



ViaroHealth, LLC Notice of Privacy Practices

Revised October 2022

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

The terms of this Notice of Privacy Practices (“Notice”) apply to the organization its affiliates and its employees. The organization will share protected health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our patients' protected health information and to provide patients with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new notice of privacy practices effective for all protected health information maintained by the organization. We are required to notify you in the event of a breach of your unsecured protected health information. We are also required to inform you that there may be a provision of state law that relates to the privacy of your health information that may be more stringent than a standard or requirement under the Federal Health Insurance Portability and Accountability Act (“HIPAA”). A copy of any revised Notice of Privacy Practices or information pertaining to a specific State law may be obtained by mailing a request to the Privacy Officer at the address below.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:

Authorization and Consent: Except as outlined below, we will not use or disclose your protected health information for any purpose other than treatment, payment, or health care operations unless you have signed a form authorizing such use or disclosure. You have the right to revoke such authorization in writing, with such revocation being effective once we actually receive the writing; however, such revocation shall not be effective to the extent that we have taken any action in reliance on the authorization, or if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

Uses and Disclosures for Treatment: We will make uses and disclosures of your protected health information as necessary for your treatment or to facilitate consultations or referrals as part of your treatment. Doctors, nurses, and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to your course of treatment that may include procedures, medications, tests, medical history, etc.

Uses and Disclosures for Payment: We will make uses and disclosures of your protected health information as necessary for payment purposes. During the normal course of business operations, we may forward information regarding your medical procedures and treatment to your insurance company

to arrange payment for the services provided to you. We may also use your information to prepare a bill to send to you or to the person responsible for your payment.

Uses and Disclosures for Health Care Operations: We will make uses and disclosures of your protected health information as necessary, and as permitted by law, for our health care operations, which may include clinical improvement, professional peer review, business management, accreditation, and licensing, etc. For instance, we may use and disclose your protected health information for purposes of improving clinical treatment and patient care.

Individuals Involved In Your Care: We may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Fundraising: We may use your information to contact you for fundraising purposes, as necessary. We may disclose this contact information to a related foundation so that the foundation may contact you for similar purposes, as necessary. If you do not want us or the foundation to contact you for fundraising efforts, you must send such request in writing to the Privacy Officer at the address below to opt out of receiving fundraising communications.

Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, outcomes data collection, legal services, etc. At times it may be necessary for us to provide your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these associates to appropriately safeguard the privacy of your information to ensure the privacy and security of your protected health information.

Appointments and Services: We may contact you to provide appointment updates or information about your treatment or other health-related benefits and services that may be of interest to you. You have the right to request, and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. With such requests, you must provide an appropriate alternative address or method of contact. You also have the right to request that we not send you any future marketing materials and we will use our best efforts to honor such request. You must make such requests in writing, including your name and address, and send such writing to the Privacy Officer at the address below.

Research: We may use and disclose your protected health information for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the

privacy of your protected health information. Even without that special approval, we may permit researchers to look at protected health information to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any protected health information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual. However, Wisconsin law provides additional protections for information relating to treatment for mental health, developmental disabilities, alcoholism, drug dependence, or information concerning the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV.

Other Uses and Disclosures: The Privacy Rule and Wisconsin law allow the organization to use or disclose your protected health information/patient health care records without your authorization or informed consent for a number of functions and activities, described below:

- As required by international, federal, state, or local law;
- To our business associates who perform functions on our behalf or provide us with services if the protected health information is necessary for those functions or services. For example, the organization may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your protected health information
- Appointment reminders, treatment alternatives, health-related benefits, and services to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options, alternatives, or health related benefits and services that may be of interest to you;
- Disclosure of a minor's protected health information to the child's parents, guardian, or legal custodian, as defined by Wisconsin law, unless such disclosure is otherwise prohibited by law;
- Public health activities including:
 - to prevent or control disease, injury, or disability, to report births and deaths, and for public health surveillance or interventions; For example, the organization reports immunization information to the Wisconsin Immunization Registry (WIR);
 - to report child abuse or neglect;
 - to the FDA, to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by the FDA;
 - 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;
- To notify the appropriate government authority if the organization believes a patient or resident has been the victim of abuse, neglect, or domestic violence. The organization will only make this disclosure if you agree, or when required or authorized by law;
- To your employer when we have provided health care to you at the request of your employer;
- To a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure, or disciplinary activities, and other similar proceedings. The organization



may not disclose the protected health information of a person who is the subject of an investigation that is not directly related to that person's receipt of health care or public benefits.

- For judicial and administrative proceedings; The Privacy Rule allows the organization to disclose confidential protected health information in response to a court or administrative order. The organization may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. Wisconsin law may require a court order for the release of patient health care records in these circumstances and may be considered more protective of your privacy than the Privacy Rule.
- To law enforcement officials if asked to do so by a law enforcement official in the following circumstances:
 - In response to a court order, subpoena, warrant, summons, or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, the organization is unable to obtain the person's agreement;
 - About a death the organization believes may be the result of criminal conduct;
 - About criminal conduct at the organization; 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.
- Wisconsin law generally requires a court order for the release of patient health care records in these circumstances and may be considered more protective of your privacy than the Privacy Rule. However, Wisconsin law does allow the release of confidential patient health care records when a crime occurs on the premises and a victim is threatened with bodily harm. Wisconsin law also requires that gunshot wounds or other suspicious wounds, including burns, that are reasonably believed to have occurred as the result of a crime must be reported to the local police or sheriff. The report must include the nature of the wound and the patient's name.
- To coroners, medical examiner, or funeral director to identify a deceased person, determine the cause of death or carry out their duties;
- If necessary, to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation;
- If there is a serious threat to your health and safety or the health and safety of the public or another person, to someone able to help prevent the threat;
- In certain circumstances, the Privacy Rule authorizes the organization to use or disclose your protected health information to facilitate specified government functions;
- To armed forces personnel as required by military command authorities for the proper execution of a military mission;
- Information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law;

- If you are an inmate of a correctional institution or under the custody of a law enforcement official, the organization may release the protected health information of inmates and others in law enforcement custody to the correctional institution or law enforcement official, where necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution; and
- To workers' compensation or similar programs that provide benefits for work-related injuries or illness.

DISCLOSURES REQUIRING AUTHORIZATION:

Psychotherapy Notes: We must obtain your specific written authorization prior to disclosing any psychotherapy notes unless otherwise permitted by law. However, there are certain purposes for which we may disclose psychotherapy notes, without obtaining your written authorization, including the following: (1) to carry out certain treatment, payment or healthcare operations (e.g., use for the purposes of your treatment, for our own training, and to defend ourselves in a legal action or other proceeding brought by you), (2) to the Secretary of the Department of Health and Human Services to determine our compliance with the law, (3) as required by law, (4) for health oversight activities authorized by law, (5) to medical examiners or coroners as permitted by state law, or (6) for the purposes of preventing or lessening a serious or imminent threat to the health or safety of a person or the public.

Genetic Information: We must obtain your specific written authorization prior to using or disclosing your genetic information for treatment, payment, or health care operations purposes. We may use or disclose your genetic information, or the genetic information of your child, without your written authorization only where it would be permitted by law.

Marketing: We must obtain your authorization for any use or disclosure of your protected health information for marketing, except if the communication is in the form of (1) a face-to-face communication with you, or (2) a promotional gift of nominal value.

Sale of Protected Information: We must obtain your authorization prior to receiving direct or indirect remuneration in exchange for your health information; however, such authorization is not required where the purpose of the exchange is for:

- Public health activities;
- Research purposes, provided that we receive only a reasonable, cost-based fee to cover the cost to prepare and transmit the information for research purposes;
- Treatment and payment purposes;
- Health care operations involving the sale, transfer, merger, or consolidation of all or part of our business and for related due diligence;
- Payment we provide to a business associate for activities involving the exchange of protected health information that the business associate undertakes on our behalf (or the subcontractor undertakes on behalf of a business associate), and the only remuneration provided is for the performance of such activities;

- Providing you with a copy of your health information or an accounting of disclosures;
- Disclosures required by law;
- Disclosures of your health information for any other purpose permitted by and in accordance with the Privacy Rule of HIPAA, as long as the only remuneration we receive is a reasonable, cost-based fee to cover the cost to prepare and transmit your health information for such purpose or is a fee otherwise expressly permitted by other law; or
- Any other exceptions allowed by the Department of Health and Human Services.

RIGHTS THAT YOU HAVE REGARDING YOUR PROTECTED HEALTH INFORMATION:

Right to Request Restrictions: You have the right to request a restriction or limitation on the protected health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction on who may have access to your protected health information, you must submit a written request to the Privacy Officer. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

The Organization is not required to agree to your request. If the organization does agree, it will comply with your request unless the information is needed to provide you emergency treatment. A request for restrictions should include (1) what information you want to limit; (2) whether you want to limit its use, disclosure, or both; and (3) to whom you want the limits to apply. If the organization does not agree, you will receive a letter stating your request was declined that will include the reason(s) your request was denied.

Right to Restrict Disclosures of Self Pay Items to Health Plan: You have the right to restrict disclosures of protected health information to health plans for payment or health care operations purposes if the protected health information pertains solely to items and services paid in full by you.

Right to Request Confidential Communications: You have the right to request that the organization communicate with you about medical matters through specific channels, that is, in a certain way or at a certain location. For example, you can ask that the organization only contact you at work, or only at home, or only by mail. The organization will not ask you the reason for your request and will attempt to accommodate all reasonable requests.

Access to Your Protected Health Information: You have the right to copy and/or inspect a designated set of your medical records. This designated set typically includes medical and billing records but may not include psychotherapy notes. For protected health information that we maintain in any electronic designated record set, you may request a copy of such health information in a reasonable electronic format, if readily producible. Requests for access must be made in writing and signed by you or your legal representative. You may obtain a "Patient Access to Health Information Form" from the front office person. You will be charged a reasonable copying fee and actual postage and supply costs for your protected health information. If you request additional copies, you will be charged a fee for copying and postage.

Please note that a request to inspect your medical records means that you may examine them at a mutually convenient time or place. We have up to 30 days to make your protected health information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Amendments to Your Protected Health Information: You have the right to request in writing that protected health information that we maintain about you be amended or corrected. You have the right to request an amendment for as long as the information is kept by or for the organization. We are not obligated to make requested amendments, may deny your request for an amendment if it is not in writing or does not include a reason. The organization may also deny your request for amendment if it covers medical records that:

- Were not created by the organization, unless the person who actually created the information is no longer available to make the amendment;
- Are not part of the medical records kept by or for the organization;
- Are not part of the information which you would be permitted to inspect and copy, as discussed above; or
- Are accurate and complete.

All amendment requests, must be in writing, signed by you or legal representative, and must state the reasons for the amendment/correction request. If an amendment or correction request is made, we may notify others who work with us if we believe that such notification is necessary. You may obtain an "Amendment Request Form" from the front office person or individual responsible for medical records.

Accounting for Disclosures of Your Protected Health Information: You have the right to receive an accounting of certain disclosures made by us of your protected health information. A request for accounting of disclosures must specify a time period, which may not be longer than six years, and which may not include dates before October 14, 2015. Requests must be made in writing and signed by you or your legal representative. A request for accounting of disclosures should indicate in what form you want the disclosure (for example, on paper). The first accounting within a 12-month period will be free; for



additional accountings, the organization may charge for its costs after notifying you of the cost involved and giving you the opportunity to withdraw or modify your request before any costs are incurred. "Accounting Request Forms" are available from the front office person or individual responsible for medical records. You will be notified of the fee at the time of your request.

Right to a Copy of Health Record in Electronic Format: If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Notice of Breach: We take very seriously the confidentiality of our patients' information, and we are required by law to protect the privacy and security of your protected health information through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself.

Paper Copy of this Notice: You have the right to a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please submit a request to the Privacy Officer at the address below.

Other Rights: Providers or staff may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against a patient for the exercise by the patient of any right established, or for participation in any process provided.

Complaints: If you believe your privacy rights have been violated, you can file a complaint in writing with the Privacy Officer. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary, mail it to:

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Customer Response Center: (800) 368-1019
FAX (202) 619-3818
TDD (800) 537-7697
Email: ocrmail@hhs.gov



For Further Information: If you have questions, need further assistance regarding, or would like to submit a request pursuant to this Notice, you may contact and address letters to:

Privacy Officer
333 Front Street North
La Crosse, WI 54601

This Notice of Privacy Practices is also available on our organization's website at www.viarohealth.com.

AMENDMENTS TO THIS NOTICE: The organization reserves the right to amend this Notice at any time. The organization is required to amend this Notice as made necessary by changes in the Privacy Rule. Each version of the Notice will have an effective date on the first page. The organization reserves the right to make the amended Notice effective for protected health information the organization has at the time the amendment is made, as well as any protected health information the organization may receive or create in the future.

THE ORGANIZATION'S DUTIES: The Privacy Rule require the organization to maintain the privacy of your protected health information. The Privacy Rule requires that the organization provide notice of its privacy practices to all of its patients and/or clients. The organizations obligations to maintain your privacy, and the situations and circumstances in which your protected health information may be used or disclosed, are described in more detail in this Notice of its legal duties and privacy practices. The organization is required to comply with the terms and conditions of this Notice and may not amend this Notice except as set forth above.