

## **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

References to “Sentara,” “we,” “us,” and “our” means the members of the Sentara Health ACE, which is an affiliated covered entity. An affiliated covered entity is a group of organizations under common ownership or control who designate themselves as a single affiliated covered entity for purposes of compliance with the Health Insurance Portability and Accountability Act (“HIPAA”). The Sentara Health ACE, and its employees and workforce members who are involved in providing and coordinating your health care, are all bound to follow the terms of this Notice. The members of the Sentara Health ACE will share federally protected health information (i.e., your medical information) with each other for treatment, payment, and health care operations as permitted by HIPAA and this Notice.

**Sentara Health Plans maintains its own separate Notice of Privacy Practices. The information below does not pertain to Sentara Health Plans. To access the Sentara Health Plans Notice of Privacy Practices, click [here](#).**

### **Our Pledge Regarding Your Medical Information**

Sentara is committed to protecting medical information about you. We create a record of the medical care and services you receive at Sentara sites for use in your care and treatment. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all the records of your care relating to services provided by members of the Sentara Healthcare ACE, including Sentara hospitals, outpatient and ambulatory care centers, and other facilities, as well as the physicians and other health care professionals who provide services within those facilities, whether provided by workforce members of Sentara or your personal doctor. If your personal doctor is not an employee of Sentara, then your personal doctor may have different policies or notices regarding how medical information about you maintained by your doctor is used or disclosed.

### **We are required by law to:**

- Maintain the privacy of your medical information;
- Provide you this Notice describing our legal duties and privacy practices with respect to your medical information;
- Notify you following a breach of your unsecured medical information; and
- Follow the terms of this Notice.

### **Who will follow this Notice?**

This Notice applies to the facilities, health care providers and workforce members of Sentara Health Entities, including:

- All divisions, subsidiaries, affiliates, facilities, departments, clinics, physician practices and any other entities of Sentara Health which are considered Covered Entities under HIPAA.
- Any healthcare professional who provides treatment to you at any Sentara Health location.
- All employees, staff, volunteers, trainees, students and other Sentara Health personnel.
- All credentialed medical staff, residents, and medical students, with regard to services provided and medical records kept at a Sentara Health facility or by health care providers under contract with Sentara Health.

### **How We May Use and Disclose Medical Information About You Without Your Authorization (Permission)**

The following sections describe different ways that we may use and disclose your medical information without your authorization (permission). For each category of uses or disclosures, we will describe them and give some examples. Some medical information, such as certain genetic information, certain substance use disorder information, HIV information, and mental health information, may be entitled to special restrictions by state and federal laws. We abide by all applicable state and federal laws related to the protection of such medical information. Not every use or disclosure will be listed, but all the ways we are permitted to use and disclose medical information about you will fall within one of the following categories.

**Treatment:** We may use or disclose medical information about you to provide you with medical treatment. For example, a doctor treating you for a broken hip may need to know if you have diabetes so that proper medications, meals, and treatments can be ordered. We may share medical information about you with Sentara personnel or other health care providers, agencies, or facilities unaffiliated with Sentara in order to provide or coordinate the different things you need for your care, such as prescriptions, lab work, and X-rays. We may also disclose medical information about you to people outside of Sentara who may be involved in your continuing medical care after you leave Sentara, such as other health care providers, transport companies, community agencies, or others providing services that are part of your care. We may disclose medical information about your care to any doctor identified as a provider of medical care to you, even if that doctor is not a direct participant in a given episode of care at Sentara. For example, it is routine for Sentara to provide medical information about your care to your primary care provider (PCP). We may also use and disclose photographs, video, or closed-circuit television to monitor or coordinate your care.

**Payment:** We may use and disclose medical information about you for payment activities of Sentara and others involved in your care, such as an ambulance company. For example, we may use and disclose medical information about you so that Sentara or others involved in your care can obtain payment from you, an insurance company, or another third party. We may disclose your medical information to the Social Security Administration, or any other person or insurance or benefit payer, health care service plan, or worker's compensation carrier which is, or may be, responsible for all or part of your medical bill. For example, we may give your insurance company medical information about a surgery you receive at Sentara so they will pay us or reimburse you for the surgery. We may also tell your insurance company about a proposed treatment to determine whether or not they will pay for the treatment or to resolve an appeal or complaint/grievance. However, if you pay for a service out-of-pocket and in full, and ask us not to share information about that service with your insurance company, we will honor your request. For example, when a patient wants cosmetic surgery and pays for it out of pocket in full, upon request we will not send any claim for the cosmetic surgery to the patient's insurance carrier. To request that we not share your information for payment purposes, see "Right to Request Restrictions" below.

**Health Care Operations:** We may use and disclose medical information about you for our health care operations and for certain health care operations of other providers who furnish care to you. These uses and disclosures are necessary to operate Sentara and to make sure that all our patients receive quality services. For example, we may use medical information about you to review our treatment and services, to evaluate the performance of our staff, and to survey you on your satisfaction with our treatment and/or services. We may review and/or aggregate medical information to decide what additional services or health benefits Sentara should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, students training with Sentara, and other Sentara personnel for review and learning purposes. We may combine the medical information we have about you with medical information from other health care entities to compare how we are doing and see where we can make improvements in the care and services we offer. Sentara may disclose information to private accreditation organizations, in order to obtain accreditation from these organizations.

**Health Information Exchange:** We may participate in health information exchanges ("HIEs") and may electronically share your medical information for treatment, payment, and healthcare operations purposes with

other participants in the HIEs. HIEs allow us, and your other healthcare providers and organizations, to efficiently share and better use information necessary for your treatment and other lawful purposes. If you do not want your medical information shared in one or more HIEs, please contact us using the contact information below.

**Business Associates:** We may share your medical information with certain third parties referred to as “business associates.” Business associates provide various services to or for Sentara. Examples include billing services, transcription services, and legal services. We require our business associates to sign an agreement requiring them to protect your medical information and to use and disclose your medical information only for the purposes for which we have contracted for their services.

**Fundraising Activities:** We may contact you to provide information about Sentara-sponsored activities, including fundraising programs and events. You may request to “opt out” of fundraising communications if you do not wish to be contacted by contacting our Privacy Officer (contact information below).

**Hospital Directory (Hospital Only):** If you are hospitalized, we may include your name, location in the hospital (for example, room number or emergency room), your general condition (for example, fair condition, stable condition, etc.), and your religious affiliations in the hospital directory. The directory information, except for your religious affiliation, may be released to people who ask for you by name so your family and friends can visit you in the hospital and generally know how you are doing. Your religious affiliation and directory information may be given to members of the clergy, such as priests, ministers, or rabbis, even if they do not ask for you by name. If you object to any or all of this information being included in the hospital directory, you must tell your caregivers at Sentara, or our Privacy Officer (contact information below), so that information about you may be removed from the directory.

**Individuals Involved in Your Care or Payment for Your Care:** Unless you tell us not to, we may release medical information about you to individuals involved in your medical care, such as a friend, a family member, or any individual you identify. We also may give your medical information to someone who helps pay for your care. Additionally, we may disclose medical information about you to your legal representative, meaning generally, a person who has the authority by law to make healthcare decisions for you. Sentara typically will treat your legal representative the same way as we would treat you with respect to your medical information.

If a family member, friend, or other individual is present while we discuss your medical information with you, Sentara may presume that you consent to Sentara disclosing such medical information to the individual, unless you tell us otherwise. For example, we may disclose your medical information to a friend who brings you into an emergency room or a person you bring with you to an in-office appointment.

**Communications with You:** We, or our Business Associates, may contact you via telephone, email, Epic MyChart message, or text message about your treatment, care, or payment related activities. As an example, we may remind you that you have an appointment for medical care and provide information about treatment. We or our Business Associate may also use your medical information to communicate with you about health-related benefits or services that may be of interest to you, such as available immunizations.

We may make certain medical information about you, such as information about your care or treatment, appointment histories, and medication records accessible to you through secure online tools such as your MyChart account. MyChart is a tool that provides electronic access to your personal medical information and healthcare provider.

If you provide us with your email address and/or phone number, you acknowledge that we, or our Business Associates, may exchange PHI with you by email, text or phone call. These messages may be sent using automated dialing and/or pre-recorded messages. You agree we can communicate with you through these methods via phone calls, emails, text messages, or other means based on the contact information you have on file with us. You also

understand and agree that communication via email and text are inherently unsecure and that there is no assurance of confidentiality of information communicated in this manner. You agree that you are the user and/or subscriber of the e-mail address and/or phone number provided to us, and you accept full responsibility for e-mails, phone calls, and/or text messages made or sent to or from this e-mail address or phone number. If you prefer not to exchange PHI via email, text or over the phone, you can choose not to communicate with us via those means by notifying the Privacy Officer (see contact information at the end of this Notice).

**Sign-In Sheets:** We may use sign-in sheets in certain Sentara locations to track your arrival. We may also call your name in the waiting area. If you do not wish to sign the sign-in sheet or have your name called in the waiting area, please let the staff know and we will make reasonable efforts to accommodate your request.

**Minors:** In general, parents and legal guardians are the legal representatives of minor patients. However, in certain circumstances, as allowed by state law, minors can act on their own behalf and consent to their own treatment. In general, we will share the medical information of a patient who is a minor with the minor's parent(s) or guardian(s) unless the minor could have consented to the care or treatment themselves.

**Research:** We may use and disclose medical information about you for certain research purposes in compliance with the requirements of applicable federal and state laws. All research projects, however, are subject to a special approval process, which establishes protocols to ensure that your medical information will continue to be protected. When required, we will obtain a written authorization from you prior to using your medical information for research.

**As Required or Permitted by Law:** We will disclose medical information about you when required to do so by federal and/or state law. This includes, but is not limited to, disclosures to mandated patient registries, including reporting adverse events with medical devices, food, or prescription drugs to the FDA. We also may disclose medical information to health oversight agencies for activities permitted by law. These oversight activities may include licensure activities and other activities by governmental, licensing, auditing, and accrediting agencies as permitted or required by law. We may disclose your medical information for public health activities including disclosures to prevent or control disease, injury or disability, report births and deaths, report child abuse or neglect, or notify a person who may have been exposed to a disease or condition.

**Legal Proceedings, Lawsuits and Other Legal Actions:** We may disclose medical information about you to courts, attorneys, court employees, and others when we receive a court order, subpoena, discovery request, warrant, summons, or other lawful instructions. We also may disclose medical information about you to those working on Sentara's behalf in a lawsuit or action involving Sentara.

**Law Enforcement:** We may disclose information for law enforcement purposes as required by law or in response to a valid subpoena, summons, court order, or similar process. We also may provide limited information to law enforcement officials upon request for the purpose of identifying or locating a suspect, fugitive, witness or missing person. Under certain circumstances, we also may provide information to law enforcement officials upon request regarding individuals who are or are suspected to be victims of a crime.

**Incidental Disclosures:** There are certain disclosures of medical information that may occur while we are providing service to you or conducting our business. For example, in a waiting room it may be possible for another patient to overhear your registration information even though the discussion is occurring at an appropriate volume. As another example, in the Emergency Department a physician may speak with you about your discharge instructions in an open area divided by curtains where other people may be able to overhear the physician's instructions to you. We will make reasonable efforts to limit these incidental disclosures.

**SUD Treatment Information.** If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide

to the Part 2 Program to use and disclose the Part 2 Program record for treatment, payment or health care operations purposes, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us. In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

#### **Additional Uses and Disclosures of Your Medical Information Without Your Authorization (Permission)**

We may use and disclose your medical information in the following special situations:

- **Disaster-Relief Efforts:** We may disclose medical information about you to an organization assisting in a disaster-relief effort so that your family can be notified about your condition, status, and location. If you do not want us to disclose your medical information for this purpose, you must tell your caregivers so that we do not disclose this information unless we must do so to respond to the emergency.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you to help prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person.
- **Organ, Eye and Tissue Donation:** We may release medical information about you to organizations that handle organ procurement, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military:** If you are a member of the armed forces, domestic (United States) or foreign, we may release medical information about you to the military authorities as permitted or required by law.
- **Workers' Compensation:** We may disclose medical information about you for workers' compensation or similar programs as permitted or required by law.
- **Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information about you to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties.
- **National Security and Intelligence Activities:** We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as permitted or required by law.
- **Protective Services for the President of the United States and Others:** We may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President of the United States, other authorized persons, or foreign heads of state as permitted or required by law.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution or law enforcement officials as permitted or required by law.

#### **How We May Use and Disclose Medical Information About You Upon Your Written Authorization (Permission)**

**Psychotherapy Notes:** We must obtain your written permission to disclose psychotherapy notes about you except in certain circumstances. For example, written permission is not required for use of those notes by the author of the notes with respect to your treatment or use or disclosure by us for training of mental health practitioners, or to defend Sentara in a legal action brought by you.

**Marketing:** We must obtain your written permission to use or disclose your medical information for marketing purposes except in certain circumstances. For example, written permission is not required for face-to-face encounters involving marketing, or where we are providing a gift of nominal value (for example, a coffee mug), or a communication about our own services or products (for example, we may send you a postcard announcing the arrival of a new surgeon or x-ray machine).

**Sale of PHI:** We must obtain your written permission to disclose your medical information in exchange for remuneration (payment).

**Other Uses and Disclosures of Your Medical Information with Your Authorization (Permission):** Other uses and disclosures of your medical information not covered by the categories included in this Notice or applicable laws, rules, or regulations will be made only with your written permission. If you provide us with such written permission, you may revoke it at any time. We are not able to take back any uses or disclosures that we already made in reliance on your written permission.

### **Your Rights Regarding Medical Information About You**

You have the following rights regarding your medical information:

**Right to Inspect and Copy:** With certain exceptions, you have the right to inspect and/or receive a copy of your medical and billing records or any other of your records that are used by us to make decisions about your care. The exceptions to this are any psychotherapy notes, information collected for certain legal proceedings, and any medical information restricted by law.

To inspect and/or receive a copy of your medical records, we require that you submit your request in writing to your Sentara care provider or the appropriate facility medical records department. If you are unsure where to submit your request, please contact the Sentara Privacy Officer (contact information below). If you request a copy of your medical records, we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. Your request will be fulfilled in a timely manner not to exceed 30 days.

Under certain circumstances, we may deny your request to inspect or copy your medical records, such as if we believe it may endanger you or someone else. If you are denied access to your medical information, you may request that another licensed health care professional review the denial. We will comply with the outcome of the review.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or by mail. If you want us to communicate with you in a certain way, you will need to give us specific details about how you want to be contacted including a valid alternative address. We will not ask you the reason for the request, and we will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have. We require that you submit your request in writing to your Sentara care provider or the appropriate hospital medical records department. If you are unsure where to submit your request, please contact the Sentara Privacy Officer (contact information below).

**Right to Request an Amendment:** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the medical information for as long as the medical information is kept by or for Sentara in your medical and billing records. To request an amendment, we require that you submit your request in writing and that you provide the reason for the request. You should direct your request to your Sentara care provider or the appropriate hospital medical records department. If you are unsure where to submit your request, please contact the Privacy Officer (contact information below). If we agree to your request, we will amend your record(s) and notify you of such. In certain circumstances, we cannot remove what was in the record(s), but we may add supplemental information to clarify. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

**Right to an Accounting of Disclosures:** You have a right to make a written request to receive a list of the disclosures we have made of your medical information in the six years prior to your request. The accounting of disclosures you receive will not include disclosures made for treatment, payment, or healthcare operations activities of Sentara. Additionally, it will not include disclosures made to you. To request an accounting of disclosures, we require that you submit your request in writing to the Privacy Officer (contact information below). You must state the time period for which you want to receive the accounting, which may not be longer than six years and which may not date back more than six years from the date of your request. You must indicate whether you wish to receive the list of disclosures electronically or on paper.

The first accounting of disclosures you receive in a 12-month period will be free. We may charge you for responding to additional requests in that same period. We will inform you of the costs involved before any costs are incurred. You may choose to withdraw or modify your request at that time.

**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. If we agree to your request, we will comply with your request unless the medical information is needed to provide you with emergency treatment or we are required by law to disclose it. We are not required to agree to your request except in the case where the disclosure is to a health plan for the purposes of carrying out payment or health care operations of the health plan, and the information pertains solely to a health care item or service for which we have been paid out of pocket in full.

To request a restriction, you must make your request in writing to a Sentara representative or directly to the Privacy Officer (contact information provided below) and 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 allowed to end the restriction by providing you notice. If we end the restriction, it will only affect the medical information that was created or received after we notify you.

Due to the nature of electronic medical records, Sentara is generally not able to agree to restrictions that restrict sharing treatment-related information to a particular provider, nor is Sentara required to do so by law.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice at any time, even if you have previously agreed to receive this Notice electronically. Copies of this Notice are available throughout Sentara or by contacting the Sentara Privacy Officer (contact information below).

**Right to Receive Notification of a Breach:** You have the right to receive written notification of any breach of your unsecured medical information.

**Changes to This Notice:** We reserve the right to change this Notice from time to time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any medical information we receive about you in the future. We will post a copy of the current notice on the Sentara

website at [www.Sentara.com](http://www.Sentara.com). Please review the Notice from time to time to ensure you are familiar with our HIPAA privacy practices.

**Questions, Requests, or Complaints:** If you have questions or believe that your privacy rights have been violated, you may file a complaint with Sentara or with the Secretary of the Department of Health and Human Services. To file a complaint with Sentara, contact the Privacy Officer. ***You will not be penalized or retaliated against for filing a complaint.***

Sentara Healthcare  
Attn: Privacy Officer  
P.O. Box 2200  
Norfolk, VA 23501  
1-833-723-0582  
[privacy@sentara.com](mailto:privacy@sentara.com)

The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

*This Notice is effective February 16, 2026 and replaces all earlier versions.*

APPENDIX A

AFFILIATES

This Notice of Privacy Practices covers an Affiliated Covered Entity or “ACE”. When this Notice refers to the Sentara Healthcare ACE, it is referring to Sentara Healthcare and each of the following subsidiaries and affiliates:

*Sentara Hospitals*

*Sentara Belleharbour*

*Sentara Careplex Hospital*

*Sentara Leigh Hospital*

*Sentara Martha Jefferson Hospital*

*Sentara Norfolk General Hospital*

*Sentara Obici Hospital*

*Sentara RMH Medical Center*

*Sentara Virginia Beach General Hospital*

*Sentara Williamsburg Regional Medical Center*

*Sentara Northern Virginia Medical Center*

*Sentara Albemarle Regional Medical Center*

*Sentara Princess Anne Hospital*

*Sentara Halifax Regional Hospital*

*Sentara Medical Group*

*Sentara Dominion Health Medical Associates*

*Martha Jefferson Medical Group*

*RMH Medical Group*

*Albemarle Physician Services*

*MD Live, Incorporated*

*SMG Anesthesia Specialists*

*SARMC Anesthesia Specialists*

*Proprium*

*Sentara Advanced Imaging Solutions*

*Sentara Reference Lab Solutions*

*Sentara Therapy Solutions*

*Sentara Enterprises*

*Sentara Home Care & Hospice*

*Sentara PACE Program*

