# NOTICE OF PRIVACY PRACTICES

**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.**[1]

The purpose of this Notice of Privacy Practices is to describe our obligations as your medical care provider with regard to your health information, as well as your rights with regard to that information.

## Southwest Health's Obligations

- Southwest Health is required by law to maintain the privacy and security of your protected health information in our possession.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and make sure that this notice is available to you.
- We must not and will not use or share your information other than as described here, unless you sign an authorization allowing us to do that. If you later change your mind about an authorization, let us know in writing.
- For more information about notice of privacy practice requirements, please visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

## Contact Information for Southwest Health's Privacy Officer

If you have any questions about any part of this notice or if you want more information about the privacy practices of Southwest Health, please contact the HIPAA Privacy Officer at 608-342-4798.

## Southwest Health May Change This Notice

Southwest Health may change the privacy practices described in this notice in the event that the practices need to be changed to be in compliance with the law. We will make the new notice provisions effective for all the protected health information that we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise this notice. Each version of the notice will have an effective date listed on the first page. If we change this notice, you can access the revised notice on our website at www.southwesthealth.org. It will also be posted at the location of service.[2]

## How Southwest Health May Use or Disclose Your Health Information without Your Written Authorization[3]

The following categories describe the ways that Southwest Health may use and disclose your health information without your written consent. For each type of use and disclosure, we will explain what we mean and present some examples.

**Treatment.** We may use or disclose your health care information in the provision, coordination or management of your medical treatment and services. Our communications to you may be by telephone, cell phone, e-mail, patient portal, or by mail. For example, we may use your information to call and remind you of an appointment or to refer your care to another physician. In another example, your health information may be disclosed to physicians, nurses, or other health care providers who are involved in your care to coordinate or manage your health care services or to facilitate

[1] 45 CFR 164.520(b)(1)(i)
[2] 45 CFR 164.526(b)(1)(v)(C)
[3] 45 CFR 164.526(b)(1)(ii)(A-D)

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consultations or referrals as part of your treatment. If another provider requests your health information and they are not providing care and treatment to you, we will request an authorization from you before providing your information.

**Payment**. We may use or disclose your health care information to obtain payment for your health care services. For example, we may disclose your health information to seek payment from your insurance company or from another third party. We may also inform your insurance company about a treatment you are going to receive so that we obtain prior approval for the treatment or in order to determine whether your insurance company will cover the cost of the treatment.

**Health Care Operations**. We may use or disclose your health care information to conduct certain of our business activities ("health care operations"), relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law. These uses and disclosures are necessary to run our business and make sure patients receive quality care. For example, we may use your information to determine the quality of care you received when you had your surgery. We may also use your health information for quality assessment activities, necessary credentialing, and for other essential activities. 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 those cases, we will enter into a written agreement with the business associates to ensure they protect the privacy of your health information.

**Patient Event Notifications.** As part of your treatment, care coordination and quality assurance, we are required to send automatic electronic messages to your other providers whenever you are admitted as an inpatient in our hospital, discharged from our hospital, or transferred to another hospital. We will only release your name, your treating practitioner's name, and the name of the hospital which you are located at to your primary care provider or practice group, other practitioners responsible for your care, or another entity you identify. Although these notifications do not require your written consent, if you object to the notification, we will attempt to accommodate your wishes if they are consistent with state law.

**Required by Law.** We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose medical information to report child abuse or to respond to a court order.

**Public Health.** We may release your health information to local, state or federal public health agencies subject to the provisions of applicable state and federal law for reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to medications to the Food and Drug Administration.

**Victims of Abuse, Neglect or Violence.** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly. We only make this disclosure if you agree or when we are required or authorized by law to make the disclosure.

**Health Oversight Activities.** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and disciplinary actions, or civil, administrative, and criminal proceedings, as necessary for oversight of the health care system, government programs, and civil rights laws.

**Legal Proceedings.** We may disclose your health information in the course of certain administrative or judicial proceedings. For example, we may disclose your health information in response to a court order.

**Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as reporting certain types of injuries, identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances we will request your authorization prior to permitting disclosure.

**Deceased Persons.** We may disclose your health information to coroners, medical examiners or funeral directors so they can carry out their duties. For example, this may be necessary to determine the cause of death.

**Cadaveric, Organ, Eye or Tissue Donation.** Because we are a hospital, we may disclose your health information to organizations involved in procuring, transplantation or banking of organs, eyes, or tissues.

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**Research.** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct a specific medical research project. For certain research activities, an Institutional Review Board (IRR) or Privacy Board may approve uses and disclosures of your health information without your authorization. For example, this may involve an assessment of how well a drug is working to cure a heart disease or whether a certain treatment is working better than another.

**To Avert a Serious Threat to Health of Safety.** We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of you or another person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.

**Specialized Government Functions.** Under certain and very limited circumstances, we may disclose your health care information for the conduct of national security activities and other specialized government functions. This may include military, national security, or law enforcement custodial situations.

**Inmates**. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official to assist them in providing you health care, protecting your health and safety or the health and safety of others, or providing for the safety of the correctional institution.

**Workers' Compensation**. Both state and federal law allow the disclosure of your health care information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.

**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.

**Southwest Health Inpatient Directory.** Unless you object, we may use your health information, such as your name, location in our facility, and your general health condition (e.g., "stable," or "unstable") in our directory. We will disclose such limited information to anyone who asks for you by name.

**Family Members and Friends for Care and Payment and Notification.** If you verbally agree to the use or disclosure, and in certain other situations, we may make the following uses and disclosures of your health information.

- To individuals involved in your care—we may release your health information to a family member, other relative, friend or other person whom you have identified to be involved in your health care or the payment of your health care; the health information we disclose would be limited to the health information that is relevant to that person's involvement in your care or payment for your care. We may also make these disclosures after your death as authorized by law unless doing so is inconsistent with any prior expressed preferences.
- To family—we may use your health information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition, or death; and
- To disaster relief agencies—we may release your health information to an agency authorized by law to assist in disaster relief activities so that your family or other persons responsible for your care can be notified about your condition, status and location.

**Substance Use Disorder Programs.**
We may receive health information from a substance use disorder program. We will use and disclose that information in accordance with HIPAA and other applicable law. We will not use or disclose such information in civil, criminal, administrative or legislative proceedings against you, unless you provide written consent or as otherwise permitted or required by applicable law, including a valid court order.

**Fundraising Contact.** 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 charitable purposes. However, you have the right to opt out of receiving such communications.

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***Please be aware that other state and federal laws may have additional requirements that we must follow or may be more restrictive than HIPAA on how we use and disclose certain of 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, STD, or other communicable disease related information without obtaining your written permission, except as permitted by law. We may also be required by law to obtain your written permission to use and/or disclose your mental illness, developmental disability, or alcohol or drug abuse treatment records or your genetic test results.***

## When Southwest Health is required to obtain an Authorization to Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purposes of marketing or the sale of your protected health information require your authorization except as otherwise permitted by law. In addition, we will also not use or disclosure psychotherapy notes without your written authorization except as otherwise permitted by law. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

If you change your mind after authorizing a use or disclosure of your health information, you may withdraw your permission by revoking the authorization. We will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures or actions we have already made with your permission. To revoke an authorization, you must notify us in writing at Southwest Health, Attn: Health Information Management (HIM) Department at 1400 East Side Road, Platteville, WI 53818.

## Your Health Information Rights

This section describes your rights regarding the health information we maintain about you. All requests or communications to us to exercise your rights discussed below must be submitted in writing to Southwest Health, Attn: Health Information Management (HIM) Department at 1400 East Side Road, Platteville, WI 53818.

**Right to Inspect and Copy Your Health Information.** You have the right to inspect and obtain a copy of your health care information. You have the right to request that the copy be provided in an electronic form or format. If the form and format are not readily producible, then the organization will work with you to provide it in a reasonable electronic form or format. 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 and where you would like us to send the copy. For example, you may request a copy of your immunization record from your health care provider. This right of access does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing to Southwest Health, Attn: Health Information Management (HIM) Department at 1400 East Side Road, Platteville, WI 53818. In addition, we may charge you a reasonable fee to cover our expenses for copying your health information.

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 health care 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.

**Request to Amend or Correct Your Health Information.** You have a right to request that Southwest Health amend or correct your health information that you believe is incorrect or incomplete. For example, if you believe the date of your colonoscopy or your birth date is incorrect; you may request that the information be corrected. You have the right to request an amendment for as long as the information is kept by or for us. Under certain circumstances we may deny your request. If your request is denied, we will provide you with information about our denial and how you can file a written statement of disagreement with us that will become part of your medical record. To request an amendment, you must make your request in writing to Southwest Health, Attn: Health Information Management (HIM) Department at 1400 East Side Road, Platteville, WI 53818. You must also provide a reason for your request.

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**Request Restrictions on Certain Uses and Disclosures.** You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. For example, if you are an employee in a clinic and you receive health care services in that clinic, you may request that your medical record not be stored with the other clinic records.

However, we are not required to agree to your requested restriction, unless that restriction is regarding disclosure of health information to your health insurance company and: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the protected health information pertains solely to a health care item or service for which you, or the person (other than the health plan) on your behalf, has paid the covered entity 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. If you would like to make a request for restrictions, you must submit your request in writing to Southwest Health, Attn: Health Information Management (HIM) Department at 1400 East Side Road, Platteville, WI 53818.

**Receive Confidential Communications of Health Information.** You have the right to request that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We will accommodate reasonable requests. We will not ask you the reason for your request.

To request confidential communications, you must submit your request in writing to Southwest Health, Attn: Health Information Management (HIM) Department at 1400 East Side Road, Platteville, WI 53818.

**Receive a Record of Disclosures of Your Health Information.** You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. For some types of disclosures, the list will also include the date and time the request for disclosure was received and the date and time the disclosure was made.

For example, you may request a list that indicates all the disclosures your health care provider has made from you health care record in the past six months. To request this accounting of disclosures, you must submit your request in writing to Southwest Health, Attn: Health Information Management (HIM) Department at 1400 East Side Road, Platteville, WI 53818. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year.

Please note that certain disclosures need not be included in the accounting we provide to you. Your request must state a time period which may not go back further than six years. You will not be charged for this accounting, unless you request more than one accounting per year, in which case we may charge you a reasonable cost-based fee for providing the additional accounting(s). We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

**Obtain a Paper Copy of This Notice.** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. To obtain a paper copy of this notice, send your written request to Southwest Health, Attn: Health Information Management (HIM) Department at 1400 East Side Road, Platteville, WI 53818. This notice is also available on Southwest Health's website and can be found at www.southwesthealth.org.

**Notification of a Breach.** Your provider is required by law to maintain the privacy of protected health information and provide you with notice of its legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protect health information.

**Complaint.** If you believe your privacy rights have been violated, you have the right to file a complaint with the HIPAA Privacy Officer by calling 608-342-4798 that will provide you with any needed assistance. We request that you file your complaint in writing so that we may better assist in the investigation of your complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services. If your complaint relates to your privacy rights while you were receiving treatment for mental illness, alcohol or drug abuse or a developmental disability you may also

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file a complaint with the staff or administrator of the treatment facility or community mental health program.[4] **You will not be penalized or otherwise retaliated against for filing a complaint**.[5]

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact the HIPAA Privacy Officer at Southwest Health at 608-342-4798. You may also mail a letter to the HIPAA Privacy Officer at Attn: HIPAA Privacy Officer at 1400 East Side Road, Platteville, WI 53818.

## Additional Notifications

We participate in a regional arrangement of health care organizations, who have agreed to work with each other to facilitate access to health information that may be relevant to your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, this regional arrangement will allow us to make your health information from other participants available to those who need it to treat you at the hospital. When it is needed, ready access to your health information means better care for you. We store health information about our patients in a joint electronic medical record with other health care providers who participate in this regional arrangement. You may contact the Privacy Officer if you choose not to have your health information exchanged.

Southwest Health abides by HIPAA's minimum necessary rule, which states that when a provider uses or discloses health information, providers must make reasonable efforts to limit the health information to the minimum necessary to accomplish the intended purpose of the use or disclosure. The minimum necessary standard does not apply to disclosures to: (a) health care providers for treatment; (b) disclosures made to the patient; (c) disclosures made pursuant to an authorization; (d) disclosures made to DHHS; (e) disclosures required by law; and (f) disclosures required for compliance with HIPAA.

**Effective Date of This Notice: February 1, 2026**

[4] Wis. Stat. 51.61(1)(u)

[5] 45 CFR 164.520(b)(1)(vi); Wis. Stat. 51.61(1)(u)

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