Marathon Health™

Notice of Privacy Practices

Your information. Your rights. Our responsibilities.

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.

I. Who we are

This Notice of Privacy Practices ("Notice") describes the privacy practices of Marathon Health and its affiliated entities, clinics, health centers, and professionals that provide or support health care services (collectively, "Marathon Health," "we," "us," or "our"). Marathon Health is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and applicable state privacy laws.Marathon Health may include multiple health care entities or service sites. Each participating entity agrees to abide by the terms of this Notice with respect to protected health information it creates or receives.

II. Our commitment to your privacy

We are required by law to maintain the privacy and security of your individually identifiable health information, known as Protected Health Information (“PHI”). We are also required to provide you with this Notice of our legal duties and privacy practices with respect to PHI and to abide by the terms of this Notice.

PHI includes information that identifies you and relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or payment for that care. This Notice applies to all PHI that we maintain, whether in paper, electronic, or oral form.

III. Uses and disclosures that require your authorization

Except as described in this Notice, we may not use or disclose your PHI without your written authorization. You may revoke your authorization at any time in writing, except to the extent we have already relied on it.

If your PHI includes information subject to additional federal or state protections, including substance use disorder records under 42 C.F.R. Part 2, HIV/AIDS-related information, or certain reproductive health information, additional authorization or legal requirements may apply.

IV. Uses and disclosures without your authorization

Unless otherwise limited by law, we may use or disclose your PHI without your authorization for the following purposes:

A. Treatment

We may use and disclose PHI to provide, coordinate, or manage your health care and related services. This includes sharing information among health care providers involved in your care, including providers outside of Marathon Health.

B. Payment

We may use and disclose PHI to obtain payment for health care services provided to you, including billing and collection activities, eligibility determinations, and utilization review.

C. Health care operations

We may use and disclose PHI for health care operations, including quality improvement, training, accreditation, licensing, credentialing, compliance activities, auditing, care coordination, business planning, and administrative activities.

D. Business associates

We may share your PHI with third-party service providers that help us operate our business. These providers are required by law and contract to protect your PHI and may only use it as permitted.

E. Employers

If you receive occupational health–related services from a Marathon facility, we may disclose certain health information to your employer when it relates to a work-related illness or injury, or to workplace medical surveillance.

When healthcare services are provided as part of an employer-sponsored program—such as pre-employment physicals, fitness-for-duty or work-readiness determinations, occupational health services, biometric or wellness screenings, or similar assessments—we may disclose limited information, including your participation, to the employer-sponsor or its designee. You have the right to refuse such disclosures; however, refusal may limit your ability to complete the assessment or participate in employer programs or incentives that depend on participation.

F. Health Information Exchange (HIE)

Marathon Health may participate in one or more Health Information Exchangeswhere we may disclose your health information, as permitted by law, to other health care providers or entities that participate in the HIE for treatment, payment, or health care operations. Other participating health care providers, such as physicians, hospitals and other health care facilities, may also have access to your information in the HIE for similar purposes. Participation in HIEs varies by state and is subject to applicable laws governing consent and patient choice.

If you do not wish to allow Marathon Health to electronically share your PHI through an HIE with otherwise authorized healthcare providers involved in your care, you may have the right to opt out of the HIE as permitted by law. To exercise this option, please contact our Privacy Officer. Opting out of an HIE does not affect other permitted uses and disclosures of your PHI.

G. Public health activities

We may disclose your PHI to public health or other government authorities for certain purposes, such as preventing or controlling disease, injury, or disability or reporting vital events. We may also disclose PHI related to adverse events with FDA-regulated products (drugs, devices, foods, and supplements) or to enable product recalls, repairs, or replacement.

H. Health oversight activities

We may disclose PHI to health oversight agencies for activities such as audits, investigations, inspections, licensing, and compliance with health care laws.

I.Serious threat to health or safety

We may disclose your PHI to stop or reduce a serious threat to your health and safety or the health and safety of the public or another person.

J. Judicial and administrative proceedings

We may disclose PHI in response to a court order, subpoena, discovery request, or other lawful process, as permitted by law.

K. Law enforcement

We may disclose PHI to law enforcement officials as required or permitted by law, including for identification purposes or pursuant to legal process.

L. Organ and tissue donation

We may disclose PHI to organizations involved in organ, eye, or tissue donation and transplantation.

M. Research

We may use or disclose PHI for research purposes, subject to applicable legal and ethical requirements.

N. Decedents

We may disclose PHI to coroners, medical examiners, or funeral directors, as authorized by law.

O. Workers' compensation and government programs

We may disclose PHI as authorized by law to comply with workers' compensation or similar programs and certain government functions.

P. Substance use disorder records

Marathon Health may receive or maintain information related to substance use disorder diagnosis, treatment, or referral for treatment that is protected under federal law (42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2). If we maintain such records ("Part 2 records"), we may only use or disclose them as permitted by Part 2, including with your written consent or as otherwise required or allowed by law.

Except as permitted by Part 2, Marathon Health may not use or disclose Part 2 records in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a Part 2–compliant court order.

Part 2 protections do not apply to reports of suspected child abuse or neglect, which we may report as required by law.

Q. Victims of abuse, neglect or domestic violence

We may disclose PHI to law enforcement or other agencies if we reasonably believe a patient is a victim of abuse, neglect, or domestic violence.

R. Coordination of Care

We may disclose your health information with a family member, other relative, friend, or any other person you identify if they are involved in your care or the payment related to your care. Please inform your care team if you do not want us to disclose your health information to a family member or friend involved in your care.

S. Disaster relief

We may use and disclose your PHI to certain entities for purposes of disaster relief efforts. For example, we may share your PHI with the American Red Cross or another similar federal, state, or local disaster relief agency or authority, to help the agency locate persons affected by a disaster.

T. Specialized government functions

We may use or disclose your PHI for certain government functions as permitted by law, including as required by military command authorities if you are a member of the armed forces, and to authorized federal officials for certain national security and intelligence activities and for presidential protection.

U. As required by law

We may disclose your PHI when required to do so by federal, state or local law.

V. Your rights

You have the following rights with respect to your PHI:

- **Right to Access:** You may request to inspect or obtain a copy of your medical records.
- **Right to Amend:** You may request an amendment to your PHI if you believe it is incorrect or incomplete.
- **Right to an Accounting of Disclosures:** You may request an accounting of certain disclosures of your PHI.
- **Right to Request Restrictions:** You may request restrictions on certain uses or disclosures of your PHI. We are not required to agree, except as required by law.
- **Right to Confidential Communications:** You may request that we communicate with you in a specific manner or at a specific location.
- **Right to a Paper Copy of This Notice:** You may request a paper copy of this Notice at any time.
- **Right to Notification of a Breach:** We will notify you of a breach of your PHI in accordance with applicable law.

To exercise your rights above, you may reach out to the Marathon Health Medical Records Department at **medicalrecordsgroup@marathon.health** or the Privacy Officer.

VI. Our responsibilities

We are required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice of our legal duties and privacy practices.
- Notify you of certain breaches of unsecured PHI.
- Follow the terms of this Notice currently in effect.

VII. Changes to this notice

We reserve the right to change the terms of this Notice at any time. Any changes will apply to all PHI we maintain. The revised Notice will be available upon request and on our website.

VIII. Contact information

You may file a complaint with Marathon Health or with the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate or discriminate against you for filing a complaint.

If you have questions about this Notice or wish to file a complaint with Marathon Health, please contact:

Chief Compliance Officer, Privacy Officer
Marathon Health
10 West Market Street
Suite 2900
Indianapolis, IN 46204

Phone: 463-300-4403
Email: privacy@marathon.health

IX. Effective Date

This revision to the Notice is effective as of **May 4, 2026.**

Revision Dates: October 16, 2017; November 27, 2023; August 26, 2025

Marathon Health