JOINT NOTICE OF PRIVACY PRACTICES

Effective Date: September 2026

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

This Notice describes the OSS Health practices in connection with the use and disclosure of your medical information, your rights and certain obligations we have regarding the use and disclosure of your medical information. This notice and the privacy practices described in it apply to your medical information regardless of where the information is maintained or collected.

We are required by law to maintain the privacy of your medical information and to provide you with this Notice describing our privacy practices. We are required to abide by the terms of this Notice. We understand that medical information about you and your health is personal.

Protected health information (PHI)

We are required to provide you with this notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice of Privacy Practices, but reserve the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time. We will provide you with any revised Notice of Privacy Practices upon request; you may request a revised copy be sent to you in the mail or ask for one at the time of your next appointment. We will also promptly post revised Notice of Privacy Practices on our website and at our facilities.

If you have any questions about this notice, please contact the OSS Health Privacy Officer; Director of Health Information Management; phone (717) 718-2048.

Permitted Uses and Disclosures

We are permitted or required to use your medical information for various purposes. Uses or disclosures that we are permitted or required to make will generally fall within one of the following categories:

For Treatment: We may use and disclose medical information about you in order to ensure that you receive proper medical treatment. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, if you are treated in the emergency room, information regarding your visit may be disclosed to your family doctor so that he or she can be kept up to date regarding your health. If you are referred to a specialist, information regarding your healthcare may be shared with the specialist in order to assist him or her in evaluating your healthcare needs. If you are in a facility, different departments of that facility may share medical information about you in order

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to coordinate the different aspects of your care, such as prescription of medications, lab work and x-rays. We may also disclose your medical information to another health care provider who is involved in your care.

For Payment: We may use and disclose medical information about you so that the treatment and services provided to you may be billed to and payment may be collected from your insurance company to determine eligibility or to coordinate coverage. We may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.
We may also disclose your medical information to another entity that is covered by the privacy regulations or a health care provider for that entity's payment activities.

For Health Care Operations: We may use and disclose medical information about you for other OSS Health operations. The OSS Health operations are activities that are necessary to run the organization such as conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; engaging in patient and new-patient outreach efforts and evaluating the effectiveness of those efforts; and business management and general OSS Health administrative activities.

Individuals Involved in Your Care: or Payment for Your Care. We may release medical information about you to a family member or close personal friend who is involved in your medical care or payment for that care. In addition, if you are treated due to injuries resulting from a disaster, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You have the right to restrict or object to any of these uses or disclosures.

As Required By Law: We will disclose medical information about you when required to do so by federal, state or local law. This includes reports to the authorities if we believe that a child may have been the victim of abuse or neglect. We may also be required to disclose your medical information to the Secretary of the Department of Health and Human Services for purposes of reviews associated with our compliance with this Notice.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threatened harm.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness as required or permitted by law.

Public Health Risks: We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recall of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release information about you if asked to do so by a law enforcement official:

- As required by laws that require us to report certain types of wounds or other injuries;
- In response to a court order, subpoena, warrant, summons or similar process;
- To assist law enforcement in identifying or locating a suspect, fugitive, material witness, or missing person;
- If you are the victim of a crime and you agree to the disclosure or, under certain limited circumstances, we are unable to obtain your agreement;
- About a death we believe may be the result of criminal conduct;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

Government Purposes: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may release medical information about you to authorized federal official for intelligence, counterintelligence and other national security activities authorized by law. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official if it is necessary (1) to allow the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Incidental Uses and Disclosures: We may use or disclose your medical information if it is a by-product of any of the uses or disclosures described above and it could not be reasonably prevented.

Uses or Disclosures with your Authorization

We may only use or disclose medical information about you for purposes other than those generally described above if you authorize us to do so in writing. We are required to obtain your authorization prior to disclosure of certain PHI. If you do authorize us to use or disclose your medical information for a purpose not described above, you have the right to revoke that authorization at any time in writing.

All other uses and disclosures that require your prior written authorization: In any other situation not described in this notice, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures.
Specific examples or uses and disclosures that require authorization include:

Psychotherapy notes: Most uses and disclosures of Psychotherapy notes require your written authorization. “Psychotherapy notes” are the recorded notes (in any form) of a mental health professional that document or analyze the contents of conversations during a counseling session, if kept separately from the rest of you medical record.

Marketing: Uses and disclosures of your PHI for marketing require your written authorization. Marketing is a communication that encourages you to purchase or use a product of service. However, it is not marketing if we communicate with you about health-related products or services that we offer, as long as we are not paid by a third party for making the communication. Nor is your written authorization required for us to communicate with you face-to-face or for us to give you a gift of nominal value.

Sale : We may not sell your PHI without your written authorization, except as permitted by law.

Your rights in relation to your Personal Health Information

You have the following rights in connection with the medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy your medical information that is in our possession. You may not, however, have access to psychotherapy notes or information that is put together for use in a civil, criminal or administrative proceeding.
To inspect or copy your medical information, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
We may deny your request to inspect or copy your health information in certain very limited circumstances. Your request may also be denied to the extent that the information is protected by the Privacy Act or was provided to your healthcare providers by someone else under a promise of confidentiality.
If you are denied access to your medical information, you may request that the denial be reviewed; you may do so in writing.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend that information. You have the right to request an amendment for as long as the information has originated at OSS Health.
To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must explain why you believe that the medical information is incorrect or incomplete.
We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by or for us; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request a list of our disclosures of your medical information. We are not required to include on that list any of the following: disclosures to carry out your treatment, payment for your care and our health care operations; disclosures to you; disclosures for facility directories or to persons involved in your care (if you did not object to being included in the directory or involving others in your care); disclosures for national security or law enforcement purposes; if you are an inmate, disclosures to correctional institutions or law enforcement officials; or disclosures that occurred prior to April 14, 2003; or disclosures that were made pursuant to your authorization.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period covered by your request. That time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you

for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.
To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment, but we may terminate the restriction at any time by notifying you that we are terminating the restriction.

Alternative Modes of Communication: You have the right to ask that we send PHI to you at an alternative address or by email. We must agree with your request so long as your request is within our normal course of business procedures.

Right to a Paper Copy of This Notice: You may obtain a copy of this notice in person, on our website or by sending a written request to the Privacy Officer.

COMPLAINTS:
If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Privacy officer in person or mail a written summary of your concern or with the Secretary of the Department of Health and Human Services at:

Regional Manager Office for Civil Rights

U.S. Department of Health and Human Services 801 Market Street Suite 9700 Philadelphia, PA 19107
Customer Response Center: (215) 861-4456 or (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

You will not be penalized or retaliated against for filing a complaint.

If you have any questions about this notice, please contact our Privacy Officer, Director of Health Information Management; phone (717) 718-2048.

SERVICE LOCATIONS

This joint notice applies to all OSS Health locations

OSS Health York Orthopaedic Urgent Care and Orthopaedic Office
1855 Powder Mill Road
York, PA 17402

OSS Health Ambulatory Surgery Center
1855 Powder Mill Road
York, PA 17402

OSS Orthopaedic Hospital
1861 Powder Mill Road
York, PA 17402

OSS Health Gettysburg Orthopaedic Office
20 Expedition Trail, Suite 110B
Gettysburg, PA 17325

OSS Health West York Orthopaedic Office and Urgent Care
1665 Roosevelt Avenue
York PA 17408

OSS Health Hanover Urgent Care and Orthopaedic Office
470 Eisenhower Drive
Hanover, PA 17331

OSS Health Mechanicsburg Urgent Care and Orthopaedic Office
856 Century Drive
Mechanicsburg, PA 17055

Foot & Ankle Specialists
3230 Eastern Boulevard
York, PA 17402

OSS Health – Good Hope
1926 Good Hope Road
Enola, PA 17025

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