In such cases, we would only release a limited amount of your medical information, such as demographic information, dates of service, and your contact information. **You will have an opportunity to opt-out of receiving such communications.**
- **Hospital Directory:** Unless you tell us otherwise, we will list your name, location in the facility, general condition, and religious affiliation in a Hoag hospital directory, if applicable. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name, including members of the media. **If you would like to opt-out of being in the Hoag hospital directory, please notify the admission staff.**
- **Family and Friends:** We may release your medical information to a family member, friend, or any other person involved in your medical care. We may also give information to those you identify as responsible for payment of your care.
- **Health Information Exchange:** We may participate in one or more health information exchanges (HIEs) and may electronically share your medical information for treatment, payment and health care operations purposes with other participants in the HIEs. HIEs allow your health care providers to efficiently access and use medical information necessary for your treatment and other lawful purposes. **The inclusion of your medical information in an HIE is voluntary and subject to your right to opt-out. If you do not opt-out of this exchange of information, we may provide your medical information in accordance with applicable law to the HIEs in which we participate.** You can choose not to have your information shared through any of our HIE networks (that is, "opt out") at any time. You may do this by contacting the Hoag Health Information Management Department at (949) 764-8326, or HoagMedicalRecords@hoag.org.

We may be required to use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without your prior authorization for the following purposes:

- **Research:** We may use and disclose your medical information for research purposes. All research projects are subject to a special approval process through an appropriate committee.
- **Required by Law:** We may disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders.

- **Public Health:** We may share your medical information as required or permitted by law to public health authorities or government agencies whose official activities include preventing or controlling disease, injury, or disability. These disclosures include reporting communicable diseases, reactions to medications, problems with products or adverse events, for immunization registries, reporting abuse or neglect, or for vital statistics such as reporting births or deaths.

- **To Avert a Serious Threat to Health or Safety:** We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

- **Law Enforcement:** We may disclose your medical information to law enforcement officials upon their request, but only as authorized by law, such as to identify or locate a suspect, fugitive, material witness or missing person.

- in response to a court order, subpoena, warrant, investigative demand, or other similar process;

- to help identify or locate a suspect, fugitive, material witness, or missing person;

- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;

- about a death we believe may be the result of criminal conduct;

- about criminal conduct occurring on our premises;

- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

- **Health Oversight:** We may disclose your medical information to health oversight agencies for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.

- **Business Associates:** There are some services provided through contracts that we have with business associates. For example, a company who bills insurance companies on our behalf is also our business associate, and we may provide your medical information to such a company so the company can help us obtain payment for the health care services we provide. To protect your medical information, we require our business associates to appropriately safeguard your information through a written agreement.

- **Funeral Directors, Medical Examiners, and Coroners:** We may disclose medical information to funeral directors, coroners or medical examiners consistent with applicable law in order for them to carry out their duties.

- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information 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 (which may include written notice to you) or to obtain an order protecting the information requested.

- **Organ and Tissue Donation:** Consistent with applicable law, we may disclose your medical information to organ procurement organizations or other entities for the purpose of tissue donation and transplant.

- **Military and Veterans:** If you are a member of the armed forces, we may release your medical information as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- **National Security:** We may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also release your medical information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

- **Multidisciplinary Personnel Teams:** We may disclose your medical information to a multidisciplinary personnel team relevant to the protection, identification, management or treatment of (i) an abused child and the child's parents, or (ii) elder abuse and neglect.

- **Food and Drug Administration (FDA):** We may disclose certain medical information to the FDA relative to reporting adverse events.

- **Workers' Compensation:** We may disclose medical information necessary to comply with laws relating to workers' compensation or other similar programs established by law.

- **Correctional Institutions:** Should you be an inmate of a correctional institution, we may disclose medical information necessary for your health and the health and safety of other individuals to the institution or its agents.

- **Special Categories of Information:** In some circumstances, your medical information may be subject to restrictions that may limit or preclude some uses or disclosures described in this Notice. For example, there are special restrictions on the use or disclosure of certain types of medical information (e.g., HIV test results, mental health records, and alcohol and substance use treatment records). Government health benefit programs may also limit the disclosure of beneficiary information for purposes unrelated to the program and the care provided to the beneficiary.

Any medical or substance use disorder information that is disclosed in accordance with the HIPAA Privacy Rule's permitted uses and disclosures may be redisclosed and is no longer considered fully protected by HIPAA.

## SUBSTANCE USE DISORDER RECORDS

We are committed to protecting the confidentiality of your substance use disorder (SUD) treatment records in accordance with federal law (42 CFR Part 2). This means:

- You may give a single consent for all future uses and disclosures for treatment, payment, and health care operations.

- When a single consent is provided for all future uses and disclosures for treatment, payment and health care operations, a Part 2 program, covered entity, or business associate may use and disclose those records for treatment,

payment and health care operations as permitted by the HIPAA regulations, until such time that you revoke the consent in writing.

- Disclosures that are permitted without your consent include, but are not limited to: quality assurance, research with appropriate safeguards, or to prevent imminent harm to you or others.

- You have the right to access your records, request amendments, receive an accounting of disclosures and revoke your written consent to release records at any time.

- SUD treatment records cannot be used or disclosed in legal proceedings against you without a court order or your written consent. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

- You have the right to opt out of receiving fundraising communications using your protected health information.

## OTHER USES OR DISCLOSURES OF MEDICAL INFORMATION

In any other situation not covered by this Notice, we will ask for your written authorization before using or disclosing your medical information. Specific examples of uses and disclosures requiring your authorization include: (i) most uses and disclosures of psychotherapy notes (private notes of a mental health professional kept separately from a medical record); (ii) subject to limited exceptions, uses and disclosures of your medical information for marketing purposes; and (iii) disclosures that constitute the sale of your medical information. If you authorize us to use or disclose your medical information, you can later revoke that authorization by notifying us in writing of your decision, except to the extent that we have taken action in reliance on your authorization.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- To request in writing\* a restriction on certain uses or disclosures of your medical information for treatment, payment or health care operations (e.g., a restriction on who may access your medical information). Although we will consider your request, we are not legally required to agree to a requested restriction, except we must agree to your written request that we restrict a disclosure of information to a health plan if the information relates solely to an item or service for which you have paid out of pocket in full. We are required to abide by such a request, unless we are required by law to make the disclosure. It is your responsibility to notify any other providers about this restriction.

- To obtain a paper copy of this notice upon request, even if you have agreed to receive this notice electronically, by contacting the Admitting or Registration Department.

- To inspect and obtain a copy of your medical information, in most cases. If you request a copy (paper or electronic), we may charge you a reasonable, cost-based fee.

- To request in writing\* an amendment to your records if you believe the information in your record is incorrect or important information is missing. We could deny your request to amend a record if the information was not created by us, is not maintained by us, or if we determine the record is accurate. You may appeal, in writing, a decision by us not to amend your record. Even if we deny your request for amendment, you have the right to submit a written addendum with respect to any item or statement in your record you believe is incomplete or incorrect.

- To obtain an accounting of certain disclosures we have made of your medical information. The accounting will provide information about disclosures made outside of Hoag for purposes other than treatment, payment, health care operations or where you specifically authorized a use or disclosure in the past six (6) years. The request must be in writing\* and state the time period desired for the accounting. The first list you request will be free. For additional requests, there may be a charge for additional requests made within a twelve (12) month period.

- To request that medical information about you be communicated to you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

\* All written requests or appeals should be submitted to the Hoag Privacy Officer listed below.

## CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We have the right to make the revised Notice effective for any medical information we already have as well as any information we receive in the future. If we make a material change to this Notice, we will post the revised Notice at our location where you receive services and on our website, and make the revised Notice available upon request.

## PATIENT PRIVACY COMPLAINTS

If you have any questions or would like additional information, or if you believe your privacy rights have been violated, you can contact the Hoag Privacy Officer listed at the following:

**Hoag Corporate Compliance Office**  
**Attn: Privacy Officer**  
One Hoag Drive,  
Newport Beach, CA 92663  
949-764-4427  
CorporateCompliance@hoag.org

You may also file a complaint with the:  
**U.S. Department of Health and Human Services Office of Civil Rights**  
200 Independence Avenue, S. W.,  
Washington, DC 20201.

Filing a complaint will not negatively affect the treatment or coverage that you receive. Hoag is committed to the prevention of intimidating or retaliatory actions against any individual for the exercise by the individual of any right established, or for participation in any process provided, for filing complaints against the covered entity.

