

AMEDISYS EMPLOYEES WELFARE BENEFIT PLAN

NOTICE OF PRIVACY PRACTICES

EFFECTIVE: January 1, 2023

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.

This Notice of Privacy Practices ("Notice") is provided to you as a covered person under the Amedisys Employees Welfare Benefit Plan (hereinafter referred to as "the Plan") sponsored by Amedisys ("Plan Sponsor" or "Company"). The Plan is required by law to take steps to ensure the privacy of your individually identifiable health information. The Plan is committed to protecting your personal information and following all applicable laws regarding the uses and disclosures of your protected health information. This Notice describes how the Plan handles your information. Any references in this Notice to "we" "us" "our" mean the Plan.

A federal law, known as the Health Information Portability and Accountability Act of 1996 ("HIPAA"), requires the Plan to maintain the privacy of your "protected health information" ("PHI"). PHI includes "individually identifiable health information" which is received, transmitted or maintained by the Plan. PHI includes information relating to your treatment, the provision of health care and benefits to you, or the payment for health care provided to you. The Plan provides health benefits to you as described in your summary plan description(s). The Plan creates, receives, transmits and maintains your PHI in the course of providing these health benefits to you. The Plan hires business associates, including third party administrators, to help us provide these benefits to you. These business associates also create, receive, transmit and maintain your PHI in the course of assisting the Plan.

The Plan is required to follow the terms of this Notice until it is replaced. The Plan reserves the right to change the terms of this Notice at any time. If the Plan makes material changes to this Notice, the Plan will revise it and send a new Notice to all subscribers covered by the Plan at that time. The Plan reserves the right to make the new changes apply to all of your PHI maintained by the Plan before and after the effective date of the new Notice. Please note that the group health plans covered by this notice are part of an "organized health care arrangement" because they are all sponsored by the Company. This means that the plans may share your PHI with each other, as needed, for the purposes of payment and health care operations.

As discussed in this Notice, the Plan may disclose PHI to the Plan Sponsor in certain situations. This Notice governs those disclosures of PHI. This Notice, however, does NOT cover other health information that may be maintained by the Plan Sponsor. For example, this Notice does NOT govern health information maintained by the Plan Sponsor in its capacity as an employer, such as drug testing results, sick leave requests, and related physician notes and health information used for processing Family Medical Leave Act (FMLA) requests. The Plan is also considered a "hybrid plan", it has covered and non-covered components. These components may change and an updated list can be obtained at any time from the Privacy Officer noted on the last page of this Notice. This Notice also does not cover health information that is used or maintained by the Plan Sponsor's non-covered benefit plans, such as workers' compensation, life insurance, accidental death & dismemberment (AD&D), and short-term and long-term disability benefits.

I. PURPOSES FOR WHICH THE PLAN MAY USE OR DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION

The following categories describe the different ways that the Plan may use and disclose your PHI without your authorization. For each category, the Notice outlines uses or disclosures included in the category, but not every use or disclosure that falls within a category is listed.

- **For Treatment.** The Plan may use and disclose your PHI to provide, coordinate, or manage your health care treatment and any related services provided to you by health care providers. For example, the Plan may disclose your PHI to your doctor, at the doctor's request, for your treatment by him or her.
- **For Payment.** The Plan may use and disclose your PHI to make coverage determinations and provide payment for health care services you have received. These activities include, determining your eligibility for benefits; processing your claims for benefits; resolving subrogation rights; billing; claims management and collection activities; reviewing health care services you have received or that you are considering for coverage and medical necessity; and conducting utilization review activities. For example, the Plan may disclose your PHI to a third party (e.g., a third party administrator) when necessary to pay a claim for services that have been provided to you. The Plan may also engage third parties who can assist with the Plan may also disclose information about you to the subscriber who is the primary policy holder under the Plan in order to adjudicate claims or provide an explanation of benefits.
- **For Health Care Operations.** The Plan may use and disclose your PHI for administration and operations. The specific health care operations for which we can disclose your information may vary depending on whether the information is about your mental health and what state you live in. For example, the Plan may use or disclose your PHI (i) to conduct quality assessment and improvement activities, (ii) for underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance, (iii) to authorize business associates to perform data aggregation services, (iv) to engage in care coordination or case management, (v) to manage, plan or develop the Plan's business, (vi) to perform cost management and budgeting analysis, and (vii) to provide customer service. As required by applicable law, special protections are given to your genetic information. The Plan may not use or disclose your genetic information for underwriting purposes, which includes determining whether you are eligible for benefits, the premium for coverage, whether you are subject to a pre-existing condition exclusion and other activities related to the creation, renewal or replacement of the coverage provided under the Plan. Genetic information includes genetic tests of an individual or family member, family member histories, and genetic services, including counseling, education and evaluation of genetic information.
- **For Health-Related Programs and Products.** The Plan may use your PHI to contact you to give you information about other health-related benefits and services that may be of interest to you (e.g., disease management and wellness programs). The Plan may disclose your PHI to its business associates to assist the Plan in these activities.

Disclosure of Your Health Information in Other Situations

Outlined below are additional situations in which the Plan may disclose your PHI without your authorization. Specific situations in which the Plan can disclose your information will vary based on what state you live in. For example, Texas law only permits disclosure of information related to treatment for mental illness in certain, specific situations. This notice lists a variety of situations in which we might disclose your information, but if you are in Texas, the Plan will *not* disclose information related to your treatment for a mental illness in response to requests for organ and tissue donation or to work with a medical examiner or funeral director, unless we have your permission.

- **When required by law.** The Plan will disclose your PHI when required to do so by federal, state, or local law. The Plan may also disclose your PHI to the Department of Health and Human Services regarding HIPAA compliance matters. The Plan may also disclose your PHI as authorized by and to the extent necessary to comply with workers' compensation or other similar laws.
- **To Business Associates.** The Plan may disclose your PHI to "Business Associates." Business Associates are persons or entities other than members of the Plan's workforce that create, receive, maintain or transmit PHI on behalf of the Plan for a function or activity governed

by HIPAA. Each Business Associate of the Plan must agree in writing that it will ensure the privacy and security of your PHI in accordance with the law, and will not further use or disclose your PHI other than expressly permitted by the agreement or law. For example, the Plan may hire a third party administrator to process claims. Most of the functions of the Plan are handled by business associates.

- **To the Plan Sponsor.** The Plan may disclose to the Plan Sponsor:
 - Summary Health Information: The Plan may disclose summary health information to the Plan Sponsor, but only if such information is requested by the Plan Sponsor for purposes of obtaining premium bids from health plans for providing health insurance coverage under a group health plan, or modifying, amending or terminating the Plan. Summary health information is PHI that summarizes claims history, claims expenses, or types of claims experienced by individuals covered by the Plan and certain other information that does not include your name or other identifying characteristics.
 - PHI for Administrative Functions:
 - The Plan may disclose your PHI to the Plan Sponsor for Plan administration purposes. The Plan Sponsor has certified that it will maintain the confidentiality and security of any PHI received from the Plan. The Plan Sponsor also agrees not to use or disclose your PHI other than as permitted or required by the plan document(s) for the Plan and by applicable law. Specifically, your PHI will not be used for employment-related decisions. Plan administrative functions that the Plan Sponsor may perform for the Plan include, but are not limited to: (1) claims payment; (2) appeals of adverse benefit determinations; (3) customer service; (4) data analysis; and (5) Health Care Operations as described above.
 - Generally eligibility and enrollment information is managed on behalf of the Plan Sponsor in its capacity as a Plan Sponsor and not on behalf of the Plan. To the degree that may not be the case, the Plan may disclose to the Plan Sponsor enrollment and disenrollment information (e.g., whether you are participating in the Plan).
- **To You or Your Personal Representative.** The Plan may disclose your PHI to you, or a representative appointed by you or designated by applicable law.
- **For Judicial and Administrative Proceedings.** In limited situations, the Plan may disclose your PHI in response to a valid court or administrative order. The Plan may also disclose your PHI in response to a subpoena, discovery request or other lawful process, but only if the Plan receives satisfactory assurances that the party seeking the information has tried to notify you of the request or tried to obtain a protective order to safeguard the information requested.
- **To Law Enforcement Officials.** For limited law enforcement purposes, as permitted and defined by law, the Plan may disclose your PHI. For example, the Plan may disclose your PHI if necessary to report a crime in an emergency.
- **To a Family Member or Friend.** If you do not object, the Plan may disclose your PHI to a family member, friend or other person involved in your care, for a purpose directly related to their involvement in your care. If you cannot give your agreement to the Plan due to a situation such as a medical emergency, we may disclose information to notify a family member or friend of your location and general health condition.
- **Research.** In general, the Plan does not conduct research activities. The Plan may disclose your PHI to researchers without your authorization for research purposes in limited circumstances when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- **To Coroners, Medical Examiners and Funeral Directors.** The Plan may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the

coroner or medical examiner to perform other duties authorized by law. The Plan may also disclose PHI to a funeral director, as necessary to allow the funeral director to carry out his or her duties.

- **Organ and Tissue Donation.** If you are an organ donor, the Plan may disclose PHI to facilitate organ or tissue donation, including transplantation.
- **Serious Threat to Health or Safety.** The Plan may disclose your PHI, consistent with applicable law and standards of ethical conduct, if necessary to avert or lessen a serious and imminent threat to your health or safety or the health or safety of others.
- **Health Oversight Activities.** The Plan may disclose your PHI to a governmental agency authorized by law to oversee the health care system or government programs. For example, the Plan may disclose your PHI for audits; civil, administrative, or criminal investigations; inspections or licensure.
- **National Security.** The Plan may disclose your PHI to authorized federal officials for lawful intelligence, counterintelligence and other national security purposes as authorized by law.
- **Public Health.** The Plan may disclose your PHI for public health activities such as:
 - Disclosure to a public health authority for the purpose of controlling disease or injury, reporting births or deaths, or to report child abuse or neglect.
 - Disclosure, if authorized by law, to a person who may have been exposed to or be at risk of contracting a communicable disease.
- **Abuse or Neglect.** The Plan may disclose your PHI to an appropriate government authority that is authorized by law to receive reports of child abuse, neglect, or domestic violence if the Plan reasonably believes you to be a victim of abuse, neglect or domestic violence, subject to certain conditions.
- **Inmates.** If you are an inmate of a correctional institution or in the custody of a law enforcement official, the Plan may disclose your PHI to the institution or official if it is necessary for (1) the provision of health care to you, (2) your health and safety or the health and safety of other inmates, officers, employees, or others at the correctional institution, (3) law enforcement on the premises of the correctional institution, or (4) the safety and security of the correctional institution.
- **Military.** If you are a member of the armed forces, the Plan may disclose your PHI to military authorities under certain conditions and for purposes prescribed by law.

In some cases, we may disclose your protected health information electronically. If you live in certain states (including Texas), we will obtain your consent prior to disclosing your information electronically, unless the disclosure is to a HIPAA covered entity for purposes of treatment, payment, or health care operations, or as permitted or required by law.

II. USES AND DISCLOSURES OF PHI THAT REQUIRE YOUR AUTHORIZATION

The Plan will not use or disclose your PHI for any purpose other than those described in this Notice unless you give the Plan your written authorization to do so. Your PHI may not be used or disclosed for marketing purposes or sold by the Plan without your prior written authorization. If you sign a written authorization permitting uses or disclosures of your PHI other than those described in this Notice, you may revoke your authorization by submitting a written request at any time. However, the Plan is unable to retract or invalidate any uses or disclosures that were made with your permission before you revoked your authorization.

III. YOUR RIGHTS

You have the following rights, described below, with respect to your PHI. All requests to exercise the rights described below must be submitted in writing to the Privacy Officer, however, generally speaking such information shall be maintained by the business associate, such as the insurance company. Please contact the Privacy Officer for additional information about any of these rights. Contact information for the Privacy Officer can be found at the end of this Notice.

- **Right to Request Restrictions.** You have the right to request restrictions on the way the Plan uses or discloses your PHI for certain purposes. For example, you have the right to ask to restrict the PHI the Plan discloses to family members or others involved in your health care or payment for your health care. The Plan is not required to agree to your request for restriction. If the Plan does agree to your request, the Plan will be bound by the agreement.
- **Right to Request Confidential Communications.** You have a right to ask that we communicate with you in confidence about your PHI in a specific manner or at a specific location. For example, you may request to be contacted at a P.O. box instead of your home address. Your request must specify the alternative means or location to communicate with you in confidence. We will accommodate reasonable requests, but the Plan does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to collect premiums and pay claims.
- **Right to Access.** With certain exceptions described below, you have the right of access to inspect and obtain a copy of the PHI if it is part of a Designated Record Set ("DRS"). The DRS is the group of records maintained by or on behalf of the Plan and contained in the enrollment, payment, claims adjudication, and case or medical management record systems of the Plan, and any other records that we use to make decisions about you. This right does not extend to information gathered for certain civil, criminal or administrative proceedings, and information maintained by the Plan Sponsor that duplicates information maintained by the Plan's third-party administrator in its DRS.

If you request a copy of your PHI contained in a DRS, we may charge a reasonable, cost-based fee for the expense of copying, mailing and/or other supplies associated with your request. If you request an electronic copy of your PHI that is maintained electronically, the Plan must provide you access to your PHI in a readable electronic form or format. To inspect and obtain a copy of your PHI that is part of a DRS, you must submit your request in writing to the Privacy Officer. You may also request that the Plan transmit a copy of your PHI to a designated individual by submitting a signed written request that clearly identifies the designated individual and where to send the copy of your PHI.

The Plan may deny your request to inspect and copy your PHI in certain limited situations. If you are denied access to your PHI, you will be notified in writing. The notice of denial will include the basis for the denial, a description of any appeal rights you may have and notice that you have the right to file a complaint with the Plan or with the Department of Health and Human Services. If the Plan does not maintain the PHI you are requesting but knows where it is maintained, the Plan will notify you of where to direct your request.

- **Right to Amend Your PHI.** You have a right to ask that we correct your PHI in a Designated Record Set if you believe the information is wrong or incomplete. Your request must provide the reasons for the requested amendment. In some situations, the Plan may deny your request to amend your PHI. For example, the Plan may deny your request if (1) the PHI was not created by the Plan; (2) the Plan determines the information to be accurate or complete; (3) the information is not part of the DRS; or (4) the information is not part of the information which you would be permitted to inspect and copy.

If we deny your request, you will be notified in writing. The denial notice will include the basis for the denial, a description of your right to have a statement of your disagreement added to your PHI, and inform you of your right to file a complaint with the Plan or the Department of Health and Human Services.

- **Right to Receive an Accounting of Disclosures of Your PHI.** You have a right to receive an accounting of certain types of disclosures of your PHI made by us during the six (6) years prior to your request. The accounting will not include all disclosures of your PHI. For example, you do not have the right to request an accounting of disclosures of your PHI made (1) for Treatment, Payment, or Health Care Operations, (2) to you or pursuant to your authorization; and (3) for other purposes for which federal law does not require us to provide an accounting.

Your request for an accounting must indicate the time period for which you seek the accounting, such as a single month, six months or two calendar years.

The Plan must provide the first accounting you request in any 12-month period free of charge. The Plan may impose a reasonable, cost-based fee for each subsequent request for accounting within the 12-month period. The Plan will notify you of the fee in advance and provide you with an opportunity to withdraw or modify your request.

- **Right to Notification of Breach of Unsecured PHI.** As required by law, the Plan will notify you of any breach of your PHI that is unsecured, as defined by law.
- **Right to Obtain a Paper Copy of this Notice.** You may request a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You also may obtain and/or print a copy of this Notice by visiting the HR Total Rewards Benefits website on the Amedisys@Work intranet site.

If you want to exercise any of these rights described in this Notice, please contact the Contact Office (below). The Plan will give you the necessary information and forms for you to complete and return to the Contact Office. In some cases, the Plan may charge you a nominal, cost-based fee to carry out your request, as described above.

Complaints

If you believe your privacy rights have been violated, you have the right to complain to the Plan or to the Department of Health and Human Services. The Plan will not retaliate against you if you file a complaint with the Plan or with the Department of Health and Human Services.

To submit a complaint to the Plan, you must submit the complaint in writing to the Privacy Officer at the contact information listed below. To submit a complaint to the Department of Health and Human Services, you must contact the Office for Civil Rights of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201. Further information and regional contact information is also available on the Office for Civil Rights' website at www.hhs.gov/ocr/hipaa.

Contact Information

To request additional copies of this Notice or to receive more information about our privacy practices or your rights, please contact the Plan Privacy Officer:

Contact Office:

Amedisys Employees Welfare Benefit Plan
Attn: Privacy Officer
3854 American Way, Suite A
Baton Rouge, LA 70816

Phone: 225-292-2031

Email: privacy@amedisys.com