



NOTICE OF PRIVACY PRACTICES

OUR COMMITMENT TO PROTECT YOUR HEALTH INFORMATION

Sound Inpatient Physicians, Inc. and/or its affiliates ("Sound") is dedicated to protecting your medical information. A federal regulation, known as the "HIPAA Privacy Rule," requires that we provide detailed notice in writing of our privacy practices. Your Protected Health Information ("PHI") is information that identifies you and that relates to your past, present, or future health or condition, the provision of health care to you, or payment for that health care. We are required by law to maintain the privacy of your PHI and to give you this Notice about our privacy practices that explains your rights as our patient and how, when, and why we may use or disclose your PHI.

We are required by law to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time and to apply those changes to all PHI in our possession. If we change our privacy practices and the terms of this Notice, we will post a copy in our office in a prominent location, have copies of the revised Notice available at our offices, and provide you with a copy of the revised Notice upon your request. The new Notice also will be posted on our website, www.soundphysicians.com.

HOW WE MAY USE AND DISCLOSE YOUR PHI

Treatment, Payment and Health Care Operations. As described below, we will use or disclose your PHI for treatment, payment, or health care operations. The examples below do not list every possible use or disclosure in a category.

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, x-ray, or other health care services. We may also use and disclose your PHI when referring you to another health care provider. For example, if you are referred to a specialist physician, we may disclose PHI to the physician regarding whether you are allergic to any medications. We may also disclose your PHI for the treatment activities of another health care provider. For example, we may send a report about your care from us to an outside physician so that the other physician may treat you following your discharge from the hospitalist program.

Payment

We may use and disclose PHI so that we can bill and collect payment for the treatment and services

*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.

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provided to you. For example, we may send your insurance company a bill for services or release certain medical information to your health insurance company so that it can determine whether your treatment is covered under the terms of your health insurance policy. We also may use and disclose PHI for billing, claims management, and collection activities. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI relating to their enrollees to determine the insurance benefits to be paid for their enrollees' care.

Health Care Operations

We may use and disclose PHI in performing certain business activities which are called health care operations. Some examples of these operations include our business, accounting and management activities. These health care operations also may include quality assurance, utilization review, and internal auditing, such as reviewing and evaluating the skills, qualifications, and performance of health care providers. If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider, company or health plan.

Business Associates. We may contract with individuals and entities (business associates) to perform various functions on our behalf or to provide certain types of services. To perform these functions or to provide the services, business associates may receive, create, maintain, use or disclose your PHI. We require business associates to agree in writing to contract terms designed to appropriately safeguard your information. For example, we may disclose your PHI to a business associate for claims administration purposes.

Communications

We may use or disclose medical information in order to contact you to follow up after you are discharged from a hospital program, to tell you about or recommend possible treatment options or alternatives that may be of interest to you, or, subject to certain limitations, to inform you about health-related benefits or services that may be of interest to you.

We may also use or disclose your PHI in the following circumstances. However, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.

We may disclose PHI to your relatives, close friends or any other person identified by you if the PHI is directly related to that person's involvement in your care or payment for your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may also use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your location, general condition or death, and to organizations that are involved in the tasks during disaster situations.

Uses and Disclosures Authorized by the HIPAA Privacy Rule. We may use and disclose PHI about you in the following circumstances, provided we comply with certain legal conditions set forth in the HIPAA Privacy Rule.

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Required By Law. We may use or disclose PHI as required by federal, state, or local law if the disclosure complies with the law and is limited to the requirements of the law.

Public Health Activities. We may disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including:

- Prevent or control disease, injury, or disability or report disease, injury, birth, or death;
- Report child abuse or neglect;
- Report information regarding the quality, safety, or effectiveness of products or activities regulated by the federal Food and Drug Administration;
- Notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
- Report to employers, under limited circumstances, information related primarily to workplace injuries or illness or workplace medical surveillance.

Abuse, Neglect, Or Domestic Violence. We may disclose PHI to proper government authorities if we reasonably believe that you (or others) have been or may be a victim of domestic violence, abuse, or neglect.

Health Oversight. We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

Legal Proceedings. We may disclose PHI as expressly required by a court or administrative tribunal order or in compliance with state law in response to subpoenas, discovery requests or other legal process when we receive satisfactory assurances that efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose PHI to law enforcement officials under certain specific conditions where the disclosure is:

- About a suspected crime victim if the person agrees or, under limited circumstances, we are unable to obtain the person's agreement because of incapacity or emergency;
- To alert law enforcement of a death that we suspect was the result of criminal conduct;
- In response to authorized legal process or required by law;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a crime or suspected crime committed on our premises; or
- In response to a medical emergency not occurring on our premises, if necessary to report a crime.

Coroners, Medical Examiners or Funeral Directors. We may disclose PHI regarding decedents to a coroner, medical examiner or funeral director so that they may carry out their jobs. We also may disclose such information to a funeral director in reasonable anticipation of death.

Organ Donation. We may disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate organ, eye, or tissue donation and transplantation.

Threat to Health or Safety. In limited circumstances, we may disclose PHI when we have a good faith belief that the disclosure is necessary to prevent a serious and imminent threat to the health or safety of a person or to the public.

Specialized Government Functions. We may disclose PHI for certain specialized government functions, such as military and veteran activities, national security and intelligence activities, protective services

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for the president and others, medical suitability determinations, and for certain correctional institutions or in other law enforcement custodial purposes.

Compliance Review. We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

Workers' Compensation. We may disclose PHI to comply with laws relating to workers' compensation or other similar programs.

Research. For research purposes under certain limited circumstances for research projects that have been evaluated and approved through an approval process that takes into account your need for privacy. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

Emergencies. We may use or disclose your PHI in an emergency treatment situation in compliance with applicable laws and regulations.

Substance Use Disorder ("SUD") Part 2 Treatment Information. If we maintain or receive any SUD information, these records may not be used or disclosed even for treatment, payment, or healthcare operations without your written consent. If we receive or maintain your SUD Program record through a specific consent you provide to us or another third party, we will use and disclose your SUD record only as expressly permitted by you in your consent.

In no event will we use or disclose your SUD record or provide testimony that describes the information contained in your SUD record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you with notice of the court order.

If there are stricter state or federal laws than those afforded by HIPAA, the stricter rule will be applied to your SUD records.

With Your Written Authorization. Your written authorization generally will be obtained before we use or disclose psychotherapy notes about you that may be in our possession. Psychotherapy notes are separately filed notes about your conversations with a mental health professional during a counseling session; summary information about your mental health treatment does not constitute psychotherapy notes. In addition, your written authorization will be obtained for uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI, unless use and disclosure is permitted without your authorization. *Except as described in this Notice, all other uses and disclosures of your PHI will be made only with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization (e.g. you cannot revoke with respect to disclosures that have already been made).*

Limited Data Set/Minimum Necessary. The amount of health information used or disclosed in accordance with the above provisions will be limited, to the extent practicable, to a limited data set, or if needed by Sound, to the minimum necessary to accomplish the intended purpose of the use, disclosure or request, respectively. Sound commits to complying with any guidance issued in the future that relates to the minimum necessary use or disclosure of PHI.

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YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

The HIPAA Privacy Rule gives you several rights in regard to your PHI. These rights include:

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations, or that we disclose to those who may be involved in your care or payment for your care. In the instances where you have paid for health care items or services out-of-pocket in-full, we are required upon request to restrict disclosures of PHI to your health plan. In all other instances, while we consider a patient's restriction request, we are not required to agree to it. If we do agree to your request, we will comply with your request except as required by law or for emergency treatment. To request restrictions, you must make your request in writing on our Request for Additional Restrictions on Communication Form to our Privacy Officer at the address listed on the last page of this Notice.

Right to Receive Confidential Communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing by submitting our Request for Alternative Communication Form specifying how you would like to be contacted (for example, by regular mail to your post office box and not your home) to our Privacy Officer. We will accommodate all reasonable requests.

Right to Inspect and Copy: You have the right to inspect and receive a copy of your PHI contained in records we maintain that may be used to make decisions about your care. These records usually include your medical and billing records that we may maintain, but do not include psychotherapy notes, information gathered or prepared for civil, criminal, or administrative proceedings, or PHI that is subject to a law that prohibits access. To inspect and copy your PHI, you must make your request on our Request for Access form to Sound's Privacy Officer at the address listed below. If you request a copy of your PHI, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request. If and only to the extent that Sound uses or maintains your PHI in an Electronic Health Record ("EHR"), as of the date required by the Health Information Technology for Clinical and Economic Health Act ("HITECH ACT"), Sound will provide you with a copy of your PHI in electronic format and, upon your request, will transmit such copy directly to an entity or individual of your designation, provided that such designation is made clear, conspicuous and specific. We may charge you a fee for providing your PHI in electronic form equal to our labor costs incurred in responding to your request. We may deny your request to inspect and copy PHI only under limited circumstances, and in some cases, a denial of access may be reviewable.

Right to Amend: If you feel that the medical information, we have about you is incorrect or incomplete, you may ask us to amend the information for as long as such information is kept by or for us. You must submit your request to amend in writing on our Request for Amendment of Patient Information Form to our Privacy Officer and give us a reason for your request. We may deny your request in certain cases. If your request is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates.

Right to Receive an Accounting of Disclosures: You have the right to request a list of certain disclosures of PHI made by us during a specified period of up to six years prior to the request, **except** disclosures: **(i)** for treatment, payment or health care operations, unless, as of the date required by the HITECH Act and only to the extent that Sound uses or maintains an EHR for you, such disclosures are made through your EHR (in which case the list of disclosures will be limited to those made in the three

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years prior to the date of your request, subject to certain restrictions); **(ii)** made to you; **(iii)** to persons involved in your care or for the purpose of notifying your family or friends of your whereabouts; **(iv)** for national security or intelligence purposes; **(v)** made pursuant to your written authorization; **(vi)** incidental to another permissible use or disclosure; **(vii)** for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); or **(viii)** made before April 14, 2003. If you wish to make such a request, please contact our Privacy Officer. The first accounting that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Officer.

The Right to Be Notified of a Breach of Unsecured PHI: We are required by law to maintain the privacy of your PHI and to notify you if a breach of your unsecured PHI occurs.

COMPLAINTS & QUESTIONS

If you believe your privacy rights have been violated, you may file a complaint with us, or the Secretary of the United States, Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Officer. We will not take action against you or retaliate against you in any way for filing a complaint. If you have any questions or need additional information about this Notice, please contact our Privacy Officer.

PRIVACY OFFICER

You may contact our Privacy Officer at the following address and phone number:

SOUND PHYSICIANS
Attn: Chief Compliance & Privacy Officer
1222 Demonbreun Street, Suite 1601,
Nashville, TN 37203
Phone: 1-855-768-6363
Email: compliance@soudphysicians.com

To file a complaint with the Secretary of Health and Human Services:

U.S. Department of Health and Human Services
200 Independence AVE, S.E., Washington, DC 20201
Phone: [\(800\) 537-7697](tel:(800)537-7697)

File an online complaint: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

EFFECTIVE DATE: *The form of this notice was published and first became effective on September 23, 2013.*

REVIEW AND REVISED: February 12, 2026