MOCH's Privacy Officer. If you request copies, the state-allowed fee will be assessed for the cost associated with your request, including the cost of copies, mailing, or other supplies.

Note: In limited circumstances MOCH may deny access to your health information. If access is denied, you can request that the denial be reviewed. Another licensed health care professional chosen by MOCH will review your request and the denial. MO Ozarks Community Health will adhere to the decision of the reviewer.

- **Request Amendment to your Protected Health Information (PHI):** You have the right to request that your health information be amended (changed) if you believe that it is incorrect or incomplete. You have a right to request changes for as long as the information is retained by MOCH. To request a change in your PHI, you must submit in writing a request to MOCH's Privacy Officer which includes the reason you think the information is incorrect or incomplete and specification as to whom you want notified of the change. We must notify you within 60 days upon receipt of your written request. This period may be extended by 30 days provided we notify you of our reason for delay and the expected date of completion.

Note: MOCH may deny your request if it is not in writing and if it does not include a reason why the information should be changed. We can also deny your request for the following reasons: the information in question was not created by MOCH or the individual or outside entity is no longer available; the information is not maintained as part of your medical records at MOCH; the information is not part of the information that you would be permitted to inspect or copy; or we have reason to believe that the information is accurate and complete.

- **Accounting of Disclosures:** You have the right to receive an accounting of disclosures of medical information that we have made, with some expectations. You must submit a written request to MOCH's Privacy Officer the specific time period of the request and how you want the information reported to you. Requests cannot be made for periods longer than six years and may not include dates prior to January 1, 2003. You have the right to receive a free accounting of disclosures every twelve months. If you request more than one accounting in a single twelve month period, the state-allowed fee will be assessed for the cost associated with your request, including the cost of copies, mailing, or other supplies. MOCH will notify you of the charge for such a request and you will have the opportunity to withdraw or change your request before any cost is incurred. Disclosures made prior to an authorization signed by you or your representatives are exempt from the accounting of disclosures policy.
- **Receive a Copy of this Notice of Privacy Practices:** Even if you have agreed to receive this notice in another form, you can still have a paper copy of this notice. To obtain a paper copy of this notice, contact the medical records department of the Privacy Officer. You can also obtain a copy of this notice at our website: www.mo-ozarks.org.

COMPLAINTS

If you believe that we have violated any of your privacy rights or have not adhered to the information contained in this Notice of Privacy Practices, you can file a complaint by putting them in writing and sending it to the Chief Operating Officer, PO Box 1359, Ava, MO 65608. You may also file a complaint with the Secretary of the US Department of Health and Human Services, 200 Independent Ave, S.W., Washington, D.C. 20201. To acquire a copy of MO Ozarks Community Health's complaint form, contact the medical records department at (417) 683-5739, Ext. 1111 or you may contact the Office for Civil Rights at 1 (800) 368-1019 or website.

According to the law, you will not be retaliated against nor intimidated for filing a complaint with any Missouri Ozarks Community Health clinic or the U.S. Department of Health and Human Services.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

MO Ozarks Community Health reserves the right to change or modify this Notice of Privacy Practices. Any changes can be made affective for any health information that we have or might obtain about you. Each time you receive services from MOCH, you will have the opportunity to review the most current copy of our Notice of Privacy Practices. The most recent version of our Notice of Privacy Practices will be posted in our clinics or can be obtained from the Privacy Officer.

Si teine alguna pregunta o quiere recibir el presente Aviso de Practicas de Privacidad en espafiol, dirfjase al Departamento de Privacidad y Seguridad de Datos al (417) 683-5739, Ext. 1111.

OCHIN

Missouri Ozarks Community Health is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of Missouri Ozarks Community Health, OCHIN supplies information technology and related services to Missouri Ozarks Community Health and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Missouri Ozarks Community Health with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

MO Ozarks
MISSOURI OZARKS COMMUNITY HEALTH
PO Box 1359 | Ava, MO 65608 | 417-683-5739, Ext. 1111
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NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: JUNE 1, 2017
Updated September 25, 2025

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

FOR YOUR SAFETY, PLEASE REVIEW AND BE FAMILIAR WITH THIS INFORMATION.

This notice will explain how Missouri Ozarks Community Health (MOCH) may use and disclose your medical information, our obligations related to the use and disclosure of your medical information and your rights related to any medical information that we have about you. This notice applies to the medical records that are generated in or by MOCH's Clinics, school services, mobile services, home services, MOCH entities. Please note that behavioral health records are considered part of the medical record and will be released as such.

This notice also describes the practices of MOCH and that of any service provider acting on behalf of the organization with regards to your Protected Health Information (PHI) created while you are a patient of our clinics. All providers and personnel acting on behalf of MOCH are also subject to this notice. In addition, providers and staff working collaboratively may share medical information with each other for treatment, payment, or health operations described in this notice. As required by law, we ensure that medical information that identifies you is kept private; that you have access to privacy policies regarding our legal duties, and that these policies are current.

With a few exceptions, we are required to obtain your authorization for the use or disclosure of your information. We have listed some of the reasons why we might use or disclose your medical information and some examples of the types of uses or disclosures below. Not every use or disclosure is covered. However, all of the ways that we are allowed to use and disclose information will fall into one of these categories.

If you have any questions about the contents of this Notice of Privacy Practices, or if you need to contact someone at this site about any of the information contained in this Notice of Privacy Practices, please contact: **Privacy Officer at (417) 683-5739, Ext. 1111.**

Printed on 9-29-25

In addition to clinic departments, employees, physicians, dentists, and other MOCH personnel, the following persons will also follow the practices described in this Notice of Privacy Practices:

- Any health care professional who is authorized to enter information in your medical record;
- Any member of a volunteer group that we allow to help while you are within our facilities; any student, resident or intern.

USE AND DISCLOSURE OF MEDICAL INFORMATION

We can use or disclose medical information about you regarding treatment, payment for services or for health care operations. We may also disclose your protected health information (PHI) for the treatment activities of another provider, the payment activities of another provider, and certain limited health care operations of another collaborative entity.

For Treatment: To provide you with medical treatment or services, we may need to use or disclose information about you to doctors, dentists, nurses, technicians, health care students, or other personnel who are involved in your treatment. Departments within our operations may share medical information about you to coordinate your care. We may also disclose medical information about you to people who may be involved in your medical care after you leave our facilities such as home health agencies, your family, emergency personnel, or long term care facilities.

For Payment: We may use and disclose your medical information to bill and receive payment for the treatment that you receive from MOCH.

For Health Care Operations: We may use and disclose your medical information for health care operations. Medical information about you and other MOCH patients may be combined to evaluate the quality or effectiveness of our operations, to compare information to other health care organizations, or to improve our services. To protect your privacy, when combining information, we will remove any information that identifies you known as "facially de-identified information."

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

For Research: We may share your PHI with researches with your authorization or when their research has been approved by an institutional review board (IRB) that has reviewed the research proposal and established protocols (waiver of permission) to ensure the privacy of your protected health information.

USES AND DISCLOSURES OF MEDICAL INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION

We can use or disclose your medical information without authorization when there is an emergency, when we are required by law to use or disclose certain information, or when there are substantial communication barriers to obtaining authorization from you. The following circumstances may require that we use or disclose your health information without your authorization:

- When it is required by international, federal, state or local law;
- When it involved use or disclosure for public health activities such as mandated disease reporting, etc;
- When reporting information about victims of abuse, neglect, or domestic violence;
- When disclosing information for the purpose of health oversight activities such as audits, investigations, licensure or disciplinary actions or legal proceedings or actions;
- When as a result of a data breach, we may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information;
- When working with business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract;
- When disclosing information to collaborative organizations for the purposes of creating a limited data set which may include zip codes, dates of birth, or dates of service but may not contain patient identifiers such as name, address, phone number or social security number;
- When disclosing information for law enforcement purposes;
- When disclosing or using information for organ and tissue donation purposes;
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat to you or to the public's safety;
- When disclosure is necessary to comply with Worker's Compensation laws or purposes;
- When required by law to notify a person subject to the jurisdiction of the FDA for public health purposes related to the quality, safety, or effectiveness of FDA regulated products or activities;
- When disclosure is necessary for specialized government functions;
- When required by military command authorities; when you are a prison inmate, information can be released to the correctional facility in which you reside for the following purposes: for the institution to provide you with health care, to protect the health and safety of others, or for the safety and security of the correctional facility.

PLANNED USES OR DISCLOSURES TO WHICH YOU MAY OBJECT

We will use or disclose your health information for any of the purposes described in the previous section unless you affirmatively object to or otherwise restrict a particular release. You must direct your written objections or restrictions to: Privacy Officer, PO Box 1359, Ava, MO 65608.

We may release health information about you to a friend and/or family member who is involved in your care. We can also give this information to someone who will or is helping to pay for your care.

We can disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts for the purpose of notification of family and/or friends of your whereabouts and condition.

REPRODUCTIVE HEALTH CARE DISCLOSURE

By law, we cannot disclose your protected health information for the purposes of any criminal, civil, or administrative investigation or the imposition of liability for the act of seeking, obtaining, or facilitating "reproductive health care." Reproductive health care is any health care that affects the health of an individual in all matters relating to the reproductive system and to its functions and processes. For example, we cannot provide your information to a state prosecutor for the enforcement of §188.017 RSMo.

If, by law, we are required to provide your information for the purposes of health oversight activities, judicial and administrative proceedings, law enforcement purposes, and coroners and medical examiners, and your information is potentially related to reproductive health care, the requestor is required to provide an attestation that they are not using the information for the purpose of a criminal, civil, or administrative investigation or the imposition of liability for the act of seeking, obtaining, or facilitating reproductive health care. For example, if a state prosecutor is requesting information on a criminal investigation not related to reproductive health, that prosecutor must sign an attestation that they are not using the information for any prohibited purpose.

OTHER USES OR DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- Uses and disclosures of Protected Health Information for marketing purposes; and
- Disclosures that constitute a sale of your protected Health Information.

We can use or disclose disorder treatment records received from programs subject to 42 CFR part 2 in civil, criminal, administrative, or legislative proceedings against you only with your written consent or a court order after notice and an opportunity for you to be heard is provided. Any court order must be accompanied by a subpoena or other legal requirement compelling disclosure before the record can be disclosed.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us written authorization to use or disclose information, you can change your mind and revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your private information. However, we will not be able to take back any disclosures that we had made prior to the date of your written notice of revocation.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the property of MOCH, you have the right to:

- **Request Restrictions:** You have the right to request that we restrict any use or disclosure of your health information. However, MOCH is not required to agree to any request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such in information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If restriction is agreed upon, we will comply with your request unless the information is needed to provide you with emergency treatment. Any request to restrict uses or disclosures must be made in writing to the Privacy Officer at MOCH. Your request must indicate: what information you want limited; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply.
- **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. To request confidential communications, you must make your request, in writing, to the Privacy Officer at MOCH. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- **Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- **An Electronic Copy of Electronic Medical Records:** If your Protected Health Information 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. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
- **Inspect and Copy your Protected Health Information (PHI):** You have the right to inspect and copy your protected health information that may be used to make decisions about your care, with the exception of psychotherapy notes. If you want to see or copy your medical information, you must submit your request in writing to