

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.

YOUR HEALTHCARE INFORMATION — Protecting Your Privacy

It is your right as a patient to be informed of the privacy practices of your healthcare provider as well as to be informed of your privacy rights with respect to your health information. This Notice of Privacy Practices (“Notice”) is intended to provide you with this information.

BLACK RIVER HEALTH’S RESPONSIBILITIES

Black River Health is required to:

- Maintain the privacy of your health information;
- Provide you with a notice of the legal duties and privacy practices regarding our collection and use of your health information;
- Abide by the terms of this Notice currently in effect; and
- Notify you if there is a breach of your unsecured health information.

We reserve the right to make changes to this Notice and our privacy practices. Any updated notice provisions will be effective for all protected health information we maintain. We will post a copy of the current Notice in our facilities, and each version of the Notice will have an effective date. If the Notice has been modified since you were last seen in our facilities, we will offer you a copy of the current Notice in effect.

YOUR HEALTH INFORMATION RIGHTS

This section describes your rights regarding the health information Black River Health maintains about you.

Right to Request Restrictions: You have the right to request restrictions on how your health information is used or disclosed for treatment, payment, or healthcare operations activities. We are not required to agree to your requested restriction in all circumstances. We must agree to your request to restrict disclosure of your protected health information to a health plan if: (1) the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law; and (2) the health information pertains solely to a healthcare item or service for which you or another person (other than your health insurance company) paid for in full.

If we agree to your requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must complete a Patient Requested Restrictions for Use and Disclosure of Protected Health Information form and return it to Black River Health. A restriction cannot be applied to health information that has already been disclosed.

Right to Receive Confidential Communications: You have the right to request that Black River Health communicate your health information to you by alternative means or at alternative locations. Black River Health shall accommodate reasonable requests. For example, you may request to be contacted at a phone number that is different from the phone number listed in your healthcare record.

To request confidential communications, you must complete a Patient Request for Confidential Communication form and return it to Black River Health.

Right to Inspect and Copy: You have the right to inspect and obtain an electronic or paper copy of your medical records and your billing information. This excludes psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative proceeding. Black River Health may charge you a cost-based fee for the labor, supplies, and postage required to fulfill a request for either paper copies, microfiche or microfilm copies, or a print of an X-ray. BRH will not charge a fee for you to review or inspect your medical records.

You may request copies of your health information in a specific electronic form and format. If your requested form or format is not readily producible, Black River Health will identify a reasonably similar format to provide you with copies of your records. Further, you may request in writing that we transmit such a copy to any person or entity you designate. Your written, signed request must clearly identify such designated person or entity where you would like us to send the copy.

This request for access to your healthcare record must be made to the Health Information Department by calling (715) 284-5361. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed by a licensed healthcare professional chosen by us. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: You have the right to request an amendment to your healthcare record if you believe your health information is incorrect or incomplete. For example, if you believe the date of a procedure is incorrect, you may request that the information be corrected. To request an amendment, you must complete a Request for Amendment to Protected Health Information form.

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 Black River Health, 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 Black River Health;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete

If your request is denied, we will provide you with our reason for denial in writing within 60 days and information about how to file a written statement of disagreement with us that will become part of your medical record.

Right to an Accounting of Disclosures: You have the right to a list of the disclosures of your health information that Black River Health has made within the past six years (an “accounting”). Please note that certain disclosures may be excluded from the accounting we provide to you. The accounting will describe the dates of each disclosure, the name of the entity or person who received the information and, if known, the address of the entity or person, a brief description of information disclosed, and the reason for disclosure. We will include all disclosures except those about treatment, payment, and healthcare operations, as well as certain other disclosures (such as any you asked us to make).

To request this accounting, you must complete a Request for Accounting of Disclosure form. Your request must state a time period within the past six years. The first accounting you request within a 12-month period will be provided free of charge. For additional accountings in a 12-month period, we may charge you a reasonable cost-based fee for providing the additional accounting. 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. We must address your request for the accounting within 60 days of submission.

Right to a Paper Copy of This Notice: You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. You may obtain an electronic copy of this Notice on our website blackriverhealth.com.

Right to Be Notified of a Breach: We are required by law to maintain the privacy of protected health information and provide you with notice of our legal duties and privacy practices. As such, we are required to promptly notify you of a breach of your protected health information that qualifies under the federal healthcare privacy rules.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following categories describe the ways that Black River Health may use and disclose your health information **without your written authorization**.

Treatment: Black River Health may use or disclose your health information in the provision, coordination, and management of your healthcare. We may disclose health information about you to doctors, nurses, technicians, medical students, or other Black River Health personnel who are involved in your care. For example, your health information may be disclosed from one physician to another if they are consulting each other in relation to your care and treatment.

Payment: Black River Health may use or disclose health information about you to send bills and to collect payment from you, your insurance company, or other third-party payers, for the treatment and other services you may receive during the course of patient care. These bills may include information that identifies you, your diagnosis, and your treatment. For example, we may need to give your health insurer information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Healthcare Operations: Black River Health may use or disclose your health information to conduct certain business activities, which are called healthcare operations. These uses and disclosures are necessary to provide quality care to all patients and to facilitate the functioning of the organization. For example, we may use your health information for quality assessment and improvement activities, case management, necessary credentialing, and for other essential activities. We may also combine the health information about many patients to determine where we can make improvements in the care and services we offer. We may also disclose your health information to third party “business associates” that perform various services on our behalf, such as transcription, billing, and collection services. In these cases, we will enter into a written agreement with the business associate to ensure they protect the privacy of your health information.

Patient Directory: We may include certain limited information about you in the organization directory while you are a patient. This information may include your name, location in the organization, your general condition (e.g. fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. If you do not want to be listed in the directory or for your information to be given out, you must notify the Privacy Officer in writing.

Persons Involved in Your Care or Payment for Your Care: If you verbally agree, we may disclose relevant health information to your family, friends, and anyone else whom you identify who is involved in your medical care or who helps pay for your care. We may use or disclose your health information to notify or assist in notifying a family member or any other person responsible for your care regarding your physical location, general condition, or death.

As Required by Law: We will share information about you if required by state or federal law. For example, we may disclose medical information to report child abuse or to respond to a court order.

Public Health Reporting: We may disclose your health information to local, state, or federal public health agencies as authorized by law, including:

- To prevent or control disease, injury, or disability, to report births and deaths, and for public health surveillance, investigations, or interventions;
- For activities related to the quality, safety, or effectiveness of FDA-regulated products;
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition as authorized by law; and
- To notify an employer of findings concerning work-related illness or injury or general medical surveillance that the employer needs to comply with the law if you are provided notice of such disclosure.

Reporting Victims of Abuse, Neglect, or Domestic Violence: Black River Health may disclose health information to a government authority authorized by law to receive reports of abuse, neglect, or violence relating to children or the elderly.

Health Oversight Activities: Black River Health may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Judicial and Administrative Proceedings: Black River Health may disclose your health information pursuant to a court order if you are involved in a legal proceeding. Under most circumstances when the request is made through a subpoena, a discovery request, or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

Law Enforcement: HIPAA allows Black River Health to disclose your health information, within limitations, to a law enforcement official in the following circumstances:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About an individual who is or is suspected to be a victim of a crime, provided that the individual either (a) agrees to the disclosure or (b) we are unable to obtain the individual's agreement due to their incapacity or other emergency circumstance.
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Black River Health; and
- In an emergency situation, to report a crime, the location of the crime or victim, or the identity, description, or location of the person who committed the crime.

We will only disclose this information following reasonable efforts to inform you of such a request to provide you with the opportunity to object to release. If we release the requested information, the disclosure will be limited to only the information specifically requested in the judicial or administrative order.

Coroners and Medical Examiners: Black River Health may disclose health information to a coroner or medical examiner to identify a deceased person, determine the cause of death, or other duties as authorized by law.

Funeral Directors: Black River Health may disclose health information to funeral directors consistent with applicable law, and as necessary to carry out their duties with respect to a deceased person or in reasonable anticipation of an individual's death.

Organ and Tissue Donation: We may disclose your health 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.

Research: Under certain circumstances, Black River health may use or disclose your health information for research purposes. For example, a research project may involve comparing the efficacy of one medication over another. For certain research activities, an Institutional Review Board (IRB) or Privacy Board may approve uses and disclosures of your health information without your authorization.

To Avert a Serious Threat to Health or Safety: If there is a serious threat to your health or safety, or that of another person or the public, Black River Health may share your protected health information with someone reasonably able to prevent or lessen the threat, such as law enforcement.

Disclosures for Specialized Government Functions: In certain circumstances, HIPAA authorizes Black River Health to use or disclose your health information to authorized federal officials for the conduct of national security activities and other specialized government functions. These activities may include the following:

- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official to assist them in providing you with healthcare, protecting your health and safety or that of others, or for the safety and security of the correctional institution.
- **Workers' Compensation:** Black River Health may disclose your health information as necessary to comply with laws related to workers' compensation or similar programs.

Please be aware that Wisconsin and other federal laws may have additional requirements that we must follow, or may be more restrictive than HIPAA on how we use and disclose your health information. **If there are specific, more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws.** For example, we will not disclose your HIV test results without obtaining your written permission, except as permitted by Wisconsin law. We may also be required by law to obtain your written permission to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse.

Health Information: We may use or disclose your health information to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.

OTHER USES AND DISCLOSURES REQUIRING AUTHORIZATION

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. Some examples include:

- **Psychotherapy Notes:** We will not use and disclose your psychotherapy notes without your written authorization except as otherwise permitted by law.
- **Marketing:** We will not use or disclose your health information for marketing purposes without your written authorization except as otherwise permitted by law.
- **Sale of Your Health Information:** We will not sell your health information without your written authorization except as otherwise permitted by law.

If you authorize Black River Health to use or disclose your health information, you may revoke that authorization, in writing, at any time. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your health information that occurred before you notified us of your decision, or any actions that we have taken based upon your authorization. If you revoke an authorization that was obtained as a condition of obtaining insurance coverage, other law still allows the insurance company to contest a claim under the policy.

FUNDRAISING

We may use your demographic information (such as name, contact information, age, gender, and date of birth), the dates you received services from us, the department of your service, your treating physician, outcome information, and health insurance status to contact you in an effort to raise money for the organization and its operations. We may disclose health information to a foundation related to Black River Health so that the foundation may contact you in raising money for Black River Health. You have the right to opt out of receiving fundraising communications.

ORGANIZED HEALTH CARE ARRANGEMENT

Black River Health is part of an Organized Health Care Arrangement (OHCA) that has agreed to a joint privacy notice. The OHCA includes our self-funded health plan, self-funded dental plan, and flexible spending arrangement (FSA), and this Notice of Privacy Practices applies to each of these entities. Black River Health is permitted to share your health information jointly with the entities listed above for treatment, payment, and operations related to the OHCA.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Black River Health or with the Department of Health and Human Services. To file a complaint with Black River Health, contact the Privacy Officer at (715) 284-5361. A complaint with the U.S. Department of Health and Human Services may be submitted by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. You will not be retaliated against for filing a complaint.

CONTACT PERSON

If you have questions or concerns regarding your privacy rights or the information in this Notice, please contact the Privacy Officer at (715) 284-5361.