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MEDCOR HEALTHCARE PRIVACY POLICY

Effective March ____, 2026

Medcor, Inc. Healthcare Privacy Policy

Medcor provides health services and we take safeguarding the privacy of health information very seriously.

Notice of Privacy Practices

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.

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices (“*Notice*”) explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures, or practices, please refer to the “[How to Contact Us](#)” section of this policy.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our clinic sites and website, if applicable.
- Have copies of the new Notice available upon request. Please refer to [How to Contact Us](#) section to request a copy of our current Notice.

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

- **Treatment:** We may use and disclose medical information about you to provide healthcare treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate, or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.
 - **Example:** Jane is a patient at the clinic. The receptionist may use medical information about Jane when setting up an appointment. The nurse practitioner will likely use medical information about Jane when reviewing Jane's condition and ordering a blood test. The laboratory technician will likely use medical information about Jane when processing or reviewing her blood test results. If, after reviewing the results of the blood test, the nurse practitioner concludes that Jane should be referred to a specialist, the nurse may disclose medical information about Jane to the specialist to assist the specialist in providing the appropriate care to Jane.
- **Payment:** We may use and disclose medical information about you to obtain payment for healthcare services that you received. This means that, within the clinic, we may use medical information about you to arrange for payment (*such as preparing bills and managing accounts*). We also may disclose medical information about you to others (*such as insurers, collection agencies, and consumer reporting agencies*). In some instances, we may disclose medical information about you to an insurance plan before you receive certain healthcare services because, for example, we may need to know whether the insurance plan will pay for a particular service.
 - **Example:** Jane is a patient at the clinic, and she has private insurance. During an appointment with a nurse practitioner, the nurse practitioner ordered a blood test. The clinic billing clerk will use medical information about Jane when he prepares a bill for the services provided at the appointment and the blood test. Medical information about Jane will be disclosed to her insurance company when the billing clerk sends in the bill.
 - **Example:** The nurse practitioner referred Jane to a specialist. The specialist recommended several complicated and expensive tests. The specialist's billing clerk may contact Jane's insurance company before the specialist runs the tests to determine whether the plan will pay for the test.
- **Healthcare Operations:** We may use and disclose medical information about you in performing a variety of business activities that we call "healthcare operations." These "healthcare operations" activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose medical information about you in performing the following activities:
 - Reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
 - Providing training programs for students, trainees, healthcare providers, or non-healthcare professionals to help them practice or improve their skills.
 - Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty.

- Reviewing and improving the quality, efficiency, and cost of care that we provide to you and our other patients.
- Improving healthcare and lowering costs for groups of people who have similar health problems and helping to manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others, and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (*such as lawyers, accountants, and other providers*) who assist us to comply with this Notice and other applicable laws.
 - **Example:** Jane was diagnosed with diabetes. We may use Jane's medical information— as well as medical information from all of the other clinic patients diagnosed with diabetes— to develop an educational program to help patients recognize the early symptoms of diabetes. (Note: The educational program would not identify any specific patients without their permission).
 - **Example:** Jane complained that she did not receive appropriate healthcare. We may review Jane's record to evaluate the quality of the care provided to Jane. We may also discuss Jane's care with an attorney.
- **Persons Involved in Your Care:** We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian, or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, please refer to the [How to Contact Us](#).
 - We may also use or disclose medical information about you to disaster relief organizations (*such as the Red Cross*) if we need to notify someone about your location or condition.
 - You may ask us, at any time, not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (*such as emergencies*) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.
 - Medcor may participate in one or more health information exchanges (*HIE*), where we may share your health information, as allowed by law, to other health care providers or entities for coordination of your care. This allows health care providers at different facilities participating in your treatment to have the information needed to treat you. If you do not want Medcor to share your information in an HIE, you can opt-out by contacting us. Please refer to the [How to Contact Us](#) for more information on requesting and completing an opt-out form.
 - Opting out stops Medcor from sharing your information with other health care providers through HIE; it does not stop other health care providers from sharing your information with Medcor and it does not stop a health care provider that already received your

information from keeping it. To stop other health care providers from sharing your information with Medcor, you must contact those providers directly.

- **Required by Law:** We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.
- **National Priority Uses and Disclosures:** When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual’s permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law:
 - **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
 - **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
 - **Abuse, neglect, or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect, or domestic violence.
 - **Health oversight activities:** We may disclose medical information about you to a health oversight agency— which is basically an agency responsible for overseeing the healthcare system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
 - **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (*such as an attorney*). For example, we would disclose medical information about you to a court if a judge orders us to do so.
 - **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
 - **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, funeral director or to organizations that help with organ, eye, and tissue transplants.
 - **Workers’ compensation:** We may disclose medical information about you in order to comply with workers’ compensation laws.

- **NOTE:** We may be required by State workers' compensation law to disclose personal health information to workers' compensation State agencies or a self-insured employer when you are treated under a workers' compensation claim. We can disclose personal health information to an employer without an authorization from you if that information is about a workplace injury or illness, light duty work, workplace medical surveillance, or a return-to-work examination. We may be required by State law to disclose personal health information to State agencies if you are treated under a crime victims' compensation claim. You cannot compel us to restrict disclosures of your personal health information to state workers' compensation agencies or self-insurer because it is required by law (45 CFR § 164.512,164.522(a)(1)(v)).
- **Research organizations:** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

Authorizations

Other than the uses and disclosures described above, we will not use or disclose medical information about you without the "authorization"– or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose medical information about you, and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information, and we will ask you to sign an authorization form. If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (*or cancel*) your authorization in writing (*except in very limited circumstances related to obtaining insurance coverage*). If you would like to revoke your authorization, you may write us a letter requesting to revoke your authorization or fill out an Authorization Revocation Form. Please refer to [How to Contact Us](#) to submit a request.

If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action. The following uses and disclosures of medical information about you will only be made with your authorization (*signed permission*):

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of medical information about you.
- Most uses and disclosures of psychotherapy notes if we maintain psychotherapy notes.
- Any other uses and disclosures not described in this Notice.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have several rights with respect to medical information about you. This section explains your rights and some of Medcor's responsibilities. The following is a brief summary of your rights. A more detailed description of each right is also included below.

- Right to a copy of this notice.
- Get a copy of your paper or electronic health record.
- Request correction of your paper or electronic health record.
- Ask us to limit the information we share.
- Get a list of those with whom we have shared your information.

- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.
- Request alternative method of contact.
- Right to notice of breach.

Right to a Copy of This Notice: You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our clinic waiting area. Please refer to [How to Contact Us](#) to request a copy.

- **Right of Access to Inspect and Copy:** You have the right to inspect (*which means see or review*) and receive a copy of medical information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (*EHR*) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party.
 - If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out a **HIPAA Authorization For Use or Disclosure of Health Information** form. We may deny your request in certain circumstances.
 - If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.
 - In certain circumstances, we may be able to provide you with a summary or explanation of the information.
- **Right to Have Medical Information Amended:** You have the right to have us amend (*which means correct or supplement*) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out an **Amendment Request Form**. You may request an Amendment Request Forms through [How to Contact Us](#).
 - We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request, and we will share your statement whenever we disclose the information in the future.
- **Right to an Accounting of Disclosures We Have Made:** You have the right to receive an accounting (*which means a detailed listing*) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an **Accounting Request Form**, or contact our Privacy Officer. Accounting Request Forms are available from our Privacy Officer.
 - The accounting will not include several types of disclosures, including disclosures for treatment, payment, or healthcare operations. If we maintain your medical records in an Electronic Health Record (*EHR*) system, you may request that include disclosures for treatment, payment, or healthcare operations. The accounting will also not include disclosures made prior to April 14, 2003.

- If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.
- **Right to Request Restrictions on Uses and Disclosures:** You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment, and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:
 - Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (*and is not for the purposes of carrying out treatment*); and,
 - The medical information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid out-of-pocket in full.
 - Once we agree to your request, we must follow your restrictions (*except if the information is necessary for emergency treatment*). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to the information collected before the cancellation.
 - You also have the right to request that we restrict disclosures of your medical information and healthcare treatment(s) to a health plan (*health insurer*) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (*other than a health plan*), has paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).
- **Right to Request an Alternative Method of Contact:** You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an **Alternative Contact Request Form**. Alternative Contact Request Forms are available from our Privacy Officer at [How to Contact Us](#).
- **Right to Notification if a Breach of Your Medical Information Occurs:** You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (*not encrypted*), we will notify you promptly with the following information:
 - A brief description of what happened;
 - A description of the health information that was involved;
 - Recommended steps that you can take to protect yourself from harm;
 - What steps we are taking in response to the breach; and,
 - Contact procedures so that you can obtain further information.
- **Right to Opt-Out of Fundraising Communications:** If we conduct fundraising and we use communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us. Please contact our Privacy Officer to opt-out of fundraising communications if you choose to do so.

Other Particular Sensitive Conditions

Certain other types of health information may have additional protection under state law. For example, health information about mental health, HIV/AIDS and genetic testing results are treated differently than other types of health information under certain state laws. To the extent applicable, Medcor would need to get your written consent before disclosing these categories of information to others in many circumstances.

CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

We must follow certain procedures before using or sharing your information for investigations and legal proceedings.

- We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

Examples of when we may use or share your health information with your consent:

Treat you

We can use your health information and share it with other professionals who are treating you.

- **Example:** *A doctor treating you for chronic condition asks a doctor at our program about your health condition and medications you are taking, for example, to avoid complications.*

Run our organization

We can use and share your health information to run our program, improve your care, and contact you when necessary.

- **Example:** *We use health information about you to manage your treatment and services.*

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

- **Example:** *We give information about you to your health insurance plan so it will pay for your services.*

With your consent, we may also use and share your information in the following ways:

- To whomever you name in a consent to share your information
- To prevent multiple enrollments in withdrawal management or maintenance treatment programs

- To report participation in treatment required by the criminal justice system
- To report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law

You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. You may provide a general consent to share your information through certain third parties, such as a health information network or a research institution, where your treating health care providers can access it.

We may use and share your information without your consent as we:

- Communicate within our program and with our contractors
- Help with medical emergencies
- Help with public health
- Report crimes (*and threats of crimes*) on our premises and suspected child abuse and neglect
- Aid scientific research
- Respond to audits and evaluations of our program
- Assist cause of death inquiries
- Respond to court orders

In all these circumstances, we must protect your information and limit how we use and share it.

HOW TO CONTACT US

To exercise your rights, request a form covered in this Notice, or to file a complaint please contact our Privacy Officer through the following options:

Postal Mail: Medcor, Inc.
Attention: Privacy Officer, Compliance Department
4805 Prime Parkway
McHenry, IL 60050

Email: compliance@medcor.com

Telephone: (866) 709-9507

HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government. **We will not take any action against you or change our treatment provided to you in any way if you file a complaint.**

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building Washington, D.C. 20201

Toll-Free Phone: 1-(877) 696-6775

Online Portal: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

Email: OCRComplaint@hhs.gov