JOINT NOTICE OF PRIVACY PRACTICES

Effective: February 16, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are committed to protecting the privacy and security of your health information. This Notice explains how we may use and share your health information, the rights you have regarding that information, and our responsibilities for protecting it. We are required by law to maintain the privacy and security of your protected health information, follow the privacy practices described in this Notice, and notify you if a breach occurs that may have compromised the privacy or security of your information.

OUR USES AND DISCLOSURES

We may use or share your health information in the following ways:

- **Treatment:** We may use your information and share it with other health care professionals who are treating you.
- **Payment:** We may use and share your information to bill and obtain payment from health plans or other responsible parties.
- **Healthcare Operations:** We may use and share your information to operate our organizations, coordinate and improve care, evaluate services, train staff, and contact you when necessary.
- **Public Health and Safety:** We may share information for activities such as preventing disease, reporting adverse reactions, assisting with product recalls, reporting suspected abuse or neglect, or preventing a serious threat to health or safety.
- **Research:** We may use or share information for research when applicable legal requirements are satisfied.
- **Legal and Government Purposes:** We may use or disclose information as permitted or required by law, including for health oversight, workers' compensation, certain law-enforcement or government purposes, and judicial or administrative proceedings.
- **Organ and Tissue Donation:** We may share information with organ-procurement organizations.
- **Medical Examiners and Funeral Directors:** We may share information with a coroner, medical examiner, or funeral director when an individual dies.

USES REQUIRING YOUR AUTHORIZATION

Your written authorization is generally required for most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of protected health information. Other uses and disclosures not described in this Notice will be made only with your written authorization unless otherwise permitted or required by law. You may revoke an authorization in writing at any time. Your revocation will not affect actions already taken in reliance on the authorization.

SUBSTANCE USE DISORDER PATIENT RECORDS

To the extent we have substance use disorder patient records protected by **42 CFR Part 2**, we will not use or disclose those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your written consent; or (2) a court order and subpoena required by law.

YOUR RIGHTS

You have the following rights regarding your health information:

- **Access your records:** You may ask to inspect or receive an electronic or paper copy of your medical record and other health information we maintain about you. We will generally provide a copy or summary within 30 days and may charge a reasonable, cost-based fee.
- **Request an amendment:** You may ask us to correct information you believe is incorrect or incomplete. We may deny the request, but we will explain the reason in writing, generally, within 60 days.
- **Request confidential communications:** You may ask us to contact you in a specific way or send communications to a different address. We will accommodate reasonable requests.

- **Request restrictions:** You may ask us not to use or share certain information for treatment, payment, or health care operations. We are generally not required to agree. If you pay in full out of pocket for a service or item, you may ask us not to disclose information about that service or item to your health plan for payment or health care operations. We will agree unless disclosure is required by law.
- **Receive an accounting of disclosures:** You may request a list of certain disclosures made during the six years before your request. The list will not include disclosures for treatment, payment, or health care operations and certain other disclosures. One accounting within a 12-month period will be provided without charge.
- **Receive a copy of this Notice:** You may request a paper copy at any time, even if you agreed to receive it electronically.
- **Choose a representative:** If someone has medical power of attorney or is your legal guardian or authorized personal representative, that person may exercise your rights after we verify the person's authority.

YOUR CHOICES

You may tell us your preferences about sharing information with family members, close friends, or others involved in your care or payment for your care. When applicable, you may also tell us your preferences regarding disaster-relief communications, inclusion in a facility directory.

If you cannot communicate your preference, we may share information when we determine that doing so is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety.

OUR RESPONSIBILITIES

We will not use or share your information other than as described in this Notice unless you authorize us in writing or the use or disclosure is otherwise permitted or required by law.

We reserve the right to change the terms of this Notice. Changes may apply to all health information we maintain, including information created or received before the change. A revised Notice will be available upon request, at our facilities, and on applicable organizational websites.

QUESTIONS OR COMPLAINTS

You may ask questions or file a complaint with the Privacy Officer for the organization providing your care:

Indiana Spine Group
Privacy Compliance Team at (317)428-6634 or via email at privacy@indianaspinegroup.com
Indiana Spine Hospital
Privacy Compliance Team at (317)428-6634 or via email at privacy@indianaspinehospital.com
North Meridian Surgery Center
Privacy Compliance Team at (317)428-6634 or via email at privacy@nmsurgerycenter.com
Northside Anesthesia Services, LLC
Privacy Officer: Mark Rafalko, MD at (317) 432-0640

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights**, by calling **(800) 368-1019** or visiting the complaint portal at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf.

We will not retaliate against you for asking questions, exercising your privacy rights, or filing a complaint.

ORGANIZATIONS COVERED BY THIS JOINT NOTICE

- Indiana Spine Group
- Indiana Spine Hospital
- North Meridian Surgery Center
- Northside Anesthesia Services, LLC

This Joint Notice is available at the participating organizations and on their applicable websites.