

Notice of Privacy Practices for Your Medical Information

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 describes:

- How health information about you may be used and shared
- Your rights with respect to your health information
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.

You have the right to a copy of this notice (in paper or electronic form).

Ortonville Area Health Services (OAHS) is dedicated to protecting your medical information. We would like to know about, and understand any privacy questions or concerns that you may have. To help accomplish this we have a Chief Privacy Officer working for you and available to you. Please contact our Chief Privacy Officer, John Thomas if you have any concerns or if you have questions about this notice to include the desire for more information.

Privacy Officer: John Thomas

Mailing Address: 450 Eastvold Ave. Ortonville MN, 56278

Telephone: 320-839-4265

Fax: 320-839-3851

Email: john.thomas@oahs.us

About This Notice:

We are required by law to maintain the privacy of Protected Health Information and to provide you with our notice explaining our privacy practices with regard to that information. You have certain rights and we have certain legal obligations regarding the privacy of your Protected Health Information. This Notice also explains your rights and our obligations. OAHS is required to abide by the terms of the current version of this notice. We will maintain a posted copy of the most current notice on our website and in our facility.

Federal and State Law Notice:

We follow both federal and state laws to protect your health information. Federal law requires us to explain how we use and share your health information. Sometimes, state laws give you more privacy protections or greater access to your health information than federal law. When that happens, we follow state law.

How We May Use and Disclose your Protected Health Information:

We are permitted by federal law to use or share your health information for the following purposes. In some situations, state law is more restrictive and requires that we obtain your prior consent.

- **Treatment:** to help manage the health care treatment you receive: We may use your health information to provide you with medical treatment or services. In some situations, we may share your health information with others who are involved in taking care of you. We may in some situations, share your health information with another healthcare provider to deliver, coordinate, or manage your healthcare.
- **Payment:** We may use and share your health information to bill and receive payment for the health care services you receive. For example, we may share information with your health insurance company or another payer to obtain pre-authorization for payment for treatment and to secure payment for the health care services we have provided to you. We may also disclose your health information to other health care providers for their payment purposes.

- Health Care Operations: We may use or share your information for certain activities that are necessary to operate our practice and ensure that you receive quality care. For example, we may use the information to train or review the performance of our staff to make decisions affecting our organization.
- Business Associates: Sometimes, we hire companies or people to help us with certain services, like audits, legal advice, or collecting health data. These partners may need access to your health information to do their jobs. When we share your information with them, they must follow strict rules to keep it private and protect it, just like we do.

We may also use and share your health information without your prior consent in certain situations as allowed by law:

- When Required by Law: We will share information about you, if state or federal law requires it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law. This may also include disclosing information about victims of abuse, neglect, or domestic violence.
- Public Health and Safety: We can share information in certain situations such as reporting diseases, reporting certain injuries, submitting birth registration information, reporting deaths, assisting with public health investigations, assisting with product recalls, reporting adverse reactions to medications, and to prevent or reduce a serious threat to anyone's health or safety.
- To Assist Law Enforcement: for example, to locate a missing person, suspect, fugitive, or witness. We may also share information when a crime is committed at one of our facilities.
- Required by a Court: We may share information about you in response to a valid court or administrative order, warrant, or subpoena.
- To Support End-of-Life Services: We can share information with a coroner, medical examiner, funeral director, or organ donation organizations.
- Workers' Compensation: We can share information with employers and workers' compensation insurance for workers' compensation claims
- Correctional Facilities and Other Government Functions: We may share information with correctional institutions about their inmates. Information may also be shared with health oversight agencies, as authorized by law, and other special government functions such as military, national security and presidential protective services.
- Research: We can use or share your information for certain research projects that have been evaluated and approved through a process that considers an individual's need for privacy.

We may share your health information in the following situations unless you tell us otherwise. If you are not able tell us your preference, we may share your information if we believe it is in your best interest or need to lessen a serious and imminent threat to health and safety; if this happens we will ask you as soon as practicable when you are able to tell us:

- Facility Directories: We may maintain a directory that includes your name and location within the facility, general information about your condition (e.g. fair, serious, etc.) and religious designation. We may disclose all but your religious designation to any person who asks for you by name. Members of the clergy may obtain all directory information.
- Family Members, Friends, and Others Involved in Your Care: We may disclose to your family members, friends, or others who help take care of you or help pay for your care any health information directly related to that person's involvement in your care or payment for your care.
- Disaster Relief Efforts: We may share limited information with a public or private entity that is authorized to assist in disaster relief efforts to coordinate your care or notify your family about your location, condition or death.

We may use your information to contact you in the following situations:

- Appointment Reminders: We may use and share your information to remind you of upcoming appointments
- Treatment Options: We may use your information to provide you with information about treatment alternatives or other health related benefits or services that may be relevant to your care
- Fundraising: Ortonville Area Health Services does not use or share your information for fundraising purposes

Your Written Authorization is Required for Other Uses and Disclosures:

We will ask for your written permission before using or sharing your health information for purposes not covered by this Notice or the laws that apply to us. This includes:

- Psychotherapy Notes: We will ask for your written permission before sharing any psychotherapy notes unless the law says we can in special cases
- Sensitive Health Information: We will ask for your written permission before using or sharing any sensitive health information for reasons not already described in or covered by this Notice or allowed by law. This includes information about things like mental health, HIV/AIDS, or genetic testing.
- Marketing: We will ask for your written permission before using or sharing your health information for marketing, unless we talk to you in person and gain your permission.

We will only use or share your health information in ways not listed in this notice or required by law if you give us written permission. Once given, you may revoke your written permission in writing as provided by §164.508(b)(5), except to the extent that action has already been taken. Your written request for revocation can be sent to our Privacy Officer.

Your Rights Regarding Your Protected Health Information:

You have several rights concerning your health information. Understanding and exercising these rights help ensure the privacy and confidentiality of your information. Here are your rights and how you can exercise them:

- Right of Access to Health Information: You can ask to see or get a paper or electronic (electronic copy available if your records are stored electronically) copy of your health and claims records and other health information we have used to make decisions about your care. We may charge a reasonable, cost-based fee, we will let you know about any fees in advance. To request your records, please send us a signed, written request. Access may be denied in some circumstances, but only as provided by law, such as psychotherapy notes or information prepared for legal proceedings. If this happens, you may have the right to have this decision reviewed.
- Right to Request an Amendment Your Health Records: You have the right to ask us to correct health information we have created that you think is incorrect or incomplete. We may deny your request, but we will tell you why in writing. These requests should be submitted in writing to the contact listed below.
- Right to an Accounting of Disclosures: You can ask for a list of those with whom we have shared information for up to six (6) years prior, who we have shared it with, and why. This list will not include times we shared it for treatment, payment, or healthcare operations, or when we gave it directly to you or shared it with your permission. To request this list, please send us a signed, written request. You can get one (1) list for free every twelve (12) months. If you ask for more than one (1) list in the same year, we may charge a fee. We will let you know the cost before we send the list.
- Right to Request Restrictions: You have the right to ask us not to use or share your health information in certain ways. For example, you may want to limit how we use it for treatment, billing, or healthcare operations, even if you have already given permission. We are not required to agree to your request, and we may say “no” if it would affect your care but we will try to honor reasonable requests. You can also ask us not to share information with your health insurance plan for payment or operations if you paid for the service yourself. We will say “yes” unless a law requires us to share that information. To ask for a restriction, send us a signed, written request explaining what information you want to limit and why.
- Right to Request Confidential Communications: You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. To make this request, write to us and let us know how and where you would like to be contacted. You do not need to explain why you are making the request. We will do our best to meet your request if it is reasonable and possible.
- Right to Cancel Your Permission: You have the right to cancel (revoke) your written permission for us to use or share your health information at any time. To do this, send us a signed letter and a clear description of the permission you want to cancel. Once we receive the request, we will stop using or sharing your information based on that permission. However, cancelling your permission will not change anything we already released before we received your request.
- Right to Receive a Copy of this Privacy Notice: You can ask for a paper copy of this Notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.
- Right to Choose Someone to Act For You: If you have a designated health care agent or medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- Right to file a Complaint if You Feel Your Rights are Violated: You can submit a complaint to the U.S. Department of Health and Human Services Office for Civil Rights if you feel we have violated your rights. We can provide you with their address. You can also file a complaint with us by using the contact information below. We will not retaliate against you for filing a complaint.

Contact information:
OAHS
Privacy Officer
450 Eastvold Ave
Ortonville, MN 56278
Phone: 320-839-4265

How to Exercise Your Rights:

To exercise your rights described in this notice, send your request, in writing, to our Privacy Officer at the address listed at the beginning of this notice. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your Protected Health Information, you may also contact our Health Information department directly. To get a paper copy of this notice, contact our Privacy Officer by phone or mail.

Our Responsibilities Regarding Your Health Information:

1. We are required by law to maintain the privacy and security of your health information.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
3. We must follow the duties and privacy practices described in this Notice and offer to give you a copy.
4. We will not use, share, or sell your information for marketing or any purpose other than as described in this Notice unless you tell us to in writing. You may change your mind at any time by letting us know in writing.

Confidentiality of Substance Use Disorder Records:

We follow a specific federal law called 42 CFR Part 2, which protects records related to substance use disorder treatment. We may receive substance use disorder treatment records from programs protected by federal law (42 CFR Part 2). If we do, we must keep those records private. If this law allows us to share your information, but state law is stricter, we follow the stricter law. But if 42 CFR Part 2 says we cannot share your information, then no law can override that, we must follow the federal rule and will not share records defined in 42 CFR Part 2 unless:

1. The patient consents in writing;
2. The disclosure is allowed by a court order or required by another state or federal law;
3. The disclosure is needed for treatment in a medical emergency; or
4. The disclosure is related to a crime committed at a Part 2 Program, or required for suspected child abuse or neglect reporting

You may agree to provide a general consent allowing us to disclose Part 2 Program records for treatment, payment, and health care operations. You may also choose to revoke a previously general consent subject to certain limitations.

Calling, Texting, and Emailing

We may contact you about your care using the phone numbers and email addresses that you provide for us. This may include using an automated phone dialing system, pre-recorded or synthetic voice messages, texting, or email. When we contact you in this manner, you will be given the opportunity to opt out of receiving similar communications going forward.

Because texts and emails are not encrypted, there is a risk that someone else could read or access these messages. We therefore take steps to limit the amount of health information that they contain. You may choose to opt out of these messages at any time

Changes to This Notice:

OAHS reserves the right to change this notice. We reserve the right to make the changed notice effective for Protected Health Information we already have as well as for an Protected Health Information we create or receive in the future. A copy of our current notice is posted in our office and on our website and will be available upon request.

Organized Healthcare Arrangement:

We have established an Organized Health Care Arrangement (OHCA) with the following participants. This OHCA allows the participating entities to share information about patients to promote joint operations allowed under HIPAA related to treatment, payment, and health care operations.

- Sanford Health (list of these facilities and their locations at www.sanfordhealth.org/locations/search or call 1-800-325-9402)
- Big Stone Therapies, Inc.
- Rice Hospice
- Physicians and other Licensed Professionals Treating Patients at OAHS – Example: Outreach Providers
- Ambulance Company
- Northside Medical Center, PLC

Effective Date:

This Notice of Privacy Practices is effective February 15, 2026.

Acknowledgment of Receipt of Notice:

You will be asked to sign an acknowledgment form confirming you received this Notice of Privacy Practices.

Contact Information

If you have questions, concerns or would like additional information please contact:

Ortonville Area Health Services
Privacy Officer
450 Eastvold Avenue
Ortonville, MN 56278
Phone: 320-839-4265
Email: john.thomas@oahs.us