NOTICE OF
PRIVACY PRACTICES

FEBRUARY 16, 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.

Who will follow this notice?

All entities that are sponsored, owned or under arrangement by Regional Health Services of Howard County (hereinafter "RHSHC"). This notice describes the privacy practices of RHSHC. This includes physician clinics as well as physicians, employees, volunteers and business associates of RHSHC.

Our pledge to you

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements.

This notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. We are required by law to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices as it relates to medical information about you.
- Follow the terms of the notice that is currently in effect.
- Notify you following a breach of unsecured protected health information.

Changes to this Notice

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas and on our website at www.RHSHC.com. You can receive a copy of the current notice at any time. The effective date is listed just below the title. Upon your initial visit you will also be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose medical information about you

We may use and disclose medical information about you:

- **For Treatment** (such as sending medical information about you to a specialist as part of a referral or to coordinate the different things you may need such as prescriptions and lab work).
- **For Payment** (such as sending billing information to your insurance company or Medicare).
- **For Health Care Operations** (such as comparing patient data to improve treatment methods or sharing information with medical and nursing students for educational purposes).
- **Substance Use Disorder (SUD) Treatment Information** Some of your health information may be part of a SUD patient record and subject to additional protections under federal law (42 CFR Part 2) governing confidentiality of SUD patient records. If we receive or maintain any information about you from a SUD 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 SUD patient record for purposes of treatment, payment or health care operations, we may use and disclose your SUD patient record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your SUD patient record through specific consent you provide to us or another third party, we will use and disclose your SUD patient record only as expressly permitted by you in your consent as provided to us. In no event will we use or disclose your SUD patient record, or testimony that describes the information contained in your SUD patient 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.

For RHSHC in Minnesota, we can use and disclose medical information about you, as described immediately above, with your signed consent.

Per an organized health care arrangement (OHCA), this notice also describes the privacy practices of credentialed medical staff while they are performing services in an RHSHC hospital facility.

We may use or disclose medical information about you without your prior authorization for several other reasons:

- For **public health purposes** such as reporting communicable diseases or notifying a person who may have been exposed to a communicable disease.
- For **reporting adverse events** related to food, medications or products.
- For **notifying persons of recalls, repairs or replacements of products** they may be using.
- For **reporting vital events** such as births and deaths.
- For **abuse, neglect or domestic violence** reporting.
- For **health oversight activities** such as licensing, auditing or inspection agencies authorized by law.
- In connection with **lawsuits** or other legal proceedings in response to a court order, warrant, summons, or subpoena.
- For **research studies** in certain circumstances such as a chart review to compare outcomes of patients who received different types of treatment. On occasion, researchers contact patients regarding their interest in certain research studies. Enrollment in these studies can only occur after you have been informed about the study, had an opportunity to ask questions and indicated your willingness to participate by signing a consent form.
- To **coroners and medical examiners**. This may be required by law in certain circumstances and/or may be necessary to identify a deceased person or determine the cause of death.
- For **funeral arrangements** as necessary to carry out duties.
- For **organ and tissue donation**. If you are an organ or tissue donor, we may release information to organizations that handle organ or tissue procurement or transplantation to facilitate the donation or transplantation.
- For **workers' compensation purposes**. We may use or disclose medical information about you for Worker's Compensation or similar programs as authorized or required by law.
- When **required by law** such as request from law enforcement to help identify or locate a suspect, fugitive, witness or missing person. Other examples would include information about a death suspected to be the result of criminal conduct.
- **Inmates**. If you are an inmate of a correction institution or under the custody of law enforcement officials, we may release information about you to the correctional institution as authorized by law.
- **Military and veterans**. If you are or were a member of the armed forces, we may release information about you to military command authorities as required or authorized by law.
- **Business Associates**. We may use or disclose your PHI to a business associate that performs a business or health care operations function on our behalf. We have agreements with business associates to appropriately safeguard the privacy of your PHI. Business Associates are also subject to privacy laws and are not allowed to use or disclose any information other than as allowed by our contractual agreement.

We also may contact you for:

- **Appointment reminders.**
- To tell you about or recommend possible **treatment options, alternatives, health-related benefits or services** that may be of interest to you.
- **Support of fundraising efforts**. We would only use information such as your name, address, phone number, age, gender, date of birth, the dates you received treatment, treating physician, outcome information, department of service information, and health insurance status. You have the right to opt out of receiving such communications.

If admitted as a patient, unless you tell us otherwise, we will:

- **List in the patient directory** your name, location in the hospital, general condition (good, fair, etc.) and your religious affiliation, and will release all but your religious affiliation to anyone who asks about you by name. Your religious affiliation will only be given to a clergy member, even if he/she does not ask for you by name.
- **Disclose medical information about you to a friend or family member** who is involved in your medical care or helps pay for your care.
- Disclose information to **disaster relief authorities** (in an emergency) so that your family can be notified of your location and condition.

Other uses of medical information

We will obtain your authorization to disclose your information for the following situations:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of your information for most marketing purposes;
- Sale of your information; and
- Any other situation not covered by this notice.

If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Your rights regarding medical information about you

Your medical information is the property of RHSHC. You have the following rights regarding medical information we maintain about you:

- **In most cases, you have the right to look at or obtain a copy of medical information, when you submit a written request**. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- **If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we amend the records by submitting a request in writing that provides your reason for requesting the amendment**. We may deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- **You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, if you submit a written request**. The request must state the time period desired for the accounting, which must be less than a six-year period and starting on or after April 14, 2003. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the fee before you incur any costs.
- **If this notice was sent to you electronically, you have the right to a paper copy of this notice.**
- **You have the right to request that medical information about you be communicated to you in a confidential manner**, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.
- **You may request, in writing, that we not use or disclose medical information about you for treatment, payment or health care operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency**. We will consider your request but we are not legally required to accept it. We will inform you of our decision on your request. We will honor a request to restrict disclosure of your information to a health plan if:
  - The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; AND
  - The information pertains solely to a health care item or service for which you, or someone on your behalf (other than your health plan), has paid us in full.

Please submit all written requests or appeals to our privacy office. Find our contact information at the bottom of this notice.

State Health Information Exchanges

Some states in which RHSHC is located have a state-wide, internet-based, health information exchange. These exchanges are sponsored by entities that are covered entities under the HIPAA privacy rules. These covered entities share and use your information for treatment, payment or health care operations purposes. Using a state health information exchange, the participating covered entities can see certain health, demographic and payment information (your health information) in each other's records. They can use this information for treatment, payment or health care operations. If an RHSHC facility participates in such a state health information exchange, its patients are included in the state health information exchange unless they specifically request to opt-out.

Complaints

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Office (listed below). You may also contact the Avera Health Help Line at 1-888-881-8395. Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Office can provide you the address. Under no circumstance will you be penalized or retaliated against for filing a complaint.

Regional Health Services
OF HOWARD COUNTY

Privacy Office

235 8th Ave. West
Cresco, IA 52136
563-547-2101 ext. 6689