

**NOTICE OF PRIVACY PRACTICES OF
MEMORIAL HEALTH SYSTEM OF SOUTHWEST OKLAHOMA**

Effective Date: February 16, 2026

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.

Memorial Health System of Southwest Oklahoma (“MHS”), its medical staff, and its other healthcare providers are part of a clinically integrated care setting that constitutes an organized healthcare arrangement under HIPAA. This arrangement involves the participation of legally separate entities in providing healthcare to MHS patients, but does not make any entity responsible for the medical judgment or patient care provided by one of the other participating entities. All of these participating entities have agreed to abide by this Notice of Privacy Practices (NPP) while working in MHS’s facilities, including the hospital itself.

MHS creates a record of the care and services you receive in the hospital and in other MHS facilities. Your medical records and billing information are created and retained on a computer system that includes Electronic Health Records. That system is accessible to hospital personnel and members of the medical staff, and these persons are able to access and use your Protected Health Information to carry out treatment, payment, or hospital operations. MHS uses administrative and technical safeguards, such as personnel training, written policies, password protection, and document encryption, to prevent improper access or use of information maintained on our computer system.

We are required by law to protect your privacy and the confidentiality of your Protected Health Information, to provide you with notice of our legal duties and privacy practices, and to notify you in the event of any breach of unsecured protected health information about you. This NPP describes your rights and our legal duties regarding your Protected Health Information. The entities covered by this NPP include this hospital, clinic and all healthcare providers who are members of its medical, dental, and ancillary services staffs.

In addition to the privacy protections of the HIPAA Rules and the rights provided as described in this Notice, records that we maintain relating to substance use disorder treatment (“SUD Records”) is protected by another federal law referred to as Part 2 (42 CFR Part 2). Where a more federal law, such a Part 2, or state law provides more stringent protections than HIPAA, we only will use or disclose your records to which such laws are applicable consistent with those more stringent protections. The specific ways we will use your SUD Records and your rights related thereto are described in the “SUD Records” section below.

Definitions: From time to time, you may see or hear certain terms that relate to this NPP. Some of the terms you are likely to see or hear are defined below:

1. **Protected Health Information or PHI.** PHI is individually identifiable information that relates to your medical condition(s), your treatment, and/or payments for your care, and is sent, received, or maintained electronically or in another format, such as a paper record. MHS uses your PHI to provide your treatment, to bill for the services we provide, and to carry out hospital/clinic operations, such as quality assurance reviews.
2. **Privacy Officer.** The Privacy Officer is the individual at MHS who is responsible for developing and implementing all MHS policies and procedures relating to patient privacy and PHI. The Privacy Officer is also responsible for receiving and investigating any concerns or complaints you may have about the use or disclosure of your PHI. While you are in the hospital/clinic, you may contact the Privacy Officer by dialing the Operator, or asking an MHS staff member to contact the Privacy Officer for you. Outside of the hospital/clinic, you may contact the Privacy Officer by calling the hospital’s main number and asking the Operator to connect you. Your treatment will not be negatively affected, and you will not be retaliated against for expressing a concern or making a complaint to the Privacy Officer.
3. **Business Associate.** This an individual or business that is separate from MHS, but that works with MHS to carry out certain duties related to healthcare services, payment activities, and hospital/clinic

operations. For example, if MHS used an outside company to file patients' insurance claims, that company would be a Business Associate. Business Associates who have access to your PHI have a legal obligation to protect it from improper use or disclosure.

4. **Authorization.** We will obtain your authorization any time it is required, giving MHS permission to use or disclose your PHI for purposes other than your treatment, obtaining payment for your bills, and/or operations of MHS and its organized healthcare arrangement.

5. **Organized Healthcare Arrangement.** MHS and the independent healthcare professionals who have been granted privileges to practice at MHS are part of a clinically integrated care setting in which your PHI will be shared for purposes of treatment, payment, and healthcare operations as more fully described below.

6. **Health Information Network.** MHS may participate in a digital health information exchange with other Oklahoma healthcare providers and health plans, in which your patient data would be sent to a secure electronic network and would be accessible to other network members who were also treating you, those who pay for your care, and for operational purposes. Any such network would be committed to protecting your privacy and information under the federal privacy and security laws.

PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

In certain situations, MHS must obtain your written authorization before it may use or disclose your PHI. However, MHS does not need any type of authorization from you for the following uses and disclosures:

1. **Treatment.** MHS and its professional staff may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital/clinic or other MHS facilities. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of MHS also may share your PHI in order to coordinate the different services you need, such as prescriptions, lab work, and x-rays. We also may disclose your PHI to individuals outside of MHS who will be providing your follow-up care. For example, we may disclose PHI about your treatment at MHS to your primary care doctor or another healthcare professional, who is providing you with healthcare services, so that he or she can provide for your care. In addition, we may contact you to provide appointment reminders, patient registration information, information about treatment alternatives or other health-related benefits and services that may be of interest to you or to follow up on your care.

2. **Payment.** We may use and disclose your PHI so that the treatment and services you receive from MHS or its professional staff may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about surgery you received at MHS so that your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior authorization or to determine whether your plan will cover the treatment. We may also disclose your PHI to independent members of our professional staffs who provide healthcare services to you, so that they may bill you, your insurer, or a third party for those services. For example, if your surgeon is not an MHS employee, we may disclose your PHI to your surgeon so that he or she may bill for the surgical services you receive.

3. **Healthcare Operations.** We may use and disclose your PHI for MHS healthcare operations. These uses and disclosures are necessary to manage MHS and make sure that all of our patients receive quality care. For example, we may use PHI about your high blood pressure to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine the PHI of many MHS patients to decide what additional services MHS should offer, what services are not needed, and whether certain new treatments are effective. We may also combine the PHI of our patients with the PHI of patients from other hospitals to compare our services with those at other facilities and to see what improvements we can make in the services we offer. For example, we may combine the PHI of MHS patients who have high blood

pressure to compare it with the PHI of other hospitals' patients with high blood pressure, so that we can make improvements in the care and services that MHS provides to these patients.

4. **Business Associates.** We may disclose your PHI to Business Associates with whom we contract to provide certain treatment or payment services or business operations on our behalf. However, we will only make these disclosures if we have received written assurance that the Business Associate and any subcontractors it may use will properly safeguard your privacy and the confidentiality of your PHI. For example, we may contract with a company outside of MHS to provide medical transcription or billing services for MHS.

5. **Public Health Activities.** We may disclose your PHI for public health activities to public health or other governmental authorities authorized by law to receive such information. This may include disclosing your medical information to report certain diseases, report child abuse or neglect, report information to the Food and Drug Administration if you experience an adverse reaction from a medication, to enable product recalls or disclosing PHI for public health surveillance, investigations, or interventions. Any PHI relating to substance use disorder information will be de-identified before we disclose it.

6. **Victims of Abuse, Neglect, or Domestic Violence.** We may disclose your PHI to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we reasonably believe that you are a victim of abuse, neglect, or domestic violence, if the disclosure is required or authorized by law.

7. **Health Oversight Activities.** We may disclose your PHI to a health oversight agency that oversees the health care system so they can monitor, investigate, inspect, discipline or license those who work in health care and engage in other health care oversight activities.

8. **Judicial and Administrative Proceedings.** We may use and disclose your PHI in the course of judicial or administrative proceedings in response to a legal order, subpoena, discovery request, or other lawful process, subject to applicable procedural requirements.

9. **Law Enforcement Officials.** We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena. For example, we may disclose your PHI to identify or locate a suspect, fugitive, material witness, or missing person or to report a crime or criminal conduct at the facility.

10. **Decedents.** We may disclose PHI to coroners, medical examiners, and funeral directors when an individual dies so that they can carry out their duties or for identification of a deceased person or determining cause of death.

11. **Organ and Tissue Donation.** We may disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking, or transplantation.

12. **Research.** We may use or disclose your PHI for research purposes provided that we comply with applicable laws. We may share your PHI with researchers when their research has been approved by an institutional review board and found by the IRB not to require patient permission.

13. **Fundraising Activities of MHS.** We may use or disclose your PHI to contact you in an effort to raise money for MHS and its operations. This type of use or disclosure would be limited to your contact information, such as your name, address and phone number, and the dates you received treatment or services at the MHS. You have the right to opt out of receiving fundraising communications and if you receive a communication for fundraising purposes, you will be provided with instructions on how to request not to be contacted for fundraising purposes in the future.

14. **Health or Safety Threat.** We may use or disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

15. **Workers Compensation.** We may use and disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs providing benefits for work-related injuries or illnesses.

16. **Specialized Government Functions.** We may use and disclose PHI for special government functions such as military, national security and presidential protective services. If you are a member of the armed forces, MHS and its professional staff may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

17. **Required by Law.** We will disclose PHI about you when required to do so by federal, state, or local law. For example, Oklahoma law requires us to report any deaths that occur in the hospital to the Oklahoma Department of Health.

USES OR DISCLOSURES PERMITTING YOUR OBJECTION

1. **Hospital Directory.** We may include limited information about you in the hospital directory while you are a patient in the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. Except for your religious affiliation, this information may be disclosed to individuals who ask for you by name. Your religious affiliation may be disclosed to a member of the clergy, such as a priest or rabbi, 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. You may object to being included in the hospital directory by notifying admitting personnel or contacting the Privacy Officer.

2. **Family Members and Friends Involved in Your Care.** We may share PHI about you with your friend, family member, personal representative, or any individual you identify who is involved in your care or is paying for some or all of your care. If you are present, we may disclose the PHI if you agree to the disclosure, we provide you with an opportunity to object to the disclosure and you do not say no, or if we reasonably infer that you do not object to the disclosure. If you are unable to tell us your preference, for example, if you are not present or are unconscious, we may share your PHI that is directly relevant to the person's involvement with your care if we believe it is in your best interest.

3. **Disaster Relief.** We may disclose your PHI to an entity legally authorized to assist in disaster relief efforts so that your family can be notified of your condition, status, and location.

4. **Disclosure after Death.** We may disclose relevant PHI to persons who were involved in your care or payment for your care, following your death. You may object to these disclosures by notifying a MHS social worker or contacting the Privacy Officer while you are at a MHS facility and/or prior to your death.

USES OR DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

For any purpose other than the ones described above, we may use or disclose your PHI only when you provide your written authorization. For example, you will need to execute a written authorization before we can disclose your PHI to your life insurance company or, unless a court order requires it, to the attorney representing the other party in litigation in which you are involved. Your authorization is required for most uses and disclosures of psychotherapy notes, most uses and disclosures of your PHI for marketing purposes, and for sale of your PHI. In addition, certain Federal and state laws may require special protections for certain medical information, including information that pertains to HIV/AIDS, mental health, substance use disorder (SUD) records, genetic information, or certain other information. If these laws do not permit disclosure of such information without obtaining your authorization, we will comply with those laws.

If you give us written authorization to use and share your PHI, you can take back your authorization at any time, as long as you tell us in writing. If you take back your authorization, we will stop using or sharing your PHI, but the PHI which we already shared may be subject to redisclosure and no longer protected under

Federal and state law. To revoke any previously provided authorization you must submit a written request for revocation to our Privacy Officer.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding the PHI we maintain about you:

1. **Right to Inspect and Copy.** You have the right to inspect and obtain a paper or electronic copy of your PHI maintained in the “designated record set,” except as prohibited by law. The “designated record set” is the PHI in your medical and billing records used to make decisions about your care and payment for your care, as determined by MHS. You also have the right to authorize third parties (such as a family member) to obtain your PHI. If you request a copy of the information, we may charge you a reasonable fee. We will provide a copy or a summary within 30 days (or sooner in accordance with state law) and let you know about any delay or if we are not able to fulfill your request.
2. **Right to Request Confidential Communications.** You can ask us to communicate with you in a certain way. We will say “yes” to all reasonable requests and will respond within 60 days.
3. **Right to Request a Restriction.** You can ask us to limit what we use or share for treatment, payment, and healthcare operations. We are not required to agree to your request and we may say “no.” When you pay for services out-of-pocket, in full, and ask us not to share the information with your insurance plan, we will say “yes” unless a law requires us to share that information. We will let you know within 30 days.
4. **Right to Request an Amendment.** You can ask us to amend (make changes) to your health information if it is inaccurate or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days or let you know if we need additional time, but not more than 30 additional days.
5. **Right to an Accounting of Disclosures.** You can ask for a list (accounting) of the times we shared your information and why back to six years, or three years for SUD Records, from the date of your request. Not all disclosures (sharing) will be included in this list, such as those made for treatment, payment, or health care operations, except for SUD Records that were shared through an electronic health record. We will provide one accounting free of charge within 60 days or let you know if we need additional time, but not more than 30 additional days, but may charge a reasonable, cost-based fee if you ask for another one within 12 months.
6. **Right to Receive a Copy of This Notice.** You have the right to a paper copy of this NPP. You may ask us to give you a copy of this NPP 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, contact:

Privacy Officer
Memorial Health System Of Southwest Oklahoma
3401 West Gore Blvd
Lawton, OK 73505

You may obtain a copy of this NPP at our web site at <https://www.memorialhealthswok.com/patient-information>

7. **Right to File a Complaint.** You can file a complaint if you feel your rights have been violated. You can contact the Privacy Officer or the U.S. Department of Health and Human Services Office for Civil Rights as described in this Notice. You will not be penalized, discriminated against, retaliated against, or intimidated for filing a complaint.

CHANGES TO THIS NPP

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any PHI we receive in the future. We will post a copy of the current NPP in the hospital and on our website. The effective date of the NPP will be on the first page, near the top. In addition, each time you register at MHS for treatment or health care services we will make available to you a copy of the current NPP.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with the MHS Privacy Officer or with the Office for Civil Rights at the U.S. Department of Health and Human Services.

To file a written complaint with MHS, write:

Privacy Officer
Memorial Health System of Southwest Oklahoma
3401 West Gore Blvd
Lawton, OK 73505

To file a complaint with the Office for Civil Rights, contact:

Office for Civil Rights
U.S. Department of Health and Human Services
<http://www.hhs.gov/ocr/office/about/contactus/index.html>

or

Office for Civil Rights, DHHS
1301 Young Street, Suite 1169
Dallas, TX 75202
(214) 767-4056; (214) 767-8940 (TDD)

You will not be penalized or retaliated against for filing a complaint with MHS or with the Office of Civil Rights.

SUD RECORDS

THIS SECTION OF THE NOTICE DESCRIBES (1) HOW YOUR SUD RECORDS MAY BE USED AND DISCLOSED, (2) YOUR RIGHTS WITH RESPECT TO YOUR SUD RECORDS, (3) HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR SUD RECORDS, OR OF YOUR RIGHT CONCERNING YOUR SUD RECORDS. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE PRIVACY OFFICER AT MHSSWOKPRIVACY@MEMORIALHEALTHSWOK.COM, 585-585-5505 IF YOU HAVE ANY QUESTIONS. TO THE EXTENT OF ANY CONFLICT BETWEEN THIS SECTION CONFLICTS WITH ANY OTHER SECTION OF THIS NOTICE, THIS SECTION SHALL GOVERN WITH REGARDS TO SUD RECORDS.

A. USES AND DISCLOSURE OF SUD RECORDS NOT REQUIRING YOUR CONSENT

1. **Medical Emergencies.** We may share your SUD Records, without your consent, with medical personal to the extent necessary to meet a bona fide medical emergency or temporary state of emergency declared by a state or federal authority as result of a disaster when we are shut down and unable to provide services, in each case where we cannot obtain your consent.

2. **FDA.** We may share your SUD Records, without your consent, to medical personnel of the Federal Food and Drug Administration who assert a reason to believe that your health may be threatened by an error

in the manufacture, labeling, or sale of a product under FDA jurisdiction, solely for the purpose of notifying your or your physicians of these potential dangers.

3. **Research.** We may use or disclose SUD Record to qualified researchers for research in accordance with applicable law.
4. **Audits and Program Evaluation.** We may disclose your SUD Records in the course of an audit or program evaluation conducted by any federal, state, or local governmental agency that provides financial assistance to use or is authorized by law to regulate our activities or that is a quality improvement organization performing a QIO review, or such QIO's contractors, subcontractors, or legal representatives,
5. **Public Health Activities.** We may disclose your SUD record for public health purposes provided that the disclosure is made to a public health authority and we have de-identified your SUD Records in accordance with HIPAA.
6. **Qualified Service Organization.** We may disclose your SUD Records to a qualified service organization or an entity with administrative control over our Part 2 program.

B. USES AND DISCLOSURE OF SUD RECORDS REQUIRING YOUR CONSENT

1. **Single Consent.** We may ask you to sign a single consent for all future uses or sharing of your SUD Records for treatment, payment, and health care operations purposes. Examples of these purposes are generally described above in the subsections titled "Treatment," "Payment," and "Healthcare Operations." If we share SUD Records with a Part 2 program, HIPAA covered entity, or a business associate pursuant to your consent, they may further share that information without your permission to the extent the HIPAA Rules permit it. You can revoke your consent in writing by contacting the Privacy Officer, except to the extent that we or a third party have already acted in reliance on it.
2. **Other Uses Requiring Your Consent.** We may ask for your written consent for other uses and sharing of your SUD Records, including but not limited to sharing SUD Records: with central registries or withdrawal management to prevent multiple enrollments; with a person in the criminal justice system and if participation in a SUD program is required to end a criminal case; with a state prescription drug monitoring program if required by state law. You can revoke your consent in writing by contacting the Part 2 program or the Privacy Officer, except to the extent that we or a third party have already acted in reliance on it.
3. **Fundraising.** We will not use or share your SUD Records for fundraising purposes unless we have first given you a chance to choose not to receive fundraising communications.
4. **Judicial or Administrative Proceedings.** We may not use or disclose your SUD Records, or testimony relating content of such records, in any civil, administrative, criminal, or legislative proceeding unless you consent in writing; or the disclosure is specifically allowed by a court order after you have been given notice and an opportunity to be heard and the court order is accompanied by a subpoena or other legal requirement compelling disclosure.
5. **All Other Uses.** We will not use or disclose your SUD records in a manner not described in this Notice without your written consent.
6. **SUD Counseling Notes.** "SUD Counseling Notes" are notes recorded by a substance use disorder treatment provider documenting or analyzing the contents of conversation during a private SUD counseling session or a group, joint, or family SUD counseling session, and that are separated from the rest of your SUD Record and medical record. We will obtain your consent prior to using or disclosing your SUD Counseling Notes except (1) for use by the originator of your SUD Counseling Notes for treatment purposes; (2) for use by or disclosure to our own training program regarding SUD counseling; (3) to defend ourselves in a legal action or other proceeding brought by you; (4) to report your death; or (5) for audits and program evaluation as permitted by applicable law.

C. Your Rights Related to Your SUD RECORDS

1. **Right to Request Restrictions.** If you have signed a written consent for use or disclosure of your SUD Records for treatment, payment, and health care operation, you have the right to request that we restrict such uses or disclosures. Generally, we are not required to agree to any such request. However, we must agree to your request not to disclose a SUD Record for the purpose of carrying out payment or health care operations if the restricted SUD Records pertain only to a health care item or service for which you or someone else has paid us in full. If we do agree to a restriction, we will not use your SUD Records in violation of that restriction except to the extent necessary for your emergency treatment, but we will request that the health care provider providing the emergency treatment does not further use or share the information. We cannot agree to any restriction against a disclosure that is required by law or is permitted under Part 2 for a reason other than treatment, payment, or health care operations. We may terminate a restriction, but if you do not agree to the termination, the termination will only be effective to SUD Records we create or receive after termination of the restriction.
2. **Right to Discuss This Notice.** You have the right to discuss this Notice with the Privacy Officer.
3. **Right to Accounting.** You can ask for a list (accounting) of the times we shared your SUD Records and why for up to the three years before your request. Disclosures made for treatment, payment, or health care operations will only be included if they were made through an electronic health record. You can ask for a list of the disclosures made by a person or entity that received the information under your written consent for up to the three years before your request and they will provide a list of persons to which their records have been shared. You will receive a response in 30 days or less.
4. **Right to Copy.** You have the right to obtain a paper or electronic copy of this Notice upon request.
5. **Complaints.** If you believe your privacy rights with respect to your SUD Records have been violated, you may file a written complaint in the same manner provided in the “Complaint” section above.
6. **Non-Discrimination.** Federal law prohibits the use of SUD Records to investigate or prosecute a patient in connection with a criminal proceeding, or to deny employment, housing, or access to courts or other benefits or services.

D. Our Obligations Related to Your SUD Records.

1. **Confidentiality.** We are required by law to maintain the privacy of your SUD Records, to provide you with notice of our legal duties and privacy practices with respect to your SUD Records, and to notify any affected patient following a breach of unsecured SUD records in accordance with HIPAA breach notification requirements.
2. **Current Notice.** We are required to abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice and to make new notice provisions effective for the SUD Records we maintain. Any such change will apply to your SUD Records created or received by us before the change. A new copy of this Notice will be posted on our website when in effect.