



NOTICE OF PRIVACY PRACTICES
Effective Date: February 16, 2026

PURPOSE: 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.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you, including substance use disorder treatment records. We create a record of the care and services you receive here. We need this record to provide you with quality care and to comply with certain legal requirements and to substantiate claims. This notice applies to all of the records of your care generated by this health care facility, whether made by this health care facility’s personnel or your personal doctor.

We are required by law to:

- Make sure that medical information that identifies you is kept private including substance use disorder treatment records;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

WHO WILL FOLLOW THIS NOTICE

This notice describes our practices and that of:

- Any health care professional authorized to enter information into your medical chart.
- All departments and units of this health care facility.
- Any member of a volunteer group we allow to help you while you are under our treatment.
- All employees, staff, and other personnel we employ.
- Aspirus, including its affiliated entities, sites, and locations.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

Aspirus is a Single Affiliated Covered Entity that includes its affiliated entity sites and locations, all of which follow the terms of this notice. In addition, Aspirus, Inc. participates in one or more Organized Health Care Arrangements. Members of the Single Affiliated Covered Entities and the Organized Health Care Arrangements may share medical information with each other for treatment, payment, or health care operation purposes described in this notice.



The following categories describe different ways that we use and disclose medical information. Examples provided in this document are not an exhaustive list of situations that we can use or disclose your health information. We abide by all applicable laws related to the protection of this information. When we use or disclose your protected health information, we are required to abide by the terms of this Notice. These requirements are based on provisions in the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”), and the Confidentiality of Substance Use Disorder Patient Records in 45 C.F.R. Part 2 (“Part 2”).

In cases where there is a conflict between HIPAA and other federal or state requirements, we will follow the more restrictive provisions.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other health care personnel who are involved in taking care of you at this health care facility.

For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of this health care facility also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside this health care facility who may be involved in your medical care, such as family members, clergy, or others we use to provide services that are part of your care.

- **Use of Substance Use Disorder and Treatment Patient Records (Part 2).** Generally, we may not provide information to third parties about your substance use treatment with us or disclose any information identifying you as having or having had a substance use disorder except as provided in a written consent provided by you and in other non-consent situations.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at this health care facility may be billed to and payment may be collected from you, an insurance company, or a third party.

For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- **For Health Care Operations.** We may use and disclose medical information about you for this health care facility’s health care operations. These uses and disclosures are necessary to operate this health care facility and make sure that all of our patients receive quality care.



For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many of our patients to decide what additional services this health care facility should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and our other health care personnel for review and learning purposes. We may also combine the medical information we have with medical information from other healthcare facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

We may also use and disclose limited medical information about you for certain directory, decision-making, and fundraising activities purposes, subject to your right to object to these uses or disclosures.

- **Hospital Directory (for hospital patients only).** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. If you are hospitalized, we may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **For Health Information Exchanges:** We may participate in one or more electronic health information exchange, record locator or patient information service. These allow us to exchange health information about you with other participating providers and their business associates. In order for us to do this, the provider must have a treatment relationship with you. For example, we may notify your primary care provider when you are admitted to the hospital, or we may give a doctor providing care to you access to our records so they can treat you. If you would like to opt out of the electronic health information exchange, please request the Health Information Exchange Authorization form from the admissions staff.
- **Fundraising Activities.** We may use contact information (name, address, other contact information, age, gender, date of birth, the dates you received treatment or services, department you received service from, your treating physician, outcome information, and health insurance status) from your medical record to contact you for certain fundraising purposes, and may disclose



this contact information to an Aspirus Foundation for fundraising purposes. You may opt out of receiving fundraising communications by contacting the appropriate entity upon receipt of the communication.

- **Research:** Federal and state law permit the use and disclosure of health information for medical research purposes under certain circumstances. Your authorization will be obtained to use or disclose health information for research purposes, unless an exception to the authorization requirement applies. Exceptions include where the health information has been de-identified or where an Institutional Review Board has approved a waiver of authorization. In some situations, limited information may be used before approval of the research study to allow a researcher to determine whether enough patients exist to make a study scientifically valid. Aspirus does not disclose individually identifiable health information to external researchers without authorization and will only use such information for internal research purposes in accordance with applicable law.
- **Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include physician radiology services, certain laboratory tests and companies that we contract with for billing. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, however, we require that all of our business associates properly safeguard your information.

We may also use and disclose your medical information for the following:

- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- For health department or regulatory agency activities relating to improving health;
- For population-based monitoring and review.

The Privacy Rules and State law allow us to use or disclose your medical records without your consent or authorization for a number of functions and activities, discussed below.

- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law. We may also use and disclose health information to the following types of entities, including but not limited to:
 - Food and Drug Administration (FDA)
 - Public Health or Legal Authorities such as those charged with preventing or controlling disease, recording births or deaths, injury or disability
 - Agencies responsible for investigating child abuse or neglect



- Correctional institutions
 - Workers Compensation Agents
 - Organ and Tissue Donation Organizations
 - Health Oversight Agencies, such as Medicare and Medicaid
 - Medical Examiners and Funeral Directors
 - National Security and Intelligence Agencies
 - Protective Services for the President and others
- **Law enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes as required by law or in response to a court order or search warrant.
 - **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent that threat.
 - **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to access, inspect and/or receive a copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. Ask us how to do this. We will provide a copy or summary of your protected health information, usually within 30 days of your request. You have the right to obtain electronic copies of those records that are stored in an electronic format.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the attention of Health Information Management at the Aspirus facility at which you received treatment. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by this health care facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for this health care facility.



To request an amendment, your request must be made in writing and submitted to Aspirus Health Information Management Department. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by or for this health care facility;
 - Is not part of the information which you would be permitted to inspect and copy;
 - or is accurate and complete.
- **Right to Receive an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the attention of Health Information Management at the Aspirus facility at which you received treatment. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example: on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in the payment for your care. We are not required to agree to your request, unless you have paid out of pocket in full for the treatment and request that the medical information not be disclosed to a health plan for payment or health care operations. It may be disclosed for carrying out treatment. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.



To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

To obtain a paper copy of this notice, please visit our website at aspirus.org or submit your request in writing to the attention of Health Information Management at the Aspirus facility at which you received treatment.

NOTIFICATION OF BREACHES

You may receive notification of breaches involving your unsecured protected health information.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in this health care facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with this health care facility or with the Secretary of the Department of Health and Human Services. To file a complaint with this health care facility, please submit your complaint in writing to Aspirus. If you require further information, you may contact the Aspirus Chief Compliance and Privacy Officer at 1-800-450-2339.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.



Contacts within Aspirus:

Aspirus Chief Compliance and Privacy Officer
2200 Westwood Dr. Wausau, WI 54401
1-800-450-2339

Aspirus Health Information Management
333 Pine Ridge Blvd. Wausau, WI 54401
715-847-2180

To File a Complaint:

Office of Civil Rights (OCR)
200 Independence Ave. S.W. Washington, D.C. 20201
1-877-696-6775

Replaces NPP of 10-1-2015