

COTEAU DES PRAIRIES HEALTH CARE SYSTEM

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 and retain a copy for your records.

Effective Date: February 1, 2026

Under applicable law, Coteau des Prairies Health Care System is required to protect the privacy of your protected health information (PHI). PHI is your individually identifiable health information related to past, present, or future physical or mental health or condition of an individual, or the payment for the provision of health care to an individual. We are required to provide you with notice of our legal duties, privacy practices, and your rights with respect to your PHI.

Uses and Disclosures of Information Without Your Authorization

We are permitted to make certain types of uses and disclosures under applicable law without obtaining your authorization.

Treatment. We may use and disclose your PHI for the purpose of providing, coordinating, or managing the delivery of health care services to you by one or more health care providers, including doctors, nurses, technicians, medical students or other hospital personnel who are involved in taking care of you. We may disclose your PHI to your physician and other practitioners, or health care facilities for their use in treating you. For example, if you are transferred to a hospital, we will send your PHI to the hospital.

Payment. We may use and disclose your PHI to obtain payment or reimbursement for providing health care services, such as when we request payment from your insurer, health plan, or a government benefit program. We may also disclose your PHI to other medical care providers, medical plans, or health care clearinghouses for their payment purposes. For example, if you require ambulance transportation, your information may be given to the ambulance provider for its billing purposes.

Health Care Operations. We may use and disclose your PHI internally in a number of ways, including for quality assessment and improvement, for planning and development, management, and administration. Your information could be used, for example, to assist in the evaluation of the quality of services that you were provided. Health care operations also includes conducting training programs in which students, trainees or practitioners in areas of health care learn under supervision to practice or improve their skills. In some cases, we will furnish other qualified parties with your PHI for their health care operations.

Appointment Reminders/Treatment Alternatives. We may contact you to provide appointment reminders, care coordination, plan benefits, refill reminders, or advise you concerning the availability of generic equivalents, information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Family, Friends, or Others. We may disclose your location or general condition to a family member, your personal representative or another person identified by you. If any of these individuals are involved in your care or payment for care, we may also disclose such PHI as is directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgement, it would be in your best interest to allow the person to receive the information or act on your behalf. For example, we may allow a family member to pick up your prescriptions, medical supplies, or test results. We may also disclose your information to an entity assisting in disaster relief efforts so that your family or individual responsible for your care may be notified of your location and condition.

Required by Law. We will use and disclose your PHI as required by federal, State, or local law.

Public Health Activities. We may disclose your PHI for public health activities which include disclosures:

- To a public health authority authorized by law to collect or receive such information for the purposes of preventing or controlling disease, injury, or disability;
- To appropriate authorities authorized to receive reports about child abuse and neglect.
- To the Food and Drug Administration to report quality, safety, or effectiveness of the FDA-regulated products or activities;
- To notify a person who may have been exposed to a disease, or may be at risk for contracting or spreading a disease or condition; and
- To send proof of required immunization to a school.

Workers' Compensation. We may disclose in certain limited circumstances PHI authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Abuse, Neglect, or Domestic Violence. We may notify the appropriate government authority if we believe you have been a victim of abuse, neglect, or domestic violence. Unless such disclosure is required by law (for example, to report a particular type of injury), we will only make this disclosure if you agree.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. These activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Judicial and Administrative Proceedings. We may disclose your PHI in response to a court or administrative order, subpoenas, discovery requests, or other lawful legal processes in the course of a judicial or administrative proceeding, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

Law Enforcement. We may disclose certain PHI if asked to do so by a law enforcement official:

- As required by law, including reporting certain wounds and physical injuries;
- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- If you are the victim of a crime if we obtain your agreement or, under certain limited circumstances, if we are unable to obtain your agreement;
- To alert authorities of a death we believe may be the result of criminal conduct;

- Information we believe is evidence of criminal conduct occurring on our premises; 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.

Deceased Individuals. We are required to apply safeguards to protect your PHI for 50 years following your death. Following your death, we may disclose PHI to a coroner, medical examiner or funeral director as necessary for them to carry out their duties and to a personal representative (for example, the executor of your estate). We may also release your PHI to a family member or other person who acted as personal representative or was involved in your care or payment for care before your death, if relevant to such person's involvement, unless you have expressed a contrary preference.

Organ, Eye, or Tissue Donation. We may disclose PHI to organ, eye, or tissue procurement, transplantation, or banking organizations or entities as necessary to facilitate organ, eye or tissue donation and transplantation.

Research. Under certain circumstances, we may use or disclose your PHI for research, subject to certain safeguards.

Threats to Health or Safety. We may disclose your PHI to avert a serious threat to health or safety if we, in good faith, believe that it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public;

Specialized Government Functions. We may disclose your PHI for national security and intelligence activities authorized by law. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution, its agents, or the law enforcement official your PHI necessary for your health and the health and safety of other individuals.

Incidental Uses and Disclosures. There are certain incidental uses and disclosures of your PHI that occur while we are providing service to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

Health Information Exchange. We participate in one or more electronic health information exchanges which permits us to electronically exchange PHI about you with other participating providers (for example, doctors and hospitals). Participation in a health information exchange also lets us electronically access PHI from other participating providers for our treatment, payment and health care operations purposes.

Business Associates. We will disclose your PHI to our business associates and allow them to create, use, and disclose your PHI to perform their services for us. For example, we may disclose your information to an outside billing company who assists us in billing insurance companies.

Information Received from Substance Use Disorder Program. We may receive health information from a substance use disorder program. We will be able to use and disclose that information like any of your health information we maintain, except that we will not use or disclose it in civil, criminal, administrative, or legislative proceedings against you, unless you consent to such use or disclosure or pursuant to a court order that has given you an opportunity to be heard and that is accompanied by a subpoena or other legal instrument compelling our disclosure.

Fundraising. We may contact you as part of a fundraising effort. We may also use or disclose to a business associate, certain PHI about you, such as your name, address, phone number, dates you received treatment or services, treating physician, outcome information and department of service, so that we or they may contact you to raise money for the organization. Any time you are contacted, whether in writing, by phone or by other means for our fundraising purposes, you will have the opportunity to “opt out” and not receive further fundraising communications related to the specific fundraising campaign or appeal for which you are being contacted, unless we have already sent a communication prior to receiving notice of your election to opt out.

Uses and Disclosures Requiring Your Authorization

There are many uses and disclosures we will make only with your written authorization. These include:

Uses and Disclosures Not Described Above-we will obtain your authorization for any use or disclosure of PHI that is not described in the preceding examples.

Psychotherapy Notes-These are notes made by a mental health professional documenting a conversation during private counseling sessions or in joint or group therapy. Many uses or disclosures of psychotherapy notes require your authorization.

Marketing-We will not use or disclose your PHI for marketing purposes without your authorization. Moreover, if we will receive any financial remunerations from a third party in connection with marketing, we will tell you that in the authorization form.

Sale of medical information-We will not sell your PHI to third parties without your authorization. Any such authorization will state that we will receive remuneration in the transaction.

Revocation and Further Disclosures

Revocation. If you provide authorization, you may revoke your authorization at any time by notifying us in accordance with our authorization policy and the instructions in our authorization form. Your revocation will not be effective for uses and disclosures made in reliance on your prior authorization.

Further Disclosures. Certain disclosures of your PHI made pursuant to this Notice are no longer subject to the privacy protections described above and may be redislosed by the recipient.

Your Privacy Rights

Request for Restriction. You may ask us to restrict uses and disclosures of your PHI to carry out treatment, payment, or health care operations or to persons involved in your care. However, we are not required to agree to your request in most instances. We must honor your request to restrict disclosure of PHI to a health plan for payment or health care operations purposes where the disclosure pertains solely to a health care item or service for which you paid out-of-pocket in full. If we later receive an authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your request for restriction. If you wish to make such a request you must advise our Privacy Officer, identified below, in writing.

Access to Medical Information. You may inspect and copy much of the PHI we maintain about you, with some exceptions. If we maintain an electronic version of your medical records in an electronic designated record set, we must provide you that information in an electronic form and format requested by you if it is readily producible. If it is not readily producible, we will provide you the information in

a mutually agreeable readable format or, if we cannot agree on a format, a paper copy will be provided. If you direct us to transmit your medical information to another person, we will do so, provided your signed, written direction clearly designates the recipient and location for delivery. We may charge a reasonable cost-based fee for providing access to your records.

Amendment. You may request that we amend certain medical information that we keep in your records. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

Accounting. You have the right to receive an accounting of certain disclosures of your PHI made by us or our business associates for the six years prior to your request. Your right to an accounting does not include disclosures of treatment, payment and health care operations and certain other types of disclosures, for example, as part of a facility directory or disclosures in accordance with your authorization.

Confidential Communications. You may request to receive communications of PHI by alternative means or at alternative locations. We will accommodate the request, if reasonable.

Notification in the Case of Breach. We are required by law to notify you of a breach of your unsecured PHI. We will provide such notification to you without unreasonable delay but in no case later than 60 days after we discover the breach.

How to Exercise These Rights. If you wish to exercise any of the above rights, you must notify our Privacy Officer, identified below, in writing.

About This Notice

We are required to follow the terms of the Notice currently in effect. We reserve the right to change our practices and the terms of this Notice to make the new practices and notice provisions effective for all PHI that we maintain. Before we make such changes effective, we will make available the revised Notice by posting it in patient registration areas, where copies will also be available. The revised Notice will also be posted on our website at cdphealth.com. You are entitled to receive this Notice in written form. Please contact the Privacy Officer at the address listed below to obtain a written copy.

Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint with us by contacting the Privacy Officer identified below and/or to the Department of Health and Human Services by visiting its website <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> or calling them toll-free at 1-800-368-1019. We will not retaliate against you in any way for the filing of a complaint.

Contact Information

For further information concerning our privacy policy, your privacy rights, or the complaint process, please contact our Privacy Officer by the following: Telephone: (605) 698-7647; Facsimile: (605) 698-4613; Mail: CDP Health Care System, Attn: Privacy Officer, 205 Orchard Drive, Sisseton, SD 57262. Comply Line: (605)-698-7684.