



- USA HEALTH HOSPITALS • USA HEALTH PHYSICIAN ENTERPRISE • USA HEALTH MITCHELL CANCER INSTITUTE •
- USA PAT CAPPS COVEY ALLIED HEALTH PROFESSIONS • UNIVERSITY OF SOUTH ALABAMA HEALTH CARE AUTHORITY •

## PRIVACY NOTICE

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**

**This Privacy Notice (“Notice”) covers an Organized Health Care Arrangement (“OHCA”) known as USA Health, made up of the entities listed on the last page of this Notice.**

**The effective date of this Notice is January 15, 2026.**

**NOTICE REGARDING HEALTH INFORMATION:**

We understand that health information about you is personal and are committed to protecting your health information. Health information is your health history, symptoms, test results, diagnosis, treatment, and claims and payment history. We create a record of the care and services you receive within USA Health. The record is needed to provide you with quality care and to comply with certain legal requirements. This Notice applies to all records pertaining to your health care in possession by USA Health.

We are required under applicable law to protect the privacy of your health information. We are also required to provide you with a copy of this Notice telling you about the ways in which we may use and disclose your health information. It also describes your rights and certain obligations we have regarding the use and disclosure of health information. We are required to follow the terms of this Notice unless (and until) it is revised. If you have any questions about this Notice or how health information is used or disclosed, please call the USA Office of HIPAA Compliance at (251) 445-9192.

**HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:**

The following categories describe different ways that we may use and disclose your health information. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose health information will fall within one of these categories.

1. **General Uses and Disclosures:** Under applicable law, we are permitted to use and disclose your health information for the following purposes, without obtaining your permission or authorization, unless more stringent state or federal laws, including 42 C.F.R. Part 2, apply:
  - ◆ **Treatment:** We can use and disclose your health information to provide medical treatment or services. For example, we may disclose your health information to your primary care provider, consulting providers, and to other health care personnel who have a need for such information for your care and treatment.
  - ◆ **Payment:** We can use and disclose your health information for the purposes of determining coverage, billing, and payment. For example, a bill sent to your insurance company may include information that identifies you, your diagnoses, procedures, and supplies used in your treatment. We may also use and disclose your health information about a treatment/procedure you are going to receive to obtain prior approval/authorization or to determine whether your plan will cover the treatment/procedure. We may use and disclose your health information to a Medicaid eligibility database as applicable in order to determine coverage availability.
  - ◆ **Health Care Operations:** We can use and disclose your health information for our health care operations. These include, but are not limited to: quality assurance, auditing, licensing, credentialing and for educational purposes. For example, we can use your health information to internally assess our quality of care provided to patients. We may also use and disclose your health information to assess your satisfaction with our services.
  - ◆ **Uses and Disclosures Related to OHCA:** The health care providers participating in the OHCA and listed in this Notice will share your health information with each other, as necessary, to carry out treatment, payment and health care operations related to the OHCA.

- ◆ **Alabama One Health Record System:** USA Health participates in the State of Alabama’s Health Information Exchange, known as Alabama One Health Record, that allows us to exchange electronic health information with hospitals, physicians, and other network participants who share information in the system in the event we need to see or receive the information to treat you. Our participation helps to improve the quality of care you receive. You may choose not to have your electronic health information included in the system by submitting a written request, on the required form, to the Patient Access office located at any USA Health hospital site or by contacting the USA Office of HIPAA Compliance.
- ◆ **Health Information Exchange/Regional Health Information Organization:** Federal and state laws permit us to participate in organizations with other healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share your health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of your health records; decreasing the time needed to access your information; aggregating and comparing your information for quality improvement purposes; and such other purposes as may be permitted by applicable law.
- ◆ **As Required By Law:** We may use and disclose your health information when required to do so by federal, state, and/or local law, including, but not limited to: reporting abuse; neglect and domestic violence; in response to judicial and administrative proceedings; in responding to a law enforcement request for information; in order to alert law enforcement to criminal conduct on our premises or of a death that may be the result of criminal conduct; for review by legal counsel; or to the US Department of Health and Human Service and the Office for Civil Rights.
- ◆ **Public Health Activities:** We may disclose your health information for public health reporting purposes. This information may include but is not limited to: reporting communicable diseases and vital statistics; product recalls and adverse events; or notifying person(s) who may have been exposed to a disease or are at risk of contracting or spreading a disease or condition.
- ◆ **Food and Drug Administration (“FDA”):** We may disclose health information to the FDA and to manufacturers relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, and/or replacements.
- ◆ **Abuse and Neglect:** We may disclose your health information to a federal, state, or local government authority, including social services or a protective services agency, if we have a reasonable belief of abuse, neglect, or domestic violence.
- ◆ **Health Oversight Activities:** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for monitoring the health care system, government programs, and compliance with civil rights laws.
- ◆ **Judicial and Administrative Proceedings:** We may disclose your health information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request.
- ◆ **Law Enforcement Purposes:** We may disclose your health information to law enforcement officials, when required to do so by law.
- ◆ **Coroners, Medical Examiners and Funeral Directors:** We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release your health information to funeral directors, as necessary, to carry out their duties.
- ◆ **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care, to protect your health and safety, or that of others, or for the safety and security of the correctional institution.
- ◆ **Threat to Health or Safety:** We may use and disclose your health information if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to your health and safety or the health and safety of the public or another person or is necessary for law enforcement to identify or apprehend an individual.
- ◆ **Specialized Government Functions/Military and Veterans:** If you are a member of the U.S. Armed Forces, we may release your health information as required by military command authorities. We may also disclose your health information to authorized federal officials for national security reasons and the Department of State for medical

suitability determinations. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or to conduct special investigations.

- ◆ **Workers' Compensation:** We can release your health information to your employer to the extent necessary to comply with Alabama law relating to workers' compensation or other similar programs.
  - ◆ **Care Coordination/Appointment and Refill Reminders/Treatment Alternatives:** We may use your health information to provide you with refill reminders about a drug or biologic that is currently being prescribed for you, only if any financial remuneration received by us in exchange for making the communication is reasonably related to our cost of making the communication. Except where we receive financial remuneration in exchange for making the communication, we may use your health information to communicate with you for the following treatment and health care operations purposes: (a) for your treatment, including case management or care coordination, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care, (b) to describe a health-related product or service (or payment for such product or service) that is provided by, or included in a plan of benefits, including communications about a health care provider network or health plan network, replacement of, or enhancements to, a health plan, and or (c) for case management or care coordination, contacting of individuals with information about treatment alternatives, and related functions to the extent these activities do not fall within the definition of treatment.
  - ◆ **Marketing:** We may use or disclose your health information to make a marketing communication to you that occurs in a face-to-face encounter with us or which concerns a promotional gift of nominal value provided by us. We do not sell your health information to any third party for their marketing activities unless you sign an authorization allowing us to do this.
  - ◆ **Fundraising:** We may use or disclose your health information to make a fundraising communication to you, for the purpose of raising funds for our own benefit. Included in such fundraising communications will be instructions describing how you may ask not to receive future communications. We will make reasonable efforts to ensure that if you opt out of such communications you are not sent future fundraising communications.
  - ◆ **Business Associates:** We may disclose your health information to business associates who provide services to us pursuant to a written agreement that contains terms regarding the protection of your health information. Our business associates are required to protect the confidentiality of your health information.
  - ◆ **Research:** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process where certain safeguards are in place to ensure the privacy and protection of your health information.
  - ◆ **Organ and Tissue Donation:** We may release your health information to organizations that handle organ procurement or organ/eye/tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
  - ◆ **Other Uses and Disclosures:** In addition to the reasons outlined above, we may use and disclose your health information for other purposes permitted by applicable law.
2. **Uses and Disclosures, Which Require You the Opportunity to Verbally Agree or Object:** Under applicable law, we are permitted to use and disclose your health information: (i) for the creation of facility directories, (ii) to disaster relief agencies, and (iii) to family members, close personal friends or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your health information. Unless you object, we may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as priest or minister, even if they do not ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your health information.
3. **Uses and Disclosures Which Require Written Authorization:** We can use your health information for purposes other than the categories listed above with your written authorization. For example:

- **Psychotherapy Notes.** We must obtain your authorization for any use or disclosure of psychotherapy notes, except to carry out the following treatment, payment, or health care operations: (a) use by the originator of the psychotherapy notes for treatment, (b) use or disclosure by us for our own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling, or (c) use or disclosure by us to defend ourselves in a legal action or other proceeding brought by you.
  - **Certain Marketing Purposes.** If we receive financial remuneration in exchange for making a marketing communication we must obtain your authorization for any use or disclosure of your health information other than a face-to-face communication made by us to you, or for a promotional gift of nominal value provided by us.
  - **Sale of Health Information.** We must obtain your authorization for any sale of your health information, and such authorization will state that the disclosure will result in our receiving remuneration.
  - **Use of Substance Use Disorder Treatment Records for Legal Proceedings.** We must obtain your written consent to use or disclose: (a) your substance use disorder treatment records received from a Part 2 program, or (b) testimony relaying the content of your substance use disorder treatment records, in either case when the use or disclosure is in the context of a civil, criminal, administrative or legislative proceeding against you. Alternatively, we may use and disclose such substance use disorder treatment records with your authorization or a court order accompanied by a subpoena or other legal requirement, provided that you have first been provided Notice and an opportunity to be heard as required by 42 C.F.R. Part 2.
4. **Revoking Your Authorization.** You may revoke your authorization in writing at any time. the revocation of your authorization will be effective immediately, except to the extent that: we have relied upon it previously for the use and disclosure of your health information, if the authorization was obtained as a condition of obtaining insurance coverage where other law provides the insurer with the right to contest a claim under the policy or the policy itself, or where your health information was obtained as part of a research study and is necessary to maintain the integrity of the study.
5. **Uses and Disclosures Under Other Applicable Laws.** To the extent other applicable state or federal laws, such as 42 C.F.R. Part 2, provide more stringent requirements regarding the protection of your health information, we will also abide by those requirements.

#### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

Although all records concerning your care and treatment maintained within the USA Health system are the property of USA Health, you have the following rights regarding health information we maintain about you:

1. **Right to Inspect and Copy:** You have the right to inspect and copy your own health information contained in a designated record set, maintained by or for us. A “designated record set” contains medical and billing records and any other records that we use for making decisions about you. However, we are not required to provide you access to all the health information we maintain, and we may, in some cases, deny your request to inspect and copy your health information and will notify you in writing of the reasons for our denial and provide you with information regarding your rights to have our denial reviewed. For example, this right of access does not extend to psychotherapy notes, or information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding. Where permitted by applicable law, you may request that certain denials to inspect and copy your health information be reviewed. Instead of copies, we can provide you with a summary of your health information, if you agreed to the form and of such summary. You may also request that we transmit a copy of such health information to a designated third-party, provided the designation is clear, specific, in writing, and signed by you. Your request to Inspect and Copy will be responded to within the time period set forth in the HIPAA regulations. We may charge you a reasonable cost-based fee for your copies, which may include copying costs, supplies, postage, and other costs associated with preparing a summary or explanation.
2. **Right to Request an Amendment of Your Health Information:** If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment of your health information as long as the information is kept by or for USA Health. We may deny your request if we determine you have asked us to amend information that: was not created by us, unless the person or entity that created the information is no longer available; is not health information maintained by or for us; is health information that you are not permitted to inspect or copy; or we determine the health information is accurate and complete. We will provide you with a written explanation of the reasons for the denial, an opportunity to submit a statement of disagreement, and a description of how you may file a complaint.
3. **Right to an Accounting of Disclosures of Your Health Information:** You have the right to receive an accounting of disclosures of your health information. This is a list of certain disclosures we made of health information about you. With respect to health information contained in paper form, our accounting will not include: disclosures related to treatment, payment or health care operations, disclosures to you, disclosures based upon your authorization, disclosures to individuals involved in your care, incidental disclosures, disclosures to correctional institutions or law enforcement officials, disclosures for facility

directories, disclosures that are part of a Limited Data Set, or disclosures that occurred prior to April 14, 2003 or as otherwise allowed by applicable law. With respect to health information contained in an electronic health record, unless otherwise specified by law, the accounting will contain all disclosures except those made to you upon your request, based upon your authorization, to individuals involved in your care, or as allowed by law. You may request an accounting of applicable disclosures made by us within six (6) years prior to the date of your request for health information stored in paper form and made within three (3) years prior to the date of your request (but not for any disclosures made prior to implementation of our electronic health records system) for health information stored in an electronic health record. The first list you request within a twelve (12) month period is free. For additional lists, we may charge you the cost of providing the list.

4. **Right to Request Restrictions on the Use and Disclosure of Your Health Information:** You have the right to request restrictions on the use and disclosure of your health information for treatment, payment and health care operations, as well as disclosures to persons involved in your care or the payment for your care, like a family member or close friend. We are not required to agree to your request unless all of the following conditions apply: you request that your health information not be disclosed to your health plan; the purpose of the disclosure is for payment or health care operations and is not otherwise required by law; and the health care services to which the health information applies have been paid for out-of-pocket in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
5. **Right to Request That Health Information Pertaining to Services Paid Out of Pocket Not Be Sent to Insurance or Other Health Plans:** In some instances, you may choose to pay for a healthcare service out of pocket, rather than submit a claim to your insurance company. You have the right to request that we not submit your health information to a health plan or your insurance company, if you, or someone on your behalf, pay for the treatment or service out of pocket in full. To request this restriction, you must make your request in writing on the required form prior to the treatment or service. In your request, you must tell us (1) what information you want to restrict (2) and to what health plan the restriction applies.
6. **Right to Alternative Communications:** You have the right to receive confidential communications of your health information by a different means or at a different location than currently provided. For example, you may request that we only contact you at home or by mail. We will accommodate all reasonable requests.
7. **Right to Receive Notification of a Breach of Your Unsecured Health Information:** You have a right to and will be notified in accordance with applicable law if there has been a breach of your unsecured health information.
8. **Right to a Paper Copy of this Privacy Notice:** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may also obtain a copy of this Notice at our website, [www.usahealthsystem.com/privacy-Notice](http://www.usahealthsystem.com/privacy-Notice).

If you want to exercise any of these rights, other than “Right to Inspect and Copy” or “Right to Access Electronic Health Record” please contact the USA Office of HIPAA Compliance at (251) 445-9192.

To exercise the “Right to Inspect and Copy” or “Right to Access Electronic Health Record” please contact the facility as listed below. Your request will only apply to the facility you contact.

USA Health University Hospital - (251) 471-7350  
USA Health Children’s & Women’s Hospital – (251) 415-1642  
USA Health Providence Hospital – (251) 266-2759  
USA Hospitals Business Office – (251) 434-3505  
USA Health Physicians Group – (251) 434-3711

USA Health Care Authority (HCA) - (251) 378-6232  
USA Health Mitchell Cancer Institute - (251) 445-9675  
USA Pat Capps Covey Allied Health Professions - (251) 445-9378  
USA Health Providence Clinics – (251) 300-8053

#### **CHANGES TO THIS NOTICE:**

We reserve the right to change this Notice. 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 Notice currently in effect in all our locations and on the web at [www.usahealthsystem.com/privacy-Notice](http://www.usahealthsystem.com/privacy-Notice). In addition, the Notices will be available at our locations for individuals to take with them.

#### **CONTACT INFORMATION AND HOW TO REPORT A PRIVACY RIGHTS VIOLATION:**

If you believe your privacy rights have been violated or that we have violated our own privacy practice, you may file a complaint with us. You may also file a complaint with the Secretary of the U. S. Department of Health and Human Services. There will be no retaliation for filing a complaint. To file a complaint with USA Health, contact the USA Office of HIPAA Compliance at (251) 445-9192.

Date of Birth: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Account/Financial ID Number: \_\_\_\_\_

**By signing below, I acknowledge that I am aware of USA Health’s Privacy Practices. I understand that I may ask for a copy of the USA Health Notice of Privacy Practices at any time by contacting the Office of HIPAA Compliance or obtain a copy online at [www.usahealthsystem.com/privacy-Notice](http://www.usahealthsystem.com/privacy-Notice).**

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Patient’s Representative

\_\_\_\_\_  
Printed Name of Patient’s Representative (if applicable)

\_\_\_\_\_  
Representative’s Relationship to Patient (if applicable)

After a good faith attempt to obtain an Acknowledgement of receipt, the patient or representative refused or was unable to sign the Privacy Notice for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of USA Health Representative

\_\_\_\_\_  
Date

**The effective date of this Notice is January 15, 2026.**

## **USA HEALTH ORGANIZED HEALTH CARE ARRANGEMENT AND LOCATIONS**

For purposes of compliance with the HIPAA regulations, USA Health has been designated as an Organized Health Care Arrangement (OHCA), which includes: USA Health University Hospital, USA Health Children's & Women's Hospital, USA Health Providence Hospital, USA Health Physicians Group, University of South Alabama Health Care Authority and the USA Pat Capps Covey Allied Health Professions, the University of South Alabama College of Nursing, the University of South Alabama College of Medicine and the University of South Alabama Psychology Clinic. These entities participate in a clinically and operationally integrated care setting in which it is necessary to share PHI for joint management and operations.

As part of our OHCA, the following entities provide services at the following locations and are covered by this Privacy Notice. In addition, there may be other health care providers who provide services at these locations that are not employees of USA but are part of the USA Health OHCA and are covered by this Privacy Notice. In addition, there may be other locations that operate under the USA Health OHCA that are not listed below.

### **University of South Alabama Hospitals:**

USA Health University Hospital                      USA Health Children's & Women's Hospital                      USA Health Providence Hospital

### **University of South Alabama Mitchell Cancer Institute:**

USA Health Mitchell Cancer Institute - Mobile/Fairhope/Springhill Clinics

### **University of South Alabama Physicians Group:**

USA Health University Hospital Campus Mastin Professional Building	USA Health University Hospital Heart Station
USA Health University Hospital Department of Emergency Medicine	USA Health University Hospital Freestanding Emergency Department
USA Health Stanton Road Clinic	USA Health Strada Patient Care Center
USA Health University Commons	USA Health Physicians Group Eastern Shore Surgical Specialists
USA Health Baldwin County Surgery Center	USA Health Mapp Family Campus
USA Health Eastern Shore OB/GYN & Pediatrics	USA Health Psychology Clinic*
USA Health Semmes Pediatrics	USA Health Family Practice in partnership with Accordia Health
USA Health Baldwin Family Medicine	

### **University of South Alabama Health Care Authority:**

USA Health Citronelle Primary Care	USA Health Coastal OB/GYN
USA Health Cottage Hill Primary Care	USA Health Family Practice Associates
USA Health Hillcrest Primary Care	USA Health Mobile Diagnostic Center
USA Health Mobile Diagnostic Center University Commons	USA Health University OB-GYN
USA Health University Urology	USA Health Urogynecology of Southern Alabama
USA Health Endocrine & Diabetes	USA Health Dermatology
USA Health Pain Management	USA Health Semmes Primary Care
USA Health Schillinger Primary Care	USA Health Industrial Medicine
USA Health Midtown	USA Health Providence Airport Primary Care
USA Health Providence Radiology Oncology	USA Health Providence Endocrinology
USA Health Providence Gastroenterology	USA Health Providence Podiatry
USA Health Providence Surgical Services	USA Health Providence West Mobile Medical Group
USA Health Providence Bariatrics	USA Health Providence Pharmacy
USA Health Snow Road Primary Care	USA Health South Coast Family Practice
USA Health Tillmans Corner Primary Care	Mobile Heart USA Health Cardiology
Pediatric Associates of Mobile	

### **USA Pat Capps Covey Allied Health Professions:**

Physical Therapy Clinic                      Radiologic Sciences Clinic                      Speech Pathology and Audiology Clinic

### **Satellite Clinics:**

Bayview Professional Associates (Psychiatry)	Fresenius Kidney Care
USA Health Surgical Specialists	USA Health Surgical Navigation Center
USA Health Pediatric Resident Clinic	USA Health OB-GYN Resident Clinic
USA Health Pediatric Orthopedic Therapy Clinic	USA Orthopedic Rehabilitation Clinic at USA Tech Park

\* USA Psychology Clinic is part of the USA Health OHCA but is not covered by this Privacy Notice.