

# NOTICE OF PRIVACY PRACTICES OF INTERMOUNTAIN HEALTH

## THIS NOTICE DESCRIBES:

- HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED.
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION.
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION.

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE IN PAPER OR ELECTRONIC FORM AND TO DISCUSS IT WITH THE PRIVACY OFFICE AT 800-442-4845 OR PRIVACY@IMAIL.ORG, IF YOU HAVE ANY QUESTIONS.

## PROTECTING YOUR PRIVACY

Intermountain Health (Intermountain) understands the importance and sensitivity of your health information. We protect the privacy of your health information, because it is the right thing to do. We also follow federal and state laws that govern your health information and require notification in the case of breach of such information. We use your health information (and allow others to have it) only as permitted by federal and state laws. These laws give you certain rights regarding your health information.

Intermountain participates in organized healthcare arrangements (OHCA) with other entities affiliated with Intermountain, and with other health care providers who provide treatment with or at Intermountain.



Learn more about OHCA activities and see a current list of all OHCA members on Intermountain's public website

(<https://intermountainhealthcare.org/website-information/privacy-notices/patients/ohca/>).

## YOUR HEALTH INFORMATION RIGHTS

You have the right to:

- Inspect and obtain a copy of your medical or billing records (including an electronic copy if we maintain the records electronically) and have an electronic copy transmitted to a third party, as provided for by law, usually within 30 days of your written request, in some cases, at limited cost or free of charge.
- Request and receive a paper copy of our current Notice of Privacy Practices. If you would like to discuss this Notice with someone at Intermountain, please call or email the Privacy Office at 800-442-4845 or Privacy@imail.org.
- Require us to communicate with you using an alternate address or phone number.
- Require that we not send information about a healthcare service or related item to your health plan if you or someone else pays in full for that service or item and if you notify us in advance that you — and not your health plan — are

going to pay for this service or item (so we don't automatically bill your health plan).

- Request in writing that restrictions be placed on how your health information is used or shared for treatment or other purposes.
- Request an accounting of when your identifiable health information is shared outside of Intermountain for a purpose other than treatment or payment.
- In the case of records subject to 42 C.F.R. Part 2, you may request an accounting of: (1) when your records are shared based on your written consent; and (2) when your records are shared for treatment, payment, and health care operations through an electronic health record; you may also request a list of disclosures of such Part 2 records by an intermediary.
- Receive notice if we or our business associates experience a Breach of your health information.
- Report a privacy concern and be assured that we will investigate your concern thoroughly, support you appropriately, and not retaliate against you in any way. If you would like to report any privacy concerns please email or call the Privacy Office at 800-442-4845 or Privacy@imail.org, or contact the Office for Civil Rights, U.S. Department of Health and Human Services.
- Request in writing that your health information be amended, if you think there is an error.
- Request not to receive fundraising communications.

## HOW YOUR HEALTH INFORMATION IS USED

The following categories describe different ways that we use and disclose health information, subject to the requirements in 42 C.F.R. Part 2, as applicable, and other more strict applicable laws.

### 1. Common Uses of Health Information

When we care for you, we will gather your health information. The law allows us to use or share this health information to:

- Understand your health condition and to treat you when you are sick. For example, we may look at your x-rays or share x-rays we take of you with your treating doctor, who may be outside of Intermountain, or we may receive your prescription information from other health services companies to help you avoid harmful drug interactions. We may also release your information under certain medical emergency circumstances.
- Bill for your healthcare services and receive payment for our services; for example, we share your health insurance information with other healthcare providers who treat you — like your anesthesia doctor or a specialty laboratory — so they can bill for those services.
- Determine if a patient is eligible for Medicaid or the Children's Health Insurance Program by submitting personally identifiable information to these state databases.
- Improve our care. For example, we may contact you to understand what you thought of our care and to learn how to enhance our services to you.
- Contact you to invite your support of the Intermountain Foundation. The Intermountain Foundation raises money to expand critically important patient programs, research, capital projects, and services for individuals living in the Intermountain area. If the Intermountain Foundation contacts you, you will have the opportunity to help meet this goal, or to opt out of receiving further fundraising communications. Opting out will have no impact on your care or payment for your care. Also, Intermountain Foundation does not sell or otherwise release donor information without the donor's authorization. If we maintain and seek to use and disclose records about you that are subject to 42 C.F.R. Part 2 for fundraising purposes, you will first be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications.
- Improve our services to you by allowing companies with whom we contract, called "business associates," to perform certain specialized work for us. The law requires these business associates to protect your health information and obey the same privacy laws that we do.
- Perform limited health-data research, where the researcher keeps patient-identifiable information confidential. Intermountain reviews every research request to make sure privacy is appropriately protected before sharing health information.
- Law enforcement, but only as authorized by law.
- Investigate a crime against Intermountain or any of its patients.
- Participate in secure computer networks, which provide safe and efficient ways to share medical information with other health care providers.



For example, if you require emergency medical care while you are traveling, providers at other health care facilities could have access to your medical information to assist them in caring for you. By participating in this network and other electronic information exchanges, we intend to provide timely information to health care providers involved in your care. If you do not want your information to be shared through these exchanges, you can get more information about "opting out" by contacting the Privacy Office at 800-442-4845 or Privacy@imail.org. In some cases, you will need to submit your request to "opt out" to the electronic information exchanges directly. This is an "all-or-nothing" choice, because these exchanges cannot block access to some types of medical information or certain providers while at the same time permitting access to other medical information. Opting-out of them may limit your health care providers' ability to provide the most effective care for you.

- We may disclose your medical information for public health activities.

## 2. Required Uses of Health Information

The law sometimes requires us to share information for specific purposes, with:

- The Department of Health, to report communicable diseases, traumatic injuries, or birth defects, or for vital statistics, such as a baby's birth.
- A funeral director or an organ-donation agency, when a patient dies, or with a medical examiner when appropriate to investigate a death.
- The appropriate governmental agency, if an injury or unexpected death occurs at an Intermountain facility.
- State authorities, to report child or elderly abuse.
- Law enforcement, for certain types of crime-related injuries, such as gunshot wounds.
- Governmental inspectors, who, for example, audit and make sure our facilities are safe.
- Military command authorities or the Department of Veterans Affairs, when we treat patients who are in the military or are veterans.
- A correctional institution, if a patient is an inmate.
- The Secret Service or NSA, to protect the country or the President.
- A medical device's manufacturer, as required by the FDA.
- Court officers, as required by law, in response to a court order or a valid subpoena with proof of notice to you. Substance use disorder treatment records received from programs subject to 42 C.F.R. Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record. A court order authorizing use or disclosure must

be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

- Governmental authorities, to prevent serious threats to the public's health or safety.
- Governmental agencies and other affected parties, to report a breach of health-information privacy.
- An employer, but only if the employer contracts with us to help the employer meet OSHA requirements about workplace and employee safety.
- A worker's compensation program, if a person is injured at work and claims benefits under that program.

## 3. Uses According to Your Requests

Your preferences matter. If you let us know how you want us to disclose your information in the following situations, we will follow your directions. You decide:

- If you want callers or visitors to know how to reach you while you are in the hospital. When you're admitted, you will be asked if you want to be in the "hospital directory." If you say "yes," the hospital can tell visitors who ask for you by name how to find you or talk to you. The hospital may also tell the visitor — only in general terms — how you are doing. If you say "no," the hospital won't let any visitor know you are in the hospital and won't direct phone calls or visitors to you.
- If you want us to share any health or payment information related to your care with your family members or friends. Please let our employees know what you want us to share. If you can't tell us what health or payment information you want us to share, we may use our professional judgment to decide what to share with your family or friends for them to be able to help you.
- Whom we should contact in an emergency. If you aren't able to tell us whom to contact, we may ask the public authorities to help. For example, we may ask the police to help find your family, or in a disaster, we may help the Red Cross reconnect you with your family.
- If you want to indicate your religious preference when you are admitted to one of our facilities. If you indicate your religious preference, we may provide your name to a visiting representative of your religion. If you don't want us to do so, tell our staff at any time that you do not want us to share your name with a religious representative.
- If you want us to provide immunization information about you or your child to a school.

## 4. Uses of Health Information with Your Authorization

Any sharing of your health information, other than as explained above, requires your written authorization. For example, we will not use your health information unless you authorize us in writing to:

- Send copies of your health information

to a life insurance company.

- Share any of your psychotherapy notes, if they exist, with a third party who is not part of your care.
- Send information to encourage you to buy a non-Intermountain product if we are paid to send that information or make the communication.
- Sell your identifiable health information.
- As provided under 42 C.F.R. Part 2, a patient in a Part 2 Program may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. Part 2 records we receive pursuant your written consent for treatment, payment, and health care operations may be further disclosed by us without your written consent, to the extent the HIPAA regulations permit such disclosure.

If you authorize us to share your health information but then change your mind, you may do so as provided by applicable law, including 42 C.F.R. Part 2, but please notify the appropriate Intermountain facility in writing that you revoke the authorization. We will honor your revocation, but we will not be able to get back the health information that you authorized us to send before your revocation.

## 5. Special Legal Protections for Certain Health Information

Intermountain complies with federal and state laws that require extra protection of special records. These records may include records of treatment in an addiction-treatment program, genetic information, or psychotherapy notes from a treating psychotherapist.

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*This privacy notice became effective February 16, 2026. We are required to abide by the terms of this privacy notice currently in effect. We may change this privacy notice at any time and to make the new notice provision effective for health information we already maintain. You can see our current privacy notice that affects all PHI maintained by Intermountain on our website, at IntermountainHealthcare.org, or posted in our hospitals, clinics, and offices, which will be updated with any revisions.*

*This notice describes the privacy practices of Intermountain employees and volunteers working in our hospitals, clinics, doctors' offices, and service departments and all are required to abide by the terms of this notice. This notice also describes the privacy practices of associated healthcare providers — who are not Intermountain employees — while treating you in our facilities, unless they provide you with a notice of their own privacy practices. For more information about the specific privacy practices of associated providers, please contact them directly.*



We offer free language assistance and auxiliary aids and services.

