US Digestive Health and Affiliates - HIPAA Patient Privacy
Your Information. Your Rights. Our Responsibilities.

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 to maintain the privacy of your protected health information, to provide you with notice of our legal duties and privacy practices with respect to protected health information and to abide by the terms of this Notice as currently in effect. Protected health information, (PHI) includes information that we collect about your past, present or future health, health care we provide to you, and payment for your health care.

Who Follows This Notice:

This Joint Notice of Privacy Practices applies to entities that are managed by or affiliated with US Digestive Health (USDH), including Regional Gastroenterology Associates of Lancaster (RGAL) and its affiliates, subsidiaries, and doing business as including Main Line Gastroenterology Associates; Digestive Disease Associates; Carlisle Digestive Disease Associates; Carlisle Endoscopy Center; Pottstown Ambulatory Center; The Center for GI Health (CGI); The Colonoscopy Center, Landsdale; the Colonoscopy Center, Sellersville; Central Chester County Endoscopy, (CCCE); GI-ASC, LLC, Blair Endoscopy Center, LLC; Delaware Center for Digestive Care, LLC, RGAL Anesthesia Services, LLC, USDH Clinical Research, LLC and includes their practices, sites of service, staff, providers and workforce members.

Participation in Qualified Health Information Network:
US Digestive Health participates in CommonWell through Prismanet. It is a QHIN (Qualified Health Information Network) to facilitate the secure exchange of your health information, including information related to mental health diagnoses and procedures, between and among your health care providers for purposes related to treatment, payment, healthcare operations, and secondary use.

Participation in Clinically Integrated Networks:
In order to improve the quality of care and access to health information, US Digestive Health participates in the following Clinically Integrated Networks (CIN) for secure exchange of information between providers who are part of the care team. The networks include:

- Main Line Health
- Lancaster General Health Community Care Collaborative
- Tower Health Partners Clinical Integration Program

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 have 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

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

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

Your Rights

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 honor your request 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 1.
- 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.

Your Choices

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 unless you specifically restrict the individual from access
- Share information in a disaster relief situation
- Include your information in a 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 do not utilize your contact information for fundraising.

Our Uses and Disclosures

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.

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 must 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 or administrative order, or in response to a subpoena.

Protection of Reproductive Health Care

- We are prohibited by law from using or disclosing your PHI to investigate or impose liability on you for seeking, obtaining, or facilitating lawful reproductive health care, including contraception, fertility treatment, pregnancy termination or miscarriage management.
- We must assume that your reproductive healthcare is lawful unless we have specific knowledge that it is not, or you provide information indicating otherwise.
- We cannot share your PHI with law enforcement or other entities to identify you as someone seeking or receiving lawful reproductive health care.
- If we receive a request for PHI potentially related to reproductive health care, we must obtain a signed attestation that clearly states the requested use of disclosure is not for the prohibited purposes described below, where the request is for PHI for any of the following purposes:
    - Health oversight activities as described in 45 CFR 164.512(d)
    - Judicial or administrative proceedings as described at 45 CFR164.512(e)
    - Law enforcement as described at 45 CFR 164.512(f)
    - For decedents, disclosures to coroners and medical examiners
- We may not use or disclose PHI for the following purposes:
    1. To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing or facilitating lawful reproductive healthcare.
    2. To impose criminal, civil or administrative liability on any person for the mere act of seeking, obtaining, providing or facilitating lawful reproductive health care
    3. To identify any person for any purpose described above.

The prohibition applies when the reproductive health care at issues is (1) lawful under the law of the state in which such health care is provided under the circumstances in which it is provided, (2) is protected, required, or authorized by Federal law, including the United States Constitution,

under the circumstances in which such health care is provided, regardless of the state in which it is provided, or (3) is provided by another person and presumed lawful.

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 on our web site.

Other Instructions for Notice

- When you provide us a telephone number, whether landline or mobile, we may contact you, using automated, pre- recorded, or non-automated means (including SMS and/or RCS text messages), for the purpose of providing you information about existing benefits, programs, products, services, tools, appointment reminders, billing notifications, and care coordination.
- Your privacy is a priority. Personal Information collected through our texting programs will not be shared, sold, or disclosed to third parties for their own marketing purposes.
- We reserve the right to modify this section at any time. The modified section will be effective immediately upon posting. Your continued receipt of Informational Calls and Texts will constitute your acceptance of the modified section
- This notice is effective June 30, 2026
- You may contact the USDH Privacy Officer
  707 Eagleview Blvd, Suite 100
  Exton, PA 19341
  Email: Compliance@USDHealth.com
  Phone: 610-234-7900

Effective 6/30/2026