# HIPAA NOTICE OF PRIVACY PRACTICES

*Effective Date*: November 12, 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. If you have any questions about this notice, please contact the Privacy Officer.

## WHO WILL FOLLOW THIS NOTICE

This notice describes the medical center's practices and those of:

- Any healthcare professional authorized to enter information into your chart.
- All departments and units of the medical center.
- Any member of a volunteer group we allow to help while you are at the medical center.
- All employees, staff, and other personnel of WinnMed, including offsite medical and rehabilitation clinics.
- All physicians practicing at WinnMed.
- All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, or healthcare operations purposes described in this notice.

## OUR PLEDGE REGARDING INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting information about you. We create a record of the care and services you receive at the medical center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the medical center, whether made by medical center personnel 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 or clinic.

This notice will tell you about how we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties, and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect
- Inform you of any unauthorized access, use, or disclosure of your unencrypted, confidential medical information in the event security or privacy is compromised.

## HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

<u>For Treatment</u>

We may use information about you to provide you with medical treatment or services. We may disclose information about you to doctors, nurses, technicians, medical students, or other medical center personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have

diabetes so that we can arrange for appropriate meals. Different departments of the medical center may share information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the medical center who may be involved in your medical care, such as family members, clergy, or others we use to provide services that are part of your care.

For Payment

We may use and disclose medical information about you so that the treatment and services you receive at the medical center may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about the surgery you received at the medical center 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.

For Healthcare Operations

We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to run the medical center and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services the medical center should offer, what services are not needed, and whether certain new treatments are effective.

We may also disclose information to doctors, nurses, technicians, medical students, to promote learning and development of future healthcare providers, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are.

Appointment Reminders

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

Follow-Up

We may use and disclose medical information to contact you for follow-up phone calls regarding your medical care. We may also use and disclose medical information to contact you for a written follow-up survey regarding the care you received.

Treatment Alternatives

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. For example, support groups.

Fundraising

We may use medical information about you to contact you in an effort to raise money for the medical center and its operations. We may disclose limited medical information to a foundation related to the medical center so that the foundation may contact you in raising money for the medical center. The department will release only the dates you received treatment or services and contact information such as your name, address, and phone number. We will not use or disclose any Part 2 records for fundraising purposes.

If you do not want the medical center to contact you for fundraising efforts, you may opt out of future

fundraising communication by notifying the Privacy Officer in writing.

Patient Directory

We may include certain limited information about you in the directory while you are a patient at the medical center, unless you have requested a restriction on the information generally included. This information may include your name, location in the medical center, 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 or other members of your religion who ask to see the medical center patients, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in the medical center and generally know how you are doing.

Public Health Risks

We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with using products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or conditions

Disclosures about victims of abuse, neglect, or domestic violence

We may notify the appropriate government authority if we believe a patient has been the victim of abuse or neglect. We will only make this disclosure when required or authorized by law.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Individuals Involved in Your Care or Payment for Your Care

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the medical center. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research

We may ask your permission to provide medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. Additionally, we may use and disclose medical information about you for research purposes without seeking your prior approval under certain circumstances, for example, when an Institutional Review Board or privacy board has waived the requirement for us to obtain your approval prior to providing your medical information to a researcher and/or permitting a researcher to contact you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research,

the project will have been approved through this research approval process. We may also disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the medical center. And, pursuant to data sharing agreements, we may also disclose limited medical information about you to researchers that does not include information that could be used to individually identify you.

As Required By Law

We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may release medical information if asked to do so by a law enforcement official under 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 the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the medical center; and
- In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

**SPECIAL SITUATIONS**

Organ and Tissue Donation

If you are an organ donor, we may release medical 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.

Military and Veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Coroners, Medical Examiners, and Funeral Directors

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU WITH AUTHORIZATION

Some uses and disclosures of your medical information, including most uses and disclosures of substance use disorder records protected by federal law (42 CFR Part 2), can be made only with your written authorization, unless otherwise permitted or required by law. Other uses and disclosures not described in this Notice will be made only with your written authorization. You may revoke an authorization anytime, in writing, except to the extent we have already acted in reliance on it.

Examples of those uses and disclosures that may only be made with your written authorization:

- We will obtain your authorization for uses and disclosures of your health information that are not described in this Notice.
- We will disclose AIDS or HIV-related information only with written authorization as required by applicable state law and/or federal regulations unless the law expressly permits otherwise.
- We may receive records related to substance use disorder treatment from Part 2 programs. These records are protected by federal law under 42 CFR Part 2 and cannot be disclosed without your written consent except as permitted by those regulations. If we receive such records, they will be maintained separately or clearly identified, and we will not re-disclose them except as permitted by 42 CFR Part 2.
- We will provide mental health information only if you have signed an authorization consistent with Iowa law. We will not disclose mental health information except as authorized by law, with your written consent, or in other limited circumstances as permitted by Iowa Code § 228.
- We will disclose separately maintained psychotherapy notes only with a specific authorization signed by you or your legal representatives, and if approved by your therapist. We do not need an authorization, however, to carry out certain treatment, payment, or health care operations, as allowed by law.
- We will not use or disclose your protected health information for marketing purposes without your authorization. Moreover, if we receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.
- We will not sell your protected health information to third parties without your authorization. Any such authorization will disclose that we will receive compensation in the transaction.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures" (with some limitations). This is a list of

the disclosures we have made of medical information about you. We will comply with current law and regulations. An accounting from paper records will not include disclosures for treatment, payment, and health care operations. An accounting from your electronic medical record will include disclosures for treatment, payment, and health care operations for three years prior to the request.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six years from when the request is made for paper records and three years for electronic records. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within 12 months will be free. For additional lists, we may charge you for the costs of providing the list. 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.

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 healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

If you pay out-of-pocket in full for a healthcare item or service, you have the right to request that we do not disclose information about that item or service to a health plan or other payor, and we are required to honor that request. For all other requests for restrictions, we are not required to agree to the requested restriction; however, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must 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.

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 can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**CONTACT**

**WinnMed Privacy Officer**

**Phone: 563-387-3106**

## YOUR RIGHTS REGARDING INFORMATION ABOUT YOU

You have the following rights regarding information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your care (called a “designated record set”). Usually, this includes medical and billing records but does not include psychotherapy notes. This right does not include audit trails.

For any medical information maintained in your electronic medical record, your written request may include a request to provide a copy in electronic form. We will provide the information to you in the form and format you requested, assuming it is readily producible. If we cannot readily produce the

record in the form and format you request, we will produce it in another readable electronic form we agree to.

In addition, we will transmit information from your electronic medical record directly to a person or entity of your choosing if the request is made in writing. Depending on the reason for disclosure, we may require a clear, conspicuous, and specific written direction, or we may require a valid authorization.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a paper copy of the information, we may charge a reasonable, cost-based fee for the costs of retrieving, copying, mailing, or other supplies associated with your request. If you request an electronic copy of your protected health information maintained in an electronic health record, we may only charge you a fee equal to the labor costs for copying, supplies (e.g., USB drive) if you request portable media, and, if applicable, postage.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, there are certain situations in which you may request that the denial be reviewed. Ask us how to do this. Another licensed health care professional chosen by the medical center will review your request and the denial. 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

If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the medical center as part of the designated record set.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request.

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 us, 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 the medical center;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.winnmed.org. To obtain a paper copy of this notice, ask the registration staff upon registering.

Right to be Notified of a Breach

You have the right to be notified if there is a breach of your unsecured protected health information. A breach is an impermissible use or disclosure that compromises the security or privacy of your protected health information. We will notify you of any such breach as required by law. We will provide such notice to you without unreasonable delay, but in no case later than 60 days after we discover the breach.

## CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. A revised notice will be

available upon request, in our medical center, and on our website.

We will post a copy of the current notice in the medical center.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the medical center or with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary, you may send a letter to: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

To file a complaint with the medical center, contact the WinnMed Privacy Officer at 563-387-3106 for further instructions on how to submit a complaint as all complaints must be submitted in writing.

**We will not retaliate against you for filing a complaint.**

**OTHER USES OF MEDICAL INFORMATION**

Confidentiality of Substance Use Disorder Patient Records (Part 2 Program)

We may receive and maintain patient records from Part 2 Programs (governed by 42 CFR Part 2) within our Electronic Health Record. Federal law protects records of the identity, diagnosis, prognosis, or treatment of any patient that are maintained in connection with the performance of any program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research. In regard to re-disclosure of information, if medical records from a Part 2 Program include a re-disclosure clause that prohibits release, this information will not be disclosed without proper authorization.

Under 42 CFR Part 2, as amended in 2024, certain re-disclosures of Part 2 records may be permitted when made for purposes of treatment, payment, or health care operations to entities that have agreed in writing to comply with Part 2 requirements. However, Part 2 records remain subject to heightened protections and may not be used to investigate or prosecute you. A signed authorization is required for disclosure of such records from you and/or a legal representative; if consent is unable to be obtained, a court order may suffice.

Potential for Redisclosure

Information that we disclose pursuant to this Notice may be subject to redisclosure by the recipient and may no longer be protected by federal privacy regulations.

This facility complies with federal nondiscrimination laws, including Section 1557 of the Affordable Care Act. A separate Notice of Nondiscrimination and Notice of Availability of free language assistance and auxiliary aids and services is included with this Notice and posted in our facilities and on our website.