

Notice of Privacy Practices



Lexington
Health

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.

This notice is required by law under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA is a federal law. One of its primary purposes is to make certain that information about your health is handled with special respect for your privacy. HIPAA includes numerous provisions that are designed to maintain the privacy and confidentiality of your protected health information (PHI). We understand that health information about you and your health is personal, and we are committed to protecting it. This notice will tell you about the ways in which Lexington Health, except Community Outreach and Health Directions, may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Ensure that health information that identifies you is kept private, except as such information is required or permitted to be disclosed by law.
- Give you this notice of our legal duties and privacy practices with respect to health information that Lexington Health may collect and maintain about you.
- Abide by the terms of this notice that are currently in effect.

How Lexington Health May Use and Disclose Health Information About You

The categories listed below describe different ways that we and our business associates may use and disclose health information about you without your prior written authorization. Not every possible use or disclosure in a category is listed below. Disclosures may be done through various methods (e.g., mail, facsimile, health information exchanges (HIEs), etc.), depending on the type and use of the information being disclosed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Lexington Health will not use or disclose your health information without your prior written authorization, except as

permitted or required by law and described in this notice. Moreover, we must limit our uses, disclosures, or requests for your health information, to the extent practicable, to a limited data set (which is a data set from which direct identifiers like name and address have been removed) or, if needed, to the “minimum necessary” to accomplish the intended purpose of such use, disclosure, or request until additional guidance is issued by the federal government. For purposes of this notice, any references to “we” include our business associates.

Treatment – We may use or disclose your health information for the coordination, provision and management of your treatment. For example, we may disclose your personal information to other health care providers caring for you.

Payment – We may use and disclose your health information in order to bill and collect payment for the services you receive from us. For example, we may use and disclose your personal information that identifies you, your diagnosis, and services provided to you to your insurance company in order to process payment for those services we provide to you.

Health Care Operations – Your health information may be used or disclosed for health care operations. For example, we may disclose information in your health record to individuals conducting quality of care reviews.

Organized Health Care Arrangement – We may disclose your health information to another covered entity that participates in an organized health care arrangement with Lexington Health for any health care operation purposes. For example, Lexington Health may need to disclose your health information to an owned outpatient facility at which you are receiving services in order to coordinate your care.

Business Associates – We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if PHI is necessary for those functions or services. For example, we may use another company to do our billing or to provide transcription or consulting services for us. All our business associates are obligated, under contract with us, to protect the privacy of your PHI.

As Required by Law – We will disclose health information about you when required to do so by federal, state or local law, such as laws that require the reporting of certain types of wounds or other injuries.

Workers' Compensation – We may release health information about you for workers' compensation or other similar programs established by law. These programs provide benefits for work related injuries or illness without regard to fault.

Law Enforcement – We may disclose your health information for law enforcement purposes, such as in response to a request from a law enforcement official for purposes of identifying or locating a missing person.

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

For Public Safety or Health Purposes – We may use and disclose health information about you when necessary (i) to prevent a serious threat to your health and safety or the health and safety of others, such as for the purpose of preventing or controlling disease, injury or disability; (ii) to report the abuse or neglect of children, elders, dependent adults, or others; (iii) to persons subject to the jurisdiction of the FDA for the purposes of product safety or effectiveness; or (iv) to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight Activities – We may disclose your health information to a health oversight agency for activities authorized by law. These activities, which are necessary for the government to monitor the health care system, may include audits, investigations, inspections, and licensure.

Friends and Family Involved in Your Care &

Emergencies – If you need emergency treatment and we are unable to obtain your consent, we may share your health information with a family member or other person who is involved with your care.

Lexington Health Directory – We maintain a facility directory that lists certain information about you, such as your name, room number, general health condition, and religious affiliation. We may disclose this information, with the exception of your religious affiliation, to others who ask for you individually by name. Your directory information will only be given to a clergy or their representative if you desire that information shared. If you wish to restrict the use of your name, room number, or general health condition, you must notify us in writing. If you do not have an opportunity to provide us your written request for restriction due to an emergency treatment circumstance or because you are incapacitated, we will disclose such information consistent with any prior expressed preference that is known to Lexington Health and consistent with what we believe, in our professional judgment, is in your best interest. In such circumstances, we will provide you with an opportunity to object when it becomes practicable to do so.

Appointment Reminders and Alternative

Treatments – We may use health information about you to provide you with information about appointment reminders, alternative treatments, or other health-related benefits and services that may be of interest to you.

Specialized Government Functions – We may disclose your health information for specialized government purposes, including military and veterans activities, national security and intelligence activities, protective service of the president and others, medical suitability determinations for Department of State officials, correctional institutions and law enforcement custodial situations, or for the provision of public benefits.

Personal Representative – If you have a personal representative, such as a legal guardian (or an executor or administrator of your estate after your death), we will treat that person as if that person is you with respect to disclosures of your PHI.

Coroners and Funeral Directors – We may disclose PHI to a coroner or medical examiner to identify a deceased person, determine cause of death, or permit the coroner or medical examiner to fulfill their legal duties. We may also disclose information to a funeral director to allow them to carry out their duties.

Organ or Tissue Donation – We may use or disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue.

Research – We may use or disclose your health information for research if approved by an institutional review or privacy board and appropriate steps have been taken to protect such information.

Fundraising – We may use your demographic information, insurance status, and dates of service to contact you regarding any fundraising activities in which we may engage. You have the right to opt out of receiving such communications. To opt out, please contact Lexington Health's Compliance Officer at (803) 935-8846 or Lexington Health's Action Line at (803) 791-2342. Additionally, any written fundraising communications from Lexington Health must state your opportunity and the manner in which you may elect not to receive further communications.

Disaster Relief – In the event of a disaster, we may provide your health information to disaster relief organizations.

Prohibitions on the Uses and Disclosures of PHI –

The following uses and disclosures of your PHI require your authorization unless permitted by law:

- Most uses and disclosures of psychotherapy notes
- Uses and disclosures of PHI for marketing purposes
- Disclosures that constitute a sale of PHI

Your Rights Regarding Your Health Information

This section describes your rights regarding the health information we maintain about you. Unless noted otherwise below, your requests relating to Lexington Health must be submitted in writing to:

Attn: Privacy Officer

2988 Sunset Boulevard, West Columbia, SC 29169

Right to Revoke Authorizations – If you authorize us to use or disclose your health information, you may revoke that authorization in writing at any time. If you revoke your authorization, we will stop any further use or disclosure of your health information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that such revocation will not impact any uses or disclosures that occurred while your authorization was in effect. You can also request to change your participation status for HIEs utilized by Lexington Health (i.e., opt out or opt back in).

Right to Request Restrictions – You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. We are generally not required to agree to your request, except where it is a request for a restriction on disclosures to a health plan for services that you pay out-of-pocket in full, in which case we may be required to agree to your request if certain other conditions are met. If, however, we do agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment. You can also request to change your participation status for HIEs utilized by Lexington Health (i.e., opt out or opt back in).

Right to Request Confidential Communications – You have the right to request that we communicate with you about health 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. Your request must specify how or where you wish to be contacted by Lexington Health.

Right to Inspect and Copy – You have the right to inspect and copy your health information. If you request a copy of the information, we may 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 health information in certain limited circumstances. If you are denied access to health information, you will receive a written denial and information regarding how your denial may be reviewed.

Right to an Electronic Copy of Electronic Medical Record – If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. You have the right to request in the electronic form or format of your choosing. If we are unable to readily produce in the format requested, an alternative and agreed upon readable electronic copy may be provided. We may charge you a reasonable cost-based fee for a copy of the electronic health record.

Right to Request Amendment – If you believe that health information we have about you is incorrect or incomplete, you have the right to request that we amend the existing information. You must provide the request and your reason(s) for the request in writing to the contact person listed above. You will be notified in writing if your request is denied. If your request is denied, you have the right to submit a written statement disagreeing with the denial, which will be appended or linked to the health information in question.

Right to an Accounting of Disclosures – You have the right to request a list of the disclosures of your health information that Lexington Health or our business associates have made for purposes other than treatment, payment, health care operations, and certain other limited purposes. Your request must state a time period, which may not be longer than six years prior to your request and may not include any dates before April 14, 2003. The first list you request within a 12-month period will be at no cost. For additional lists within a 12-month period, we may charge you for the costs of providing the list. Before providing you with the accounting, we will notify you of the costs involved, and you may

choose to withdraw or modify your request at that time before any costs are incurred.

Right to Receive Notice Electronically or Obtain a Paper Copy – You may download an electronic copy of this document by going to the following website: LexHealth.com. You also 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. To obtain a paper copy of this notice, please contact the Privacy Officer listed above.

Right to Receive Notification in the Event of a Breach – You have a right to receive notification if there is a breach of your health information. After learning of a breach, we must provide notice to you without unreasonable delay and in no event later than 60 calendar days after discovery of the breach, unless a law enforcement official requires us to delay the breach notification.

For More Information or to Report a Problem – If you have questions or would like additional information, you may contact the Compliance Officer at (803) 935-8846 or the Action Line at (803) 791-2342. If you believe your privacy rights have been violated, you may file a formal complaint with us by contacting the Compliance Officer at (803) 935- 8846 or the Action Line at (803) 791-2342 and/or Office for Civil Rights, Department of Health and Human Services. You will not be penalized for filing a complaint.

Changes to This Notice

We reserve the right to change the terms of this notice of privacy practices. We reserve the right to make the revised or changed notice effective for health 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 at LexHealth.com. The effective date of this notice is listed below.

Other Uses or Disclosures of Your Health Information

Other uses and disclosures of health information not covered by this notice or permitted by the laws that apply to us will be made only with your prior written authorization.

Health Information Exchanges

Lexington Health, along with other health care providers, participates in HIEs. An HIE is an electronic method in which a health care provider can share or retrieve your health information with your other health care providers, such as other hospitals and physician offices, for continuing care.

You have the option to decline having your health information accessible via HIEs. When you opt out of participating in HIEs, your non-Lexington Health care providers will no longer be able to retrieve your health information from Lexington Health for their use while treating you, including in emergency situations. Additionally, your Lexington Health care providers will no longer be able to retrieve your health information from non-Lexington Health care providers via HIEs if you opt out of participating. Please note that in accordance with applicable law, certain data exchange types will still occur through HIEs such as the reporting of infectious diseases to public health agencies and controlled substance reporting to the South Carolina Prescription Monitoring Program if you decide to opt out. If you wish to change your current participation status, please contact Lexington Health's Health Information Management department at (803) 791-2136.

Additional Protections Applicable to Substance Use Disorder Records

Substance use disorder (SUD) treatment records and other information that would identify a patient as having or having had a SUD are protected by separate federal laws and regulations ("Part 2") in addition to HIPAA and state laws. Lexington Health will not disclose or use your SUD records or provide testimony relaying the content of those records, in any civil, criminal, administrative, or legislative proceeding against you unless you have given written consent, separate from your consent for any other use or disclosure, or a court order requires disclosure after notice and opportunity to be heard is provided to you or Lexington Health.

Lexington Health must obtain your written consent before using or disclosing your SUD records except in the limited circumstances below:

- SUD records may be shared with personnel who need the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of patients with SUDs.

- SUD records may be shared with medical personnel in the event of a medical emergency.
- SUD records may be shared to medical personnel of the FDA who assert (1) a reason to believe that your health may be threatened by an error in the manufacturer, labeling, or sale of a product under FDA jurisdiction; and (2) that your SUD records will be used for the exclusive purpose of notifying you or your physicians of potential danger.
- SUD records may be shared to public health authorities for public health purposes if records do not identify you.
- SUD records may be shared with qualified service organizations providing services on Lexington Health's behalf who agree in writing to protect the information the same way Lexington Health is required to protect the information.
- SUD records may be shared with law enforcement to report a crime or threat to commit a crime in Lexington Health facilities or against Lexington Health personnel.
- SUD records may be shared to report suspected child abuse or neglect as required by law.
- SUD records may be shared with qualified personnel for research and audit/program evaluation in certain circumstances.
- Certain information may be disclosed regarding the cause of death of a patient where required by law.

Examples of when your SUD records may be used and disclosed with your consent include:

- For the purposes of treatment, payment, or health care operations as described in further detail in this Notice. Such records disclosed under your consent to a Part 2 program or a HIPAA-regulated entity may be further disclosed by the recipient to the extent permitted by HIPAA or, if program or entity is not subject to HIPAA, to the extent permitted by your consent.
- SUD counseling notes may only be used or disclosed with your written consent, which must be separate from your consent for any other use or disclosure.

You have the following supplemental rights with respect to your SUD records:

- The right to revoke your consent to use/disclose your SUD records. You can revoke this consent by contacting the Compliance Officer at (803) 935-8846. Any revocation does not apply to information that has already been released.
- Right to request restrictions on disclosures may with your prior consent for purposes of treatment, payment or health care operations.
- Right to request restrictions on disclosures to health plan for services you have paid for in full.

Please note this section does not apply to information related to substance abuse screenings that are performed in emergency rooms or by your primary care provider.

Effective Date of this Notice

This NPP went into effect on April 14, 2003, and was last revised on February 16, 2026.



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