

5) To an Accounting of Disclosures. You have the right to an accounting of any disclosures of your protected health information made during the six-year period preceding the date of your request. This list will include with whom we shared the information, when, what information was included, and the purpose of the disclosure. The following disclosures will not be accounted for:

- (i) Disclosures made for the purpose of carrying out treatment, payment, or health care operations
- (ii) Disclosures made to you or authorized by you
- (iii) Disclosures that are part of data sets reported to research groups, health officials, or other authorized organizations

- (iv) Disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure

To request an accounting of disclosures, submit a written request to the Contact listed on the final page of this Notice.

OUR DUTIES IN REGARDS TO YOUR HEALTH INFORMATION

- 1) We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of our legal duties and privacy practices.
- 2) We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make those changes applicable to all health information that we maintain. Any changes to this Notice will be posted on our website and at our facilities, and will be available from us upon request.
- 3) We will inform you of any breach that may have included your protected health information.

COMPLAINTS

You can complain to us and to the federal Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. To lodge a complaint with us, please file a written complaint with the Contact set forth below. This Contact person will also provide you with further information about our privacy policies upon request. No action will be taken against you for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

You will be asked to sign an acknowledgment form that you were offered a paper copy of this Notice of Privacy Practices and informed that the Notice of Privacy Practices is online.

EFFECTIVE DATE

This Notice of Privacy Practices is effective March 23, 2016

DESIGNATED CONTACT PERSON

HIPAA Privacy Officer
Winner Regional Healthcare Center
745 E. 8th Street
Winner, SD 57580
(605) 842-7356

NOTICE OF ORGANIZED HEALTH CARE ARRANGMENT FOR WINNER REGIONAL HEALTHCARE CENTER

Winner Regional Healthcare Center, the independent contractor members of its Medical Staff (including your physician), and other related health care providers have agreed, as permitted by law, to share your health care information among themselves for purposes of treatment, payment and health care operations. This enables us to better address your health care needs in a clinically integrated setting. This notice is being provided to you as a supplement to this Notice of Privacy Practice.

WINNER REGIONAL HEALTHCARE CENTER ORGANIZED HEALTHCARE ARRANGEMENT ENTITIES

Burke Medical Clinic, Burke, SD
Community Memorial Hospital, Burke, SD
Mission Medical Clinic, Mission, SD
Rosebud IHS Hospital, Rosebud, SD
Cherry County Hospital, Valentine, SD
Missouri Valley Radiology, Pierre, SD

Winner Regional Clinic, Winner, SD
Winner Regional Healthcare Center, Winner, SD
Winner Regional Nursing Home, Winner, SD
Winner Surgical Clinic, Winner, SD
All Sanford Health Clinic and Medical Centers



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices applies to Winner Regional Healthcare Center, operating as a clinically integrated health care arrangement, as well as the physicians and other licensed professionals seeing and treating patients at this facility

This Notice describes how we will use and disclose your protected health information. The information outlined in this Notice applies to all of your health information generated by Winner Regional Healthcare Center, whether recorded in your medical record, invoices, payment forms, video, or other ways. Similarly, these policies apply to the protected health information gathered from other organizations by any health care professional, employee or volunteer who participates in your care.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

- 1) In some circumstances we are permitted or required to use or disclose your protected health information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances includes:
 - a. **Treatment:** We may use or disclose your protected health care information for the purpose of providing, or allowing others to provide treatment to you. An example would be if your primary care physician discloses your protected health information to another doctor for the purposes of consultation. Also, we may contract you with appointment reminders or

information about treatment alternatives or other health-related benefits and services that may be of interest to you.

- b. Payment:** We may use and/or disclose your protected health information for the purpose of allowing us, as well as other entities, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for the health care services provided to you.
- c. Health Care operations:** We may use and/or disclose your protected health information for the purposes of our day-to-day operations and functions. We may also disclose your protected health information to any covered entity, to allow it to perform its day-to-day functions, if we both have a relationship with you. For example, we may compile your protected health information, along with other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve that quality of care provided at this facility. We may also disclose protected health information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes.
- d. Directories:** We may maintain a directory of patients that includes your name and location within the facility, your religious designation, and information about your condition in general terms that will not communicate specific medical information about you. Except for your religion, we may disclose this information to any person who asks for you by name. We may disclose all directory information to members of the clergy. Upon your admission, we will allow you to opt out of this information being shared with family, friends, or other visitors, including clergy.
- e. Notifications:** We may disclose to your relatives or close personal friends any protected health information that is directly related to the person's involvement in the provision or payment of your care.
- f. Disasters:** We may also use and disclose your protected health information for the purpose of locating and notifying your relatives or close personal friends of your location, general condition or death, and to organizations that are involved in those tasks during disaster situations.
- g. When required by law,** which may include sharing information about victims of abuse, neglect, or domestic violence.
- h. For public health and safety:** We will release information that is necessary to reduce a serious threat to other individual's

health or safety. Information will be released with the most of the identifying information removed.

- i. For judicial or administrative proceedings:** we will share information as directed by any court order – including subpoenas.
- j. For law enforcement purposes:** This includes criminal or administrative investigations.
- k. To assist coroners, medical examiners or funeral directors with their official duties.**
- l. To facilitate organ, eye or tissue donation.**
- m. Research projects** that have been evaluated and approved through a research approval process that takes into account patients' need for privacy.
- n. For specialized governmental functions,** such as military, national security, criminal corrections, or public benefit purposes.
- o. For workers' compensation purposes,** as permitted by law.
- p. For fundraising efforts.** You will have the option to ask us not to contact you.

YOUR RIGHTS IN REGARDS TO YOUR HEALTH INFORMATION

- 1) **To Request Restrictions.** You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment, or health-care operations purposes or notification purposes. We are not required to agree to your request. If we do agree to a restriction, we will abide by the restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Contact listed on the final page of this Notice.
- 2) **To Limit Communications.** You have the right to receive confidential communications about your own protected health information by alternative means or at alternative locations. This means you may, for example, designate that we contact you only via e-mail, or at work rather than home. To request communications via alternative means or at alternative locations, you must submit a written request to the Contract listed on final page of this Notice. All reasonable requests will be granted.
- 3) **To Access and Copy Health Information.** You have the right to inspect and copy any protected health information about you other than psychotherapy notes, information compiled in anticipation of or for in use in civil, criminal or administrative

proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. If you request copies, you will be charged our regular fee for copying and mailing the requested information.

Despite your general right to access your protected health information, access may be denied in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if the federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny under these circumstances is final and not subject to review

In addition, access may be denied if (i) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else, (ii) the information makes reference to another person and your access would reasonably be likely to cause harm to that person, or (iii) you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is ultimately denied, the reasons for the denial will be provided to you in writing.

- 4) **To Request Amendment.** You may request that your protected health information be amended. Your request may be denied. If your request to amend your protected health information is denied, you may submit a written statement disagreeing with the denial and we will distribute with all future , of information to which it relates. Requests to amend protected health information must be submitted in writing to the Contact listed on the final page of this Notice.