

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.

Effective January 1, 2026

We are required by law to protect the privacy of your health information. We are also required to provide you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you or the payment for such healthcare. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, and if we maintain a website, we will post a copy of the revised notice on our website. If we maintain a physical delivery site, we will also post a copy at our office. The notice will also be available upon request. We reserve the right to make any revised notice effective for information we already have and for information that we receive in the future. We collect and maintain oral, written and electronic information to administer our business and to provide products, services, and information of importance to our enrollees. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees’ information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction or misuse.

HOW WE COLLECT, USE AND DISCLOSE INFORMATION

- We collect, use and disclose your health information to provide that information:
- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
 - To the Secretary of the Department of Health and Human Services, if necessary, to confirm we are meeting our privacy obligations.
- We may collect, use, and disclose health information for your treatment, to bill for your healthcare and to operate our business. For example, we may collect, use, and disclose your health information:
- For Payment, including to obtain payment for healthcare services. For example, we may collect information from, or disclose information to, your health plan in order to obtain payment for the medical services we provide to you.
 - For Treatment, including to aid in your treatment or the coordination of your care. For example, we may share information with doctors to help them provide medical care to you.
 - For Healthcare Operations, as necessary to operate and manage our business activities related to providing and managing your healthcare. For example, we might analyze data to determine how we can improve our services. We may also de-identify health information in accordance with applicable laws.
 - To Provide You Information on Health-Related Programs or Products such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.
 - For Reminders we may send you about your care, such as appointment reminders with providers who provide medical care to you, or reminders related to medicines prescribed for you.
 - For Communications to You about treatment, payment or healthcare operations using telephone numbers or email addresses you provide to us.

- For Organ Donation Purposes** to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- To Business Associates** that perform functions or services on our behalf if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to federal law, to protect the privacy of your information.
- To Health Information Exchanges (HIE)** in which we participate. An HIE is a way for doctors’ offices, hospitals and other healthcare organizations that provide you with care to share and have access to your health information. In emergency situations where you may be unable to provide information, an HIE allows your care providers to quickly view your medical history to take note of allergies or medical conditions that may affect your treatment. HIEs follow applicable state and federal privacy laws on who can access data and for what purpose. If you have questions about whether your information is being shared with an HIE, contact your provider at the number listed in the “Exercising Your Rights” section below.
- Additional Restrictions on Use and Disclosure.** Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain sensitive health information, including:
 - Alcohol and Substance Use Disorder
 - Biometric
 - Child or Adult Abuse or Neglect, including Sexual Assault
 - Communicable Diseases
 - Genetic
 - HIV/AIDS
 - Mental Health
 - Minors
 - Prescriptions
 - Reproductive or Sexual Health
 - Sexually Transmitted Diseases

We follow the more stringent or protective law, where it applies to us. For example, if we receive information about you through a limited consent you provided to a federally-assisted substance use disorder treatment program (“Part 2 Program”), we will honor the permission you provide and continue to comply with 42 CFR Part 2. If your consent permits our use and disclosure for all future treatment, payment and healthcare operations purposes, we may use or disclose that information for those purposes and otherwise use and disclose that information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In no event will we use or disclose your Part 2 Program information in legal proceedings against you without your written consent or a court order after you have been notified and provided an opportunity to be heard.

Except for uses and disclosures described in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others or using or disclosing your health information for certain marketing communications, without your written authorization. Once you give us authorization to use and disclose your health information, you may take back or “revoke” your written authorization at any time in writing, except if we have already acted based on your authorization. For more information on how to revoke your authorization, use the contact information below under the section titled “Exercising Your Rights.” Note that once your health information has been disclosed, it could be redisclosed by the recipient and no longer protected by federal privacy laws.

WHAT ARE YOUR RIGHTS?

- You have the following rights with respect to your health information:
- You have the right to ask to restrict** our uses or disclosures of your information for treatment, payment, or healthcare operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your healthcare or payment for your healthcare. Any request for restrictions must be made in writing. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any request for restriction except where you have paid for an item or service in full out-of-pocket and request that we not disclose information about that item or service to your health plan. If we do agree with your request for restrictions, we will honor your limits unless it is an emergency situation.**

- You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests. In certain circumstances, we will accept your verbal request to receive confidential communications; however, we may also require you to confirm your request in writing. In addition, any request to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- You have the right to request to see and obtain a copy** of certain health information we maintain about you such as medical records and billing records. If we maintain a copy of your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases, you may receive a summary of this health information. You must make a written request to inspect or obtain a copy of your health information or have your information sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- You have the right to ask to amend** certain health information we maintain about you such as medical records and billing records if you believe the information is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. In certain circumstances, we may deny your request. If we deny your request, you may have a statement of your disagreement added to your health information.
- You have the right to request an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) for treatment, payment, and healthcare operations purposes; (ii) to you or pursuant to your authorization; (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting. Any request for an accounting of disclosures must be made in writing.
- You have the right to a paper 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. If we maintain a website, you may also obtain a copy of this notice on our website.
- In certain states, you may have the right to withhold written consent to the disclosure of reproductive healthcare services information in certain cases.** Depending on your state of residence, we may be required to obtain your written consent before releasing information about your reproductive healthcare services in certain civil actions or proceedings, subject to some exceptions. In such cases where we are required to obtain your consent, you have the right to withhold your consent.

EXERCISING YOUR RIGHTS

- Contacting your Provider.** If you have any questions about this notice or want additional information about how to exercise your rights, please call SCA’s Privacy Officer at (205) 545-2713.
- Submitting a Written Request.** You can mail your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record, to us at the following address:

Privacy Officer SCA Health 569 Brookwood Village, Suite 901 Birmingham, AL 35209 Telephone: (205) 545-2713 E-mail: privacy.officer@scasurgery.com	Privacy Officer SCA Health 569 Brookwood Village, Suite 901 Birmingham, AL 35209 Telephone: (205) 545-2713 E-mail: privacy.officer@scasurgery.com
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You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.