Dartmouth Health

Privacy Office

Notice of Privacy Practices

Dartmouth Health Affiliated Covered Entity

Effective as of October 24, 2026

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) describes the privacy practices of members of the Dartmouth Health affiliated covered entity (ACE), including Alice Peck Day Memorial Hospital, Cheshire Medical Center, Dartmouth Health Clinic, Dartmouth Health Home Care, Mary Hitchcock Memorial Hospital, Hampstead Hospital, Hanover Psychiatry, Mt. Ascutney Hospital and Health Center, New London Hospital, and Valley Regional Hospital. The members of the ACE maintain a common electronic health record, which allows them to coordinate and manage clinical services, in order to provide you with high quality, integrated care. As the members of the Dartmouth Health ACE may change over time, please use this link for a current list of members: **www.dartmouth-health.org/privacy.** When this Notice refers to "we," "our," or "us," it is referring to the Dartmouth Health ACE and each of its members. The members of the Dartmouth Health ACE will share your protected health information with each other for the treatment, payment and health care operations of the ACE and as permitted by this Notice.

Contact Information for Dartmouth Health ACE Privacy Office

You have a right to a copy of this notice (in paper or electronic form) and to discuss it with the Privacy Office if you have any questions.

Phone: (844) 754-8250

Email: PrivacyOffice@hitchcock.org

Mailing: Dartmouth Health ACE Privacy Office
Colburn Hill, One Medical Center Drive
Lebanon, NH 03756

Our Privacy Responsibilities

The law requires us to maintain the privacy and security of certain health information called "Protected Health Information" (PHI). PHI is the information that you provide us and that we create or receive about your health care, including medical records and billing information. The law also requires us to provide you with this Notice of our legal duties and privacy practices. When we use or disclose (share) your PHI, we are required to follow the terms of this Notice (or the Notice in effect at the time we use or share your PHI). We will promptly notify you if a breach occurs that may have compromised the privacy or security of your PHI. Finally, the law provides you with certain rights, which are described further below in this Notice.

Opportunity to Agree or Disagree with Information Sharing

For certain health information, you can tell us your preferences about what we share. If you have a clear preference for how we share your information in the situations described below, please let us know.

Use or Disclosure for Directory of Hospital Patients

We may include your name, location in the hospital, general health condition and religious affiliation in our inpatient hospital directory. Information in the directory may be shared with anyone who asks for you by name or with members of the clergy; however, religious affiliation will only be shared with members of the clergy. We will not include your information in the directory if you object upon admission.

Disclosures to Relatives, Close Friends, and Your Other Caregivers

We may share your PHI with your family member, other relative, a close personal friend, or another person who you identify as involved in your care if we (1) first provide you with the chance to object and you do not object; (2) infer that you do not object; or (3) obtain your express agreement to share your PHI with these individuals.

We may also use or share your PHI to notify these individuals about your location and general medical condition in the case of an emergency. In these circumstances, if you are not present, or you are not able to tell us your preference (because, for example,

you are unconscious or there is an emergency), we will use our professional judgment to decide whether sharing your PHI is in your best interest. If it is thought to be in your best interest, we will only share information that is directly relevant to the person's involvement with your care or payment for your care.

Disaster Relief

We may use or share your PHI with a public or private agency assisting in disaster relief to coordinate efforts to notify someone on your behalf. If we can reasonably do so while responding to the emergency, we will try to get your permission before sharing this information. If you are not present, or you are not able to tell us your preference (because, for example, you are unconscious), we will use our professional judgment to decide whether sharing your PHI is in your best interest. If it is thought to be in your best interest, we will only share information that others need to know.

Fundraising Communications

We may use limited components of your health information to contact you to raise funds for the benefit of the Dartmouth Health ACE. You may opt out of receiving fundraising communications at any time by following the instructions included in the fundraising communication or by contacting the Privacy Office listed at the end of this Notice.

Electronic Exchange of Your Health Information

Sharing your electronic health record

Your medical care may be managed by both members of the Dartmouth Health ACE and healthcare teams outside of the Dartmouth Health ACE. We believe that fast, secure transmission of health information at the point of care improves quality and safety and reduces costs. In the past, we exchanged your health information with other providers involved in your care using hand delivery, mail, fax, and e-mail. These methods were slower and, in some cases, less secure, than the options that are available today for electronic exchange.

We may use any of the following methods to share your PHI*:

Health Information Exchanges: We may electronically transmit your health information in a secure and confidential manner to other health care providers involved in your care through a national health information exchange, such as eHealth Exchange, Carequality, Commonwell, or a state HIE, such as the Vermont Health Information Exchange (VHIE).

"DHconnect": DHconnect provides healthcare organizations that do not use Epic EHR systems with secure access to medical records of patients seen by a Dartmouth Health ACE provider. DHconnect allows your provider access to most information contained in your medical record.

*The Dartmouth Health ACE will not share any substance use disorder treatment information covered by 42 C.F.R. part 2 via these electronic exchanges without an authorization signed by you to share such information, except as required or permitted by law.

Opting-out of these electronic exchanges:

You may request that we not share your PHI through the electronic exchanges described above. In order to optout, you must submit your request in writing on an opt-out form to Dartmouth Health's Health Information Services Department at One Medical Center Drive, Lebanon, NH 03756.

To receive an opt-out form, please contact Health Information Services at your local facility, or visit **www.dartmouth-health.org/privacy.**

Here are the key points you should understand when you opt out:

- If you opt out of one of the electronic exchanges described above, you will automatically be opted out of all exchanges.
- Opting out of these electronic exchange methods may delay the communication of your health information between providers treating you, which may result in their having incomplete information about your health status and may further result in the need for duplicate tests and procedures.
- It may require us to use less secure data transmission methods (such as fax or mail).
- Your opt out will be in effect until you notify us otherwise. To change your decision, contact Health Information Services.
- You may still receive health care at any Dartmouth Health ACE member even if you decide not to permit the use of these methods of electronic exchange.

Ways We Can Use and Share Your PHI Without Your Written Permission

In many situations, we can use and share your PHI without your written permission (authorization) for activities that are common in hospitals and clinics. In certain other situations, which we will describe below, we must have your authorization to use and/or share your PHI. Although we do not need your authorization for the following uses and disclosures of your PHI, we generally have to meet many conditions in the law before we can share your information for these purposes.

*The Dartmouth Health ACE will not share any substance use disorder information covered by 42 C.F.R. part 2 without your written permission to share such information, except as required or permitted by law.

Treatment, Payment, and Health Care Operations

Treatment: We use and share your PHI to provide and manage your health care and related services—for example, to diagnose and treat your injury or illness. We will share information with those who treated you before we saw you (such as your primary care provider or a referring specialist), and with those who will treat you in the future. This helps to make sure that everyone caring for you has the information they need. We will also share information with other third parties, such as pharmacies, home health agencies, visiting nurses, rehabilitation hospitals, and ambulance companies, as necessary to facilitate your care.

Payment: We use and share your PHI to receive payment for services that we provide to you. For example, if you have health insurance, we will share your PHI with your health plan

or government agency (for example, Medicare or Medicaid) in order to collect payment or to confirm that the entity will pay for your health care.

Health Care Operations: We can use and share your PHI for our health care operations, which include management, planning, and activities that help to improve the quality and efficiency of the care that we deliver. For example, we can use PHI to review the quality and skill of our health care providers and to provide them training. In addition, we sometimes share PHI with third parties who help us run our organization, including those we hire to perform services on our behalf. In addition, we can contact you to provide appointment reminders or information about treatment options, including preventative care. We may also contact you to tell you about other health-related benefits and services we provide that might interest you.

Public Health and Safety Activities

We can share your PHI to help with public health and safety issues, such as:

- To report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability;
- To report suspected abuse, neglect, or domestic violence to the appropriate State agencies;
- To report information to the U.S. Food and Drug Administration (FDA) about products and activities it regulates;
- To prevent or reduce a serious and imminent threat to anyone's health or safety;
- As required under laws addressing work-related illnesses and injuries or workplace medical surveillance;
- To share proof of your or your child's immunizations with your or your child's school, as long as we have at least your verbal agreement to do so; and
- For special government functions, such as military, national security, and presidential protective services.

Health Oversight Activities

To the extent authorized by law, we can share your PHI with a health oversight agency that oversees the health care system and ensures the rules of government health programs, such as Medicare or Medicaid, are being followed.

Legal and Administrative Proceedings

If certain conditions are met, we can share your PHI in response to a court or administrative order. In most cases, we won't share your information in response to a subpoena, unless it is accompanied by a binding court order or your written permission.

Law Enforcement Purposes

We can share your PHI with the police or other law enforcement officials as required or permitted by law, or in compliance with a court order.

Decedents

- We can share PHI with a coroner, medical examiner or funeral director as authorized by law.
- After your death, we can also share limited information with friends or family who were involved in providing or paying for your care, unless doing so is inconsistent with any prior expressed preference that you have made known to us.
- We are required to comply with federal privacy protections for your PHI for a period of fifty (50) years following your death.

Organ, Eye and Tissue Donations

We can share your PHI to facilitate organ, eye or tissue procurement, banking or transplantation.

Research

We can use or share your PHI for research in certain circumstances, subject to certain safeguards. For example, we can share information with researchers when their research proposal has been approved by a special committee (an Institutional Review Board) that reviews the research proposal to ensure protocols have been established to protect the privacy and security of your health information.

Workers' Compensation

We can share your PHI as permitted or required by state law relating to workers' compensation claims or other similar programs.

As Required by Law

We will use and share your PHI if state or federal law requires it.

Written Permission to Use and Share Your Protected Health Information

For purposes other than the types described above, we will only use or share your PHI when you give us your written permission. For example, you will need to give us your written permission before we send your PHI to your life insurance company or your attorney.

You may request an authorization form from Health Information Services or by visiting **www.dartmouth-health.org/privacy.**

You may change your mind about your authorization to disclose your PHI by sending a written "revocation statement" to Health Information Services. The revocation will not apply to the extent that we have already taken action based on your prior authorization.

Certain Health Information

Some categories of health information are protected by additional state or federal privacy laws and regulations. In most cases, we will not be able to share the following types of health information without your written authorization:

- HIV testing and test results (except to other health care providers treating you when sharing is necessary in order to protect your health)
- Genetic testing and test results
- Substance use disorder treatment records protected under 42 C.F.R. part 2
  - » If you are receiving substance abuse disorder treatment, please refer to the Notice of Privacy Practices Supplement to Substance Use Disorder Programs (42 C.F.R. part 2).

Marketing Communications

We must obtain your written authorization prior to using your PHI for marketing purposes, with the exception of making a face-to-face communication or providing you with a promotional gift of nominal value. For example, we will not share your information with a third party in exchange for payment for purposes of marketing their products or services to you. However, we can use your PHI to communicate with you about certain treatment and for health care operations purposes, which are not considered marketing, including communications about prescription refill reminders, products or services we offer, case management, care coordination, and other communications about alternative treatments, therapies, health care providers or care settings.

Sale of PHI

We will not sell your PHI without first obtaining your written authorization. Any such authorization will state that we will receive payment in the transaction.

Psychotherapy Notes

Except in very limited circumstances as permitted by law, we will not use or share psychotherapy notes without your written permission. Psychotherapy notes are those created for the therapist's own use and maintained separate from the medical record. They do not include medical records generated in the course of psychology or psychiatry visits, such as progress/visit notes.

Your Rights Regarding Your Protected Health Information

All requests to exercise your rights described in this section must be in writing. If you wish to obtain request forms, or want additional information about how to exercise any of your rights described in this section, please contact the Privacy Office listed at the end of this Notice.

Right to Receive an Electronic or Paper Copy of Your Medical Records

You have a right to inspect and obtain a copy, in the form and format you request, if it is readily producible in that form and format, of your medical records, billing records, and other records used to make decisions about you. You may also direct us to provide a copy of your medical records, billing records, or other records used to make decisions about you to a third party, such as your attorney. We will provide a copy or summary of your health information within 30 days of your request. If we are unable to provide you with a copy or summary within 30 days, we will produce what we can and notify you of when your health information will be ready, which will be within 60 days of your request. We may charge a reasonable, cost-based fee for copies of your record. Under limited circumstances, we may deny you access to a portion of your records if your provider feels that providing access could cause harm to you or someone else. In some circumstances, you may request that the denial be reviewed, and the person we select to review the decision will be different from the person who denied your initial request.

Right to Request Changes in Your Records

If you believe that information in your medical records, billing records or other records used to make decisions about you is incorrect or incomplete, you may request that we change (amend) the information. If you want to request an amendment to your records, you may obtain an amendment request form from the Privacy Office listed at the end of this Notice. Once we receive the completed form, we will comply with your request unless your provider believes that the information is accurate and complete, or other circumstances apply (for example, we will generally not amend information that was not created by us). We will notify you in writing of our decision within 60 days.

Right to Request Restrictions

You have the right to ask us to restrict or limit the PHI we use or share about you for treatment, payment or health care operations purposes. However, we are not required to agree to your request (other than a request to restrict a disclosure to a health plan under the circumstances described below*) and we will not agree to a request if we feel it would affect your care or if we feel that we cannot carry out our agreement to do so.

*If you pay for a service or health care item out-of-pocket in full, we must agree to your request to restrict sharing that information (for the purpose of payment or our health care operations) with your health plan, unless we are required by law to share the information.

Right to Request Confidential Communications

You can ask us to communicate with you in specific ways (such as by letter or by phone), or at a certain location (for example, only at home). We will agree to your request if we feel it is reasonable and that we can carry out our agreement to conduct communications in the manner requested.

Right to Receive an Accounting of Disclosures

You have the right to request a list (accounting) of the times we have shared your PHI in the six years prior to the date of your request. The following types of disclosures are exempt from this accounting: disclosures made to carry out treatment, payment, or health care operations; disclosures made to you; incidental disclosures; disclosures made with your written permission; disclosures made from the hospital directory, to persons involved in your care, or for other notification purposes; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement officials regarding inmates in their custody; and those that were made as part of a limited data set. We may charge you for the costs of providing the information.

Choose Someone to Help You Exercise Your Privacy Rights

If someone is your parent (in the case of minor children) or legal guardian, an attorney-in-fact under a durable power of attorney for health care, the representative of your estate upon your death, or, in certain circumstances, your surviving spouse, that person can exercise your health information rights and make choices about your health information. They are called your "Personal Representative." You can also designate an individual over the age of 18 to act as your Personal Representative with respect to your health information at Dartmouth Health ACE member organizations by contacting the Privacy Office listed at the end of this Notice.

Rights Concerning the Patient Portal ("myDH")

You may access, and may authorize others to access, your medical record directly through the Dartmouth Health ACE Patient Portal, known as "myDH," at **www.mydh.org/portal**.

MyDH is an internet-based method for a patient to access certain health information from their medical record electronically and communicate with their health care team. As an adult, you may authorize members of your family or others who may care for you to have proxy access to your medical record through myDH. Parents also may have proxy access to certain information in their child's medical record through myDH. If you wish to set up a myDH account, obtain proxy access, authorize proxy access to your medical record, or revoke proxy access to myDH account, contact the myDH support team specified on the myDH website.

File a Complaint

If you want more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact the Privacy Office at the location listed at the end of this Notice. You may also file a written complaint with the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services. When you ask, the Privacy Office will provide you with the current address for the OCR.

You may also visit the OCR's website for further information on filing a complaint: **www.hhs.gov/ocr/privacy/hipaa/complaints**. We will not retaliate against you for filing a complaint.

Change in Terms of this Notice

We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new Notice. If we change this Notice, we will post the new Notice in common areas throughout our facilities, and on our internet site at **dartmouth-health.org**. You also may obtain a copy of this Notice, including a paper copy, by contacting the Privacy Office listed on the next page.

Effective as of October 24, 2026

"Dartmouth Health (DH)" is the corporate parent of the covered entities listed below, each of which is an individual corporate entity legally separate and distinct from Dartmouth Health. Member organizations include: Alice Peck Day Memorial Hospital, Cheshire Medical Center, Dartmouth Health Home Care, Mary Hitchcock Memorial Hospital and Dartmouth Hitchcock Clinic, operating jointly as "Dartmouth Hitchcock", Hampstead Hospital, Hanover Psychiatry, Mt. Ascutney Hospital and Health Center, New London Hospital, and Valley Regional Hospital. The DH ACE is comprised only of DH members who are currently using a single, integrated electronic medical record system, referred to sometimes as "eDH."

Privacy Office
One Medical Center Drive Lebanon, NH 03756
(603) 650-7110 | Dartmouth-Health.org

For a listing of providers, events, support groups and health information visit Dartmouth-Health.org

Manage your health online at myDH.org

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Dartmouth-Health.org

Dartmouth Health is a charitable organization and has a financial assistance policy.
Dartmouth Health campuses are smoke-free and tobacco-free.

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