NOTICE OF PRIVACY PRACTICES

Effective Date: 07/31/2026

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.

Ringgold County Hospital is required by the Health Insurance Portability and Accountability Act of 1996, and the Health Information Technology for Economic and Clinical Health Act (found in Title XIII of the American Recovery and Reinvestment Act of 2009) (collectively referred to as "HIPAA"), as amended from time to time, to maintain the privacy of individually identifiable patient health information (this information is "protected health information" and is referred to herein as "PHI"). We are also required to provide patients with a Notice of Privacy Practices regarding PHI. We will only use or disclose your PHI as permitted or required by applicable state law. This Notice applies to your PHI in our possession including the medical records generated by us.

Ringgold County Hospital understands that your health information is highly personal, and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. It describes how we will use and disclose your PHI.

This Notice applies to the delivery of health care by Ringgold County Hospital and its medical staff in the main Ringgold County Hospital, outpatient departments and clinics. This Notice also applies to the utilization review and quality assessment activities of Ringgold County Hospital.

I. Permitted Use or Disclosure

A. Treatment: Ringgold County Hospital will use and disclose your PHI to provide, coordinate, or manage your health care and related services to carry out treatment functions. The following are examples of how Ringgold County Hospital will use and/or disclose your PHI:

- To your attending physician, consulting physician(s), and other health care providers who have a legitimate need for such information in your care and continued treatment.
- To coordinate your treatment (e.g., appointment scheduling) with us and other health care providers such as name, address, employment, insurance carrier, etc.
- To contact you as a reminder that you have an appointment for treatment or medical care at our facilities.
- To provide you with information about treatment alternatives or other health-related benefits or services.
- If you are an inmate of a correctional institution or under the custody of a law enforcement officer, the Ringgold County Hospital will disclose your PHI to the correctional institution or law enforcement official.

B. Payment: Ringgold County Hospital will use and disclose PHI about you for payment purposes. The following are examples of how Ringgold County Hospital will use and/or disclose your PHI:

- To an insurance company, third party payer, third party administrator, health plan or other health care provider (or their duly authorized representatives) for payment purposes such as determining coverage, eligibility, pre-approval / authorization for treatment, billing, claims management, reimbursement audits, etc.
- To collection agencies and other subcontractors engaged in obtaining payment for care.

C. **Health Care Operations:** Ringgold County Hospital will use and disclose your PHI for health care operations purposes. The following are examples of how Ringgold County Hospital will use and/or disclose your PHI:

- For case management, quality assurance, utilization, accounting, auditing, population-based activities relating to improving health or reducing health care costs, education, accreditation, licensing and credentialing activities of Ringgold County Hospital.
- To consultants, accountants, auditors, attorneys, transcription companies, information technology providers, etc.

D. **Other Uses and Disclosures:** As part of treatment, payment and health care operations, Ringgold County Hospital may also use your PHI for the following purposes:

- Fundraising Activities: Ringgold County Hospital will use and may also disclose some of your PHI to a related foundation for certain fundraising activities. For example, Ringgold County Hospital may disclose your demographic information, your treatment dates of service, treating physician information, department of service and outcomes information to the foundation who may ask you for a monetary donation. Any fundraising communication sent to you will let you know how you can exercise your right to opt-out of receiving similar communications in the future.
- Medical Research: Ringgold County Hospital will use and disclose your PHI without your authorization to medical researchers who request it for approved medical research projects. Researchers are required to safeguard all PHI they receive.
- Information and Health Promotion Activities: Ringgold County Hospital will use and disclose some of your PHI for certain health promotion activities. For example, your name and address will be used to send you general newsletter or specific information based on your own health concerns.

E. **More Stringent State and Federal Laws:** The State law of Iowa is more stringent than HIPAA in several areas. Certain federal laws also are more stringent than HIPAA. Ringgold County Hospital will continue to abide by these more stringent state and federal laws.

i. **More Stringent Federal Laws:** The federal laws include applicable internet privacy laws, such as the Children's Online Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment.

ii. **More Stringent State Laws:** The State of Iowa is more stringent when the individual is entitled to greater access to records than under HIPAA. State law also is more restrictive when the records are more protected from disclosure by state law than under HIPAA. In cases where Ringgold County Hospital provides treatment to a patient who resides in a neighboring state, Ringgold County Hospital will abide by the more stringent applicable state law.

F. **Health Information Exchange:** Ringgold County Hospital may elect to share your health records electronically with the Iowa Health Information Network (IHIN) for the purpose of improving the overall quality of health care services provided to you (e.g., avoiding unnecessary duplicate testing). If shared with IHIN the electronic health records would include sensitive diagnosis such as HIV/AIDS, sexually transmitted diseases, genetic information, and mental health substance abuse, etc. The IHIN would function as our business associate and, in acting on our behalf; the IHIN would transmit, maintain and store your PHI for treatment purposes. The IHIN has a duty to implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality and integrity of your medical information. The Opt Out form has been developed by the IHIN.

II. Permitted Use or Disclosure with an Opportunity for You to Agree or Object

A. **Family/Friends:** Ringgold County Hospital will disclose PHI about you to a friend or family member who is involved in or paying for your medical care. You have a right to request that your

PHI not be shared with some or all of your family or friends. In addition, Ringgold County Hospital will disclose PHI about you to an agency assisting in disaster relief efforts so that your family can be notified about your condition, status, and location.

B. Ringgold County Hospital – Facility Directory: Ringgold County Hospital will include certain information about you in facility directory while you are a Ringgold County Hospital patient at Ringgold County Hospital. This information will include your name, location in Ringgold County Hospital, your general condition (e.g., fair, stable, critical, etc.) and your religious affiliation. The directory information, except your religious affiliation, will be disclosed to people who ask for you by name. You have the right to request that your name not be included in Ringgold County Hospital's directory. If you request to opt-out of the facility directory, we cannot inform visitors of your presence, location, or general condition.

C. Spiritual Care: Directory information, including your religious affiliation, will be given to a member of the clergy, even if they do not ask for you by name. Spiritual care providers are members of the health care team at Ringgold County Hospital and may be consulted upon regarding your care. You have the right to request that your name not be given to any member of the clergy.

D. Media Reports: Ringgold County Hospital will release facility directory information to the media (excluding religious affiliation) if the media requests information about you using your name and after we have given you an opportunity to agree or object.

III. Use or Disclosure Requiring Your Authorization

A. Marketing: Subject to certain limited exceptions, your written authorization is required in cases where Ringgold County Hospital receives any direct or indirect financial remuneration in exchange for making the communication to you which encourages you to purchase a product or service or for a disclosure to a third party who wants to market their products or services to you.

B. Research: Ringgold County Hospital will obtain your written authorization to use or disclose your PHI for research purposes when required by HIPAA.

C. Psychotherapy Notes: Most uses and disclosures of psychotherapy notes require your written authorization.

D. Sale of PHI: Subject to certain limited exceptions, disclosures that constitute a sale of PHI requires your written authorization.

E. Other Uses and Disclosures: Any other uses or disclosures of PHI that are not described in this Notice of Privacy Practices require your written authorization. Written authorizations will let you know why we are using your PHI. You have the right to revoke an authorization at any time.

IV. Use or Disclosure Permitted or Required by Public Policy or Law without your Authorization

A. Law Enforcement Purposes: Ringgold County Hospital will disclose your PHI for law enforcement purposes as required by law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

B. Required by Law: Ringgold County Hospital will disclose PHI about you when required by federal, state or local law. Examples include disclosures in response to a court order / subpoena, mandatory state reporting (e.g., gun shot wounds, victims of child abuse or neglect), or information necessary to comply with other laws such as workers' compensation or similar laws. Ringgold County Hospital will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies.

C. Public Health Oversight or Safety: The Ringgold County Hospital will use and disclose PHI to avert a serious threat to health and safety of a person or the public. Examples include disclosures of PHI to state investigators regarding quality of care or to public health agencies regarding immunizations, communicable diseases, etc. Ringgold County Hospital will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA regulated products or activities, including collecting and reporting adverse events, tracking and facilitating in product recalls, etc.

D. Coroners, Medical Examiners, Funeral Directors: Ringgold County Hospital will disclose your PHI to a coroner or medical examiner. For example, this will be necessary to identify a deceased person or to determine a cause of death. Ringgold County Hospital may also disclose your medical information to funeral directors as necessary to carry out their duties.

E. Organ Procurement: Ringgold County Hospital will disclose PHI to an organ procurement organization or entity for organ, eye or tissue donation purposes.

F. Specialized Government Functions: Ringgold County Hospital will disclose your PHI regarding government functions such as military, national security and intelligence activities. Ringgold County Hospital will use or disclose PHI to the Department of Veterans Affairs to determine where you are eligible for certain benefits.

G. Immunizations: Ringgold County Hospital will disclose proof of immunization to a school where the state or other similar law requires it prior to admitting a student.

V. Your Health Information Rights

You have the following individual rights concerning your PHI:

A. Right to Inspect and Copy: Subject to certain limited exceptions, you have the right to access your PHI and to inspect and copy your PHI as long as we maintain the data.

If Ringgold County Hospital denies your request for access to your PHI, Ringgold County Hospital will notify you in writing with the reason for the denial. For example, you do not have the right to psychotherapy notes or to inspect the information which is subject to law prohibiting access. You may have the right to have this decision reviewed.

You also have the right to request your PHI in electronic format in cases where Ringgold County Hospital utilizes electronic health records. You may also access information via patient portal if made available by Ringgold County Hospital.

You will be charged a reasonable copying fee in accordance with applicable federal or state law.

B. Right to Amend: You have the right to amend your PHI for as long as Ringgold County Hospital maintains the data. You must make your request for amendment of your PHI in writing to Ringgold County Hospital, including your reason to support the requested amendment.

However, Ringgold County Hospital will deny your request for amendment if:

- Ringgold County Hospital did not create the information;
- The information is not part of the designated record set;
- The information would not be available for your inspection (due to its condition or nature); or
- The information is accurate and complete.

If Ringgold County Hospital denies your request for changes in your PHI, Ringgold County Hospital will notify you in writing with the reason for the denial. Ringgold County Hospital will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that Ringgold County Hospital include your request for amendment and the denial any time that Ringgold County Hospital subsequently discloses the information that you wanted changed. Ringgold County

Hospital may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal.

C. Right to an Accounting: You have a right to receive an accounting of the disclosures of your PHI that Ringgold County Hospital has made, except for the following disclosures:

- To carry out treatment, payment or health care operations;
- To you;
- To persons involved in your care;
- For national security or intelligence purposes; or
- To correctional institutions or law enforcement officials.

You must make your request for an accounting of disclosures of your PHI in writing to Ringgold County Hospital.

You must include the time period of the accounting, which may not be longer than 6 years. In any given 12-month period, Ringgold County Hospital will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

D. Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or health care operations functions or to prohibit such disclosure. However, Ringgold County Hospital will consider your request but is not required to agree to the requested restrictions.

E. Right to Request Restrictions to a Health Plan: You have the right to request a restriction on disclosure of your PHI to a health plan (for purposes of payment or health care operations) in cases where you paid out of pocket, in full, for the items received or services rendered.

F. Right to Confidential Communications: You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that Ringgold County Hospital only contact you at work or by mail.

G. Right to Receive a Copy of this Notice: You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

VI. Breach of Unsecured PHI

In a breach of unsecured PHI affecting you occurs, Ringgold County Hospital is required to notify you of the breach.

VII. Sharing and Joint Use of Your Health Information

In the course of providing care to you and in furtherance of Ringgold County Hospital's mission to improve the health of the community, Ringgold County Hospital will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

A. Medical Staff. The medical staff and Ringgold County Hospital participate together in an Organized Health Care Arrangement (OHCA) to deliver health care to you. Both Ringgold County Hospital and medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health care to you in the in Ringgold County Hospital. Physicians and allied health care professionals who are members of Ringgold County Hospital's medical staff will have access to and use your PHI for treatment, payment and health care operations purposes related to your care within Ringgold County Hospital. Ringgold County Hospital will disclose your PHI to the medical staff and allied health professionals for treatment, payment and health care operations.

B. **<u>Business Associates.</u>** Ringgold County Hospital will share your PHI with business associates and their Subcontractors contracted to perform business functions on the Ringgold County Hospital's which performs certain business functions for Ringgold County Hospital.

VIII. **Changes to this Notice.** Ringgold County Hospital will abide by the terms of the Notice currently in effect. Ringgold County Hospital reserves the right to make material changes to the terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains. Ringgold County Hospital will distribute / provide you with a revised Notice at your first visit following the revision of the Notice in cases where it makes a material change in the Notice. You can also ask Ringgold County Hospital for a current copy of their Notice at any time.

IX. **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with Ringgold County Hospital's Privacy Official or with the Secretary of the Department of Health and Human Services. The Sleep Lab grievance can be made to ACHC: 139 Weston Oaks Court, Cary NC 27513, Phone (919) 785-1214. All complaints must be submitted in writing directly to Ringgold County Hospital's Privacy Official. Ringgold County Hospital assures you that there will be no retaliation for filing a complaint. *You will not be retaliated against for filing any complaint.*

X. **Privacy Official** - Questions / Concerns / Additional Information. If you have any questions, concerns, or want further information regarding the issues covered by this Notice of Privacy Practice or seek additional information regarding Ringgold County Hospital's privacy policies and procedures, please contact the Ringgold County Hospital's Privacy Official: <u>Stephanie Hall, Phone: 641-464-4424, shall@rchmtayr.org.</u>

_____	_____
Printed Name	**Authorized Signature**
_____	_____
Medical Record #	**Date**

Notice of Privacy Practices

English
If you speak a language other than English, language assistance services are available to you free of charge. Call 1-641-464-3226.

Español (Spanish)
Si habla español, tiene a su disposición servicios de asistencia lingüística sin costo alguno. Llame al 1-641-464-3226.

Deutsch (German)
Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose sprachliche Hilfsdienste zur Verfügung. Rufen Sie 1-641-464-3226.

Serbo-Croatian
Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Pozovite 1-641-464-3226.

Arabic
إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل على الرقم 1-641-464-3226

Vietnamese
Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ được cung cấp cho bạn miễn phí. Gọi 1-641-464-3226.

French
Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement pour vous. Appelez le 1-641-464-3226.

Tagalog-Filipino
Kung nagsasalita ka ng Tagalog (Filipino), may makukuha kang libreng tulong sa wika. Tumawag sa 1-641-464-3226.

Pennsylvania Dutch
Wann du Deitsch schwetzscht, kannscht du mit aus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-641-464-3226.

Russian
Если вы говорите по-русски, для вас доступны бесплатные услуги языковой поддержки. Позвоните по номеру 1-641-464-3226.

Dutch
Als u Nederlands spreekt, zijn taalkundige ondersteuningsdiensten gratis voor u beschikbaar. Bel 1-641-464-3226.

Lao, Laotian
ຖ້າທ່ານເວົ້າພາສາລາວ, ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາມີຢູ່ໃຫ້ທ່ານຟຣີ. ໂທຫາ 1-641-464-3226.

Korean
한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다.
전화번호 1-641-464-3226로 연락해 주세요.

Hindi
यदि आप हिंदी बोलते हैं, तो आपको मुफ्त में भाषा सहायता सेवाएँ उपलब्ध हैं।
कृपया 1-641-464-3226 पर कॉल करें।

Thai
หากคุณพูดภาษาไทย บริการช่วยเหลือด้านภาษาให้บริการฟรีสำหรับคุณ
โทร 1-641-464-3226.