Arlington Regional Rehabilitation Hospital

NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

4351 Centreway Place • Arlington, TX 76018 • ARRH.ERNESTHEALTH.COM • 682.339.1400

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.

YOUR RIGHTS.

YOU HAVE THE RIGHT TO:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

WHEN IT COMES TO YOUR HEALTH INFORMATION, YOU HAVE CERTAIN RIGHTS.
THIS SECTION EXPLAINS YOUR RIGHTS AND SOME OF OUR RESPONSIBILITIES TO HELP YOU.

GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

ASK US TO CORRECT YOUR MEDICAL RECORD

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

REQUEST CONFIDENTIAL COMMUNICATIONS

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

ASK US TO LIMIT WHAT WE USE OR SHARE

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

GET A LIST OF THOSE WITH WHOM WE'VE SHARED INFORMATION	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
GET A COPY OF THIS PRIVACY NOTICE	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
CHOOSE SOMEONE TO ACT FOR YOU	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED	• You can complain if you feel we have violated your rights by contacting us using the information on page 6. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. • We will not retaliate against you for filing a complaint.

OUR USES AND DISCLOSURES.

WE MAY USE AND SHARE YOUR INFORMATION AS WE:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?
WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS.

TREAT YOU	• We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
RUN OUR ORGANIZATION	• We can use and share your health information to run our practice, 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.*

YOUR CHOICES.

YOU HAVE SOME CHOICES IN THE WAY THAT WE USE AND SHARE INFORMATION AS WE:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

FOR CERTAIN HEALTH INFORMATION, YOU CAN TELL US YOUR CHOICES ABOUT WHAT WE SHARE. IF YOU HAVE A CLEAR PREFERENCE FOR HOW WE SHARE YOUR INFORMATION IN THE SITUATIONS DESCRIBED BELOW, TALK TO US. TELL US WHAT YOU WANT US TO DO, AND WE WILL FOLLOW YOUR INSTRUCTIONS.

IN THESE CASES, YOU HAVE BOTH THE RIGHT AND CHOICE TO TELL US TO:	• Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation • Include your information in a hospital directory *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
IN THESE CASES WE NEVER SHARE YOUR INFORMATION UNLESS YOU GIVE US WRITTEN PERMISSION:	• Marketing purposes • Sale of your information • Most sharing of psychotherapy notes
IN THE CASE OF FUNDRAISING:	• We may contact you for fundraising efforts, but you can tell us not to contact you again.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION? WE ARE ALLOWED OR REQUIRED TO SHARE YOUR INFORMATION IN OTHER WAYS – USUALLY IN WAYS THAT CONTRIBUTE TO THE PUBLIC GOOD, SUCH AS PUBLIC HEALTH AND RESEARCH. WE HAVE TO MEET MANY CONDITIONS IN THE LAW BEFORE WE CAN SHARE YOUR INFORMATION FOR THESE PURPOSES.

FOR MORE INFORMATION SEE: WWW.HHS.GOV/OCR/PRIVACY/HIPAA/UNDERSTANDING/CONSUMERS/INDEX.HTML.

HELP WITH PUBLIC HEALTH AND SAFETY ISSUES

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

DO RESEARCH

- We can use or share your information for health research.

COMPLY WITH THE LAW

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

RESPOND TO ORGAN AND TISSUE DONATION REQUESTS

- We can share health information about you with organ procurement organizations.

WORK WITH A MEDICAL EXAMINER OR FUNERAL DIRECTOR

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

ADDRESS WORKERS' COMPENSATION, LAW ENFORCEMENT, AND OTHER GOVERNMENT REQUESTS

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

RESPOND TO LAWSUITS AND LEGAL ACTIONS

- We can share health information about you in response to a court of administrative order, or in response to a subpoena.

SPECIAL TREATMENT OF SENSITIVE HEALTH INFORMATION.

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain types of health information. Such laws may protect the following types of information: alcohol and substance use disorders, biometric information, child or adult abuse or neglect including sexual assault, communicable diseases, genetic information, HIV/AIDS, mental health, minors' information, prescriptions, reproductive health, and sexually transmitted diseases. We will follow the more stringent law, where it applies to us.

HEALTH INFORMATION EXCHANGES.

Arlington Regional Rehabilitation Hospital may participate in certain electronic Health Information Exchanges which allows your medical information to be shared electronically with other hospitals, doctors and/or other medical persons or facilities involved in your treatment. Arlington Regional Rehabilitation Hospital may share your information through Health Information Exchanges unless you tell us not to. You have the right to decline to participate in any or all of the Health Information Exchanges in which Arlington Regional Rehabilitation Hospital now participates or in which Arlington Regional Rehabilitation Hospital may participate in the future. You will receive treatment even if you do not wish to participate in a Health Information Exchange. Arlington Regional Rehabilitation Hospital will not share your information through a Health Information Exchange if you tell us you do not want your information shared. If you do not want to participate in Arlington Regional Rehabilitation Hospital's Health Information Exchanges, you may tell us by contacting us at the Privacy Officer at 682.339.1400 or in person by visiting the Privacy Officer.

SUBSTANCE USE DISORDER (SUD) INFORMATION.

Although we are not a substance use disorder treatment program under federal law (a "SUD Program"), we may receive information from a SUD program about you. We may not disclose SUD information for use in a civil, criminal, administrative, or legislative proceeding against you unless we have (i) your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard.

EVENT NOTIFICATIONS.

Arlington Regional Rehabilitation Hospital may send event notifications of your admission to, transfer, and/or discharge from Arlington Regional Rehabilitation Hospital to your primary care provider and/or other healthcare providers or entities you identified as being primarily responsible for your care. Additionally, such notifications may be sent to any consulting providers and/or post-acute care providers responsible for your healthcare post-discharge from Arlington Regional Rehabilitation Hospital. You have a right to decline such notifications be made to any or all of your identified providers.

REDISCLOSURE.

Information released in accordance with this Notice of Privacy Practices may be subject to re-disclosure by some recipients and may no longer be protected by federal and state privacy rules related to health information.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and at ARRH.ernesthealth.com

Revision Date: February 2026

THIS NOTICE OF PRIVACY PRACTICES APPLIES TO THE FOLLOWING ORGANIZATIONS.

Arlington Regional Rehabilitation Hospital, its employees, physicians, other credentialed providers, and:

- Persons or entities performing services for the Hospital under agreements containing privacy protections or to which disclosure of medical information is permitted by law
- Persons or entities with whom the Hospital participates in managed care arrangements
- Our volunteers and medical, nursing and other health care students

ARLINGTON REGIONAL REHABILITATION HOSPITAL • ATTN: PRIVACY OFFICER
4351 CENTREWAY PLACE • ARLINGTON, TX 76018 • PHONE: 682.339.1400