

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.

The gastroenterology practices and affiliated endoscopy centers who are managed by United Digestive (collectively referred to as "The Practice"), participate in an Organized Health Care Arrangement (OHCA). The Practice presents this Notice of Privacy Practices ("Notice") to our patients describing how your identifiable medical information (called protected health information or PHI) may be used or disclosed, and to notify you of your rights regarding this information. A list of The Practice partners/OHCA members to which this Notice applies is available at www.uniteddigestive.com/locations/.

Patient Protected Health Information

Under Federal law, your patient health information is protected and confidential. Protected health information (PHI) includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information.

How We Use Your Protected Health Information

The Practice uses health information about you for treatment, analyzing procedures and lab results. We also use PHI to obtain payment and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances where the law applies, we may be required to use or disclose the information without your permission.

Examples of Treatment, Payment, and Health Care Operations

Treatment: The Practice will use and disclose your PHI to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record information in your medical record and use it to determine the most appropriate course of care. The Practice may also disclose this information by fax, in person, or via telecommunication. We may communicate to other health care providers who are participating in your treatment, to pharmacists who are filling and refilling your prescriptions, and to family members who are helping with your care.

Payment: The Practice will use and disclose your PHI for payment purposes. For example, the Practice may need to obtain authorization from your insurance company before providing certain types of treatment. The Practice will submit bills and maintain records of payments from your health plan.

Health Care Operations: The Practice will use and disclose your health information to conduct our standard internal operations. Examples include proper administration of records, evaluation of the quality of treatment, and assessing the care and outcomes of your case and others like it.

Release of Information to Family or Friends

The Practice knows that family or friends are an integral part of a patient's care. If you wish to authorize a family member or friend to receive or request information regarding your care or test results, please provide their name and contact information on the 'Notice of Privacy Practices Acknowledgement' form. The Practice will not release your information to any friend or family without your written consent. If you wish to change or update the authorized individuals, you will need to make these updates in writing.

Release of Information for Marketing Purposes

By signing this Notice you acknowledge and expressly consent to the use of your PHI for marketing purposes such as patient testimonials, notification about new services and clinical programs offered by the Practice or its third-party marketing partners. You have the right to object to the use of your PHI for marketing purposes as specified within this Notice.

Special Uses

The Practice may use your information to contact you with appointment reminders by phone, mail, email, or text message. The Practice may also contact you to provide information about treatment alternatives or other health-related benefits and

services that may be of interest to you. This communication may be sent to you via phone, mail, or email. If you have granted written permission, protected health information may also be sent to you via email. If you wish to authorize the use of email as a method for the Practice to communicate with you regarding your PHI, sign the applicable section on the privacy consent form.

Health Information Exchange

Your information may be shared with other healthcare providers via Health Information Exchange (HIE).

- **Function of the HIE**

The function of the HIE is to improve patient-centered healthcare through the use and exchange of electronic health information. This collaborative effort seeks to close the patient information gap by allowing authorized healthcare providers to share their patients' records on an as-needed basis to support improved quality of care and patient health outcomes, as well as reduce patient healthcare costs.

- **Types of Data Exchanged**

Members of the HIE share electronic health records, which may include your medical history, allergies, radiology, labs, doctors' notes and/or immunizations. Sensitive information that requires specific written authorization to disclose will not be shared through the HIE; this includes mental health and psychotherapy records. If you want this type of sensitive information shared, an express written consent will be required for each release. However, sensitive health information, including, but not limited to: substance abuse records, HIV/AIDS information, genetic testing, and developmental disability records may be viewed through the HIE unless you opt-out of the HIE (See "Opting Out" section).

- **Permitted Disclosures**

The HIE ensures protection of patients' personal information by limiting use of patient health data to ensure meaningful use, as described in the "How We Use Protected Health Information" section of this document. In addition, state agencies may only request, receive, use and disclose patient health data solely as authorized by applicable law, or as legally authorized by the individual.

- **Opting Out**

You have the choice to opt-out of having your electronic records viewed by participating members of the HIE at any time, by completing the opt-out form, which will be provided upon request. If you choose to opt-out of the HIE, your electronic health records cannot be viewed or shared with other healthcare providers using the network. However, authorized healthcare providers will still be able to access your health information on an as-needed basis to assist with continued care via phone, fax, and/or regular mail. Until you submit a completed opt-out form or provide written notice that you are opting not to participate in the HIE, your electronic information is subject to be viewed amongst authorized members of the HIE utilizing the system. Once received, it may take up to five business days to process the request. It is important to note that if another provider who treats you is a member of the HIE, if you do not opt-out with that provider, your information may still be viewed and shared via the HIE.

- **Opting Back In**

If you choose to have your electronic records viewed by participating members of the HIE after opting out, you may simply choose to opt back in by sending a written request as specified in this Notice. It is important to note that if you choose to opt in, your records may be viewed, in their entirety, via the HIE.

- **Potential Risks and Benefits of HIE Participation**

- **Benefits**

Participation provides patients with several benefits, including quick, secure and accurate sharing of patient information among authorized healthcare providers for improved and efficient patient care; reduction of duplicate medical tests; expedited information retrieval, increasing patients' face-to-face time with providers; and enhancing accuracy and efficiency in patient care.

- **Risks**

There are limited risks associated with your participation in the HIE. The risks are managed through HIE policies and federal HIPAA regulations, by which all participants must abide. Note: You have a right to receive a list of occurrences that your health information was accessed, as well as for what purpose, as described in the "Accounting of Disclosures" section of this document. In the event there is a breach of security which involves your health information, you will be notified according to HIPAA regulations.

Other Uses and Disclosures Not Requiring Written Permission

The Practice may use or disclose your protected health information for other reasons, even without your consent. Subject to certain requirements, the Practice is permitted to give out health information without your permission for the following purposes:

- **Required by Law**

The Practice may be required by the law to disclose your PHI for certain purposes, such as reporting gunshot wounds, suspected abuse or neglect, or similar injuries and events.

- **Research**

The Practice may use or disclose information for approved medical research subject to specific criteria.

- **Public Health Activities**

As required by law, the Practice may disclose vital statistics, diseases, proof of immunization, information related to recalls of dangerous products, and similar information to public health authorities.

- **Health Oversight**

The Practice may be required to disclose information to assist in investigations and audits; eligibility for government programs; inspections; licensure or disciplinary actions; compliance to civil rights laws; and similar activities.

- **Judicial and Administrative Proceedings**

The Practice may disclose information in response to an appropriate subpoena or court order.

- **Law Enforcement Purposes**

Subject to certain restrictions, the Practice may disclose information required by law enforcement officials.

- **Deaths**

We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.

- **Serious Threat to Health or Safety**

The Practice may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

- **Military and Special Government Functions**

If you are a member of the armed forces, the Practice may release information as required by military command authorities. The Practice may also disclose information to correctional institutions or for national security purposes.

- **Workers' Compensation**

The Practice may release information about you as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs providing benefits for work-related injuries or illness.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

Individual Rights

You have the following rights regarding your health information. Submit any concerns in writing to the Practice's Compliance Officer (see below).

- **Request Restrictions**

You may request restrictions on certain uses and disclosures of your health information. These requests must be in writing. The Practice is not required to agree to most restrictions, but if we do agree, we abide by those restrictions.

- **Restrict Disclosure to a Health Plan**

You may request, in writing, to restrict disclosure of your PHI to a health plan. For example, you may request in writing that you choose not to use your insurance for a specific visit. If the request is made in writing in advance, the healthcare service or item is paid in full at the time of service, and the disclosure is for payment or healthcare operations, the Practice must agree to the restriction except for cases where the disclosure is required by law. (i.e., your health plan requires all healthcare services to be disclosed or filed.)

- **Confidential Communications**

You may ask us to communicate with you confidentially including by reasonable alternate means or locations. This request must be made in writing. There may be conditions placed on accommodating the request in certain situations.

- **Inspect and Obtain Copies**

You have the right to see or receive a copy of your health information. There may be a small charge dictated by State Law for these copies. You may obtain a copy of your health information by completing and submitting a medical records release form. By law, you must receive the requested information within 30 days.

- **Amend Information**

If you believe information in your record is incorrect, you have the right to request that the Practice correct or amend the existing information. The request must be made in writing and include a reason to support the requested amendment. Your Practice physician has the right to refuse your request. Regardless, a letter concerning your request will be sent within 60 days of said request.

- **Accounting of Disclosures**

You may request a list of instances where we have disclosed health information about you within the last six years for reasons other than treatment, payment, or health care operations. This request must be submitted in writing. The request must be fulfilled within 60 days. If the Practice is unable to fulfill the request within 60 days, the law grants a one-time 30-day extension. A written statement regarding the reason for the delay will be provided to you. If you request an accounting more than once in a 12-month period, the Practice may impose a reasonable cost-based fee for each subsequent request.

- **Obtain Paper Copy of Notice**

If you have previously received this Notice in electronic form, you have the right to request a paper copy of this Notice.

- **Waiver of Rights**

You are not required to waive any of the above rights as a condition for receiving treatment.

- **Right to Object**

You have the right to object to the above referenced disclosure of your PHI. Please submit your objection in writing to the Privacy Officer, referenced below, who will, in conjunction with the Practice/Endo Manager, determine if your request can be honored.

Our Legal Duty

We are required by law to protect and maintain the privacy of your PHI, to provide this Notice about our legal duties and privacy practices regarding PHI, and to abide by the terms of the Notice currently in effect. We are also required by law to notify you in the event of a breach of your unsecured PHI.

Changes in Privacy Practices

We may change our policies at any time. A current version of our Notice is available on the Practice's website. A current summary version of our Notice is always available in each waiting area. You may also request a copy of the current version of our Notice at any time. Any changes to our privacy practices described in this Notice will apply to all PHI created or received prior to this revision. For more information about our privacy practices, submit concerns in writing to the Practice's Compliance Officer (see below).

Complaints

If you are concerned that we have violated your privacy rights, if you disagree with a decision we made about your records, or would like to file a complaint, contact the person listed below. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at Centralized Case Management Operations U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F HHH Bldg. Washington, DC 20201; by email at OCRComplaint@hhs.gov; or online at ocrportal.hhs.gov/ocr/smartscreen/main.jsf.

You will not be penalized in any way for filing a complaint.

If you have any questions, requests, or complaints regarding privacy rights, please contact the Practice's Compliance/Privacy Officer:

United Digestive MSO Parent, LLC
ATTN: Compliance Officer and/or Privacy Officer
10 Glenlake Parkway NE North Tower, Suite 900
Atlanta, GA 30328
Phone: 404.888.7575
Email: compliance@uniteddigestive.com