



NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed and how you can get access to your information. Please review it carefully.

Beloit Health System will maintain the privacy of your personal health information. This Notice of Privacy Practices describes our legal duties and privacy practices concerning your personal health information.

This Notice describes the privacy practices of Beloit Health System including: Beloit Memorial Hospital; Beloit Clinic; Clinton Clinic; Darien Clinic; Janesville Clinic; NorthPointe Campus; Occupational Health, Sports and Family Medicine Center; West Side Clinic, Beloit Regional Hospice and certain other providers with which Beloit Health System has a Joint Notice Agreement. These organizations are participants in Beloit Health System's organized health care arrangement.

Each Beloit Health System entity maintains an individual medical record for each patient. Health Information may be shared between these entities when permitted under this Notice or otherwise by law.

The privacy requirements in this Notice apply to Beloit Health System and each of the above entities' employees, staff, volunteers and other workforce members, as well as the physicians and allied health professionals on the hospital's medical staff.

In general, when we release your health information, we will release only the information we need to achieve the purpose of the use or disclosure. If you sign an authorization form or if you request the information for yourself, all of the personal health information that you designate will be available for release. A health care provider will have broad access to your health care information for treatment purposes. And, when there is a legal requirement that we disclose health information, we will disclose all the information that we are legally required to provide.

We will follow the privacy practices described in this Notice. We reserve the right to change the privacy practices described in this Notice in accordance with the law. Any changes to our privacy practices will be posted on our website: www.beloithealthsystem.org.

The law permits us to use or disclose your health information for the following limited purposes:

Treatment. We may use or disclose your health information to a physician or other health care provider furnishing treatment to you. For example, your doctor will use the information in your medical record to determine which treatment option, such as a drug or surgery, best addresses your health needs. The treatment selected will be documented in your medical record, so your other health care professionals can make informed decisions about your care.

Health Information Exchange. Your PHI may be used and disclosed with other health care providers or other health care entities for treatment, payment and health care operations purposes, as permitted by law, through the CommonWell Health Alliance. Exchange of health information will provide quick access, improved coordination of care and assist providers and public health officials in making more informed treatment decisions. You have the right to "opt-out" of some types of HIE health information sharing. For more information and for instructions on how opt-out, please contact The Health Information Department at 608-364-5128

Payment. We may use and disclose your health information to obtain payment for services we provide to you. In order for an insurance company to pay for your treatment, we must submit a bill that identifies

you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information on to an insurer in order to help receive payment for your medical bills.

If you have paid us out of pocket for health care services, you may request that we do not share information about that specific care with your health plan. Disclosures to your health plan made prior to your request and disclosures to your health plan for any subsequent care will not be affected.

Health Care Operations. We may use and disclose your health information in connection with our health care operations. For example, we may use information from patient health records in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of doctors, nurses, and other health care professionals, or examining the effectiveness of the treatment provided to our patients.

Appointment Reminders. Unless you tell us otherwise, we may use and disclose your health information for appointment reminders. For example, we may look at your medical record to determine the date and time of your next appointment with us, and then call or send you a reminder letter to help you remember or prepare for the appointment.

Business Associates. We may share your health information with third party "business associates" with whom we contract to assist us in treatment, payment, or health care operations activities. Our business associates are required to protect your health information in accordance with this Notice and as required by law.

Hospital Directory. If you are an inpatient in the hospital, unless you object, we will include your name, location in our facility, and your general health condition (e.g., "stable", or "unstable") in the hospital's directory and will share this information with people who call or visit at the hospital and ask for you by name. If you indicate your religious affiliation with us, we may disclose this information to a member of the clergy.

To Those Involved With Your Care or Payment of Your Care. Unless you tell us otherwise in writing, if you have a family member, relative, or a friend who is helping to care for you or pay your medical bills, we may disclose your health information to these persons. We will disclose only information that is relevant to that person's involvement. We will use our professional judgment in allowing another person to pick up prescriptions, medical supplies, x-rays, or other health information on your behalf. In addition, we may disclose your health information to organizations authorized to handle disaster relief efforts, so those who care for you can receive information about your location or health.

As Required or Permitted By Law. We may disclose health information to legal authorities, such as law enforcement officials, court officials, or government agencies, when necessary. For example, we are required by law to report suspected child abuse or neglect and certain physical injuries, such as gunshot wounds, significant burns, or injuries that appear to be a result of a crime. We may also report incidents involving the abuse or neglect of an adult. We may be required to disclose health information in response to a court order.

For Public Health and Benefit Activities. We are required by state and federal laws to report some limited health information to authorities to help prevent or control disease, injury, or disability. For example, we must report certain diseases, such as cancer; birth and death information; and information of concern to the Food and Drug Administration.

We may report certain illnesses and injuries relating to environmental conditions to your employer, so that your workplace environment can be monitored for safety.

We may disclose health information to governmental authorities so they can monitor, investigate, inspect, discipline, or license health care workers or for compliance with government benefit programs.

We may disclose health information to a coroner, medical examiner, and funeral director, to carry out duties related to a death and preparing for a funeral.

Your Health Information Rights

If you are an organ donor, we may disclose health information to organizations involved with obtaining, storing, or transplanting organs, eyes, or tissue.

We may release your health information to the proper authorities if we believe, in good faith, that the release is necessary to prevent or minimize a serious and approaching threat to the health or safety of you, another individual, or the public.

If you are involved with military, national security or intelligence activities; are in the custody of law enforcement officials; or are an inmate in a correctional institution, we may be required to disclose your health information to the proper authorities so they may carry out their duties under the law.

We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

Research. Under certain circumstances, and only after a special approval process by a review board, we may use and disclose your health information to conduct research. The review board may approve using your health information without your written authorization when the board determines that the researcher will follow all privacy rules in order to prevent a possibility of your identification. Research is important to find out whether certain treatments are effective in curing an illness.

Marketing. Unless you object, we may use your health information to inform you of products or services that we believe may be of interest to you. For example, we might contact patients receiving cancer treatment to notify them of the availability of an innovative treatment.

Fundraising. We may use information found in your medical record, such as your name, address, telephone number, email information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information, to contact you for our fundraising purposes. You will have the right to opt out of receiving such communications with each solicitation. For the same purposes, we may provide your name to the Beloit Health System Foundation. The money raised will be used to expand and improve the services and programs we provide to the community. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services at Beloit Health System.

When Required By Law. We may disclose your health information when required by law to do so or in the course of certain legal proceedings. For example, we may disclose your information in response to a valid court order.

Except for the situations listed above, we must obtain your specific written authorization for any other use or disclosure of your health information. This includes marketing activities conducted by third parties or where a third party seeks to purchase protected health information. If you authorize release of your health information, you may withdraw your authorization at any time, if you submit a written notification to Jean Brosier, Privacy Officer, Beloit Health System HIM Department, 1969 W. Hart Road, Beloit, WI 53511.

Mental Health Treatment

Generally, the use or disclosure of psychotherapy notes requires the authorization of the patient. Further, if Wisconsin, Illinois, or other states or federal laws are more protective of your health information than federal regulations, we will comply with the more protective requirements if applicable. For example, certain sensitive types of records have heightened protection under state and federal laws such as mental health records, substance use disorder records, and HIV test results. In addition, Beloit Health System facilities and /or departments that operate substance use disorder treatment programs follow the confidentiality protection of 42 C.F.R. Part 2. Those programs follow the privacy practices described in Appendix A of this Notice.

We will not use or disclose information from a patient's mental health record for directory purposes or fundraising. We would only use information for a research study with the authorization of the patient.

You have important rights with regard to your health information. Please contact our Privacy Officer if you would like additional information or would like to exercise any of the following rights:

Inspect and Copy Your Health Information. With a few exceptions, you have the right to inspect and obtain a copy of your health information. You also have the right to request an electronic copy of your health information. We may charge you a reasonable fee for a copy of your health information. This right does not apply to psychotherapy notes or information gathered for judicial proceedings.

Request a Correction of Your Health Information. If you believe your health information is incorrect, you may ask us to correct the information. You will be asked to make such requests in writing and to explain why you believe your health information is incorrect. This request will become a part of your medical record. If we did not create the health information that you believe is incorrect, or if your treating physician determines that your health information is correct, we may deny your request.

Request Restrictions on Certain Uses and Disclosures. You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. For example, you may want to limit the health information provided to a family member involved in your care or payment of medical bills, so that they are not informed about a certain diagnosis. We are not required to agree in all circumstances to your requested restriction, but we will make reasonable efforts to do so.

If you receive certain medical devices (e.g., life-supporting devices used outside our facility), you may object to the release of your identifying information for purposes of tracking the medical device.

As Applicable, Receive Confidential Communication of Health Information. You have the right to ask that we communicate your health information to you in a specific manner. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to an alternate address. We will accommodate reasonable requests.

Receive a Record of Disclosures of Your Health Information. You have the right to ask for an "accounting of disclosures," which is a list of the disclosures of your health information we have made to others. The list will not include disclosures made to you, or for purposes of treatment, payment, health care operations, our directory, national security, law enforcement, and health oversight activities. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. You may indicate the time period you are requesting, which may be any period during the previous six years. We will not charge you for the list, unless you request more than one list in a twelve-month period.

Obtain a Paper Copy of This Notice. You may receive a paper copy of this Notice at any time upon your request. A copy of our current Notice of Privacy Practices may be viewed on our web site: www.beloithealthsystem.org.

Notification of Breach. If there should be a breach of your unsecured health information, we will notify you in a timely manner.

Questions and Concerns. If you want more information about our privacy practices or have any questions or concerns, or if you are concerned that we may have violated your privacy rights, you may file a complaint with us by contacting:

Beloit Health System Privacy Officer:
bhsprivacyofficers@beloithealthsystem.org
608-313-6733
Beloit Health System HIM Department
1969 W Hart Road
Beloit WI, 53511

We will not retaliate against you for filing a complaint.

You may also file a complaint with the United States Department of Health and Human Services by contacting the HHS Office for Civil Rights, 233 North Michigan Ave, Suite 240 Chicago, IL 60601 or <http://hhs.gov/ocr>.

Appendix A:

DISCLOSURE OF INFORMATION UNDER FEDERAL SUBSTANCE USE DISORDER (SUD) REGULATIONS

In addition to the privacy protections afforded to all medical records under HIPAA, there is another federal law that provides additional confidentiality protections for substance use disorders records. That law can be found at 24 U.S.C. 290dd-2 and 42 C.F.R. Part 2. (Part 2)

For SUD records a single consent may be used for future treatment, payment, and health care operations uses and disclosures, as permitted by law. SUD records that are disclosed to us per your written consent may be further disclosed without consent, if HIPAA regulations permit it. You have a right to request restrictions of disclosures under this consent.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following is a summary of the limited circumstances under which we may acknowledge your presence or disclose information about you to individuals outside the Part 2 Program without your permission.

MEDICAL EMERGENCIES. We may disclose your information to medical personnel to the extent necessary to meet a bona fide medical emergency during which you are unable to provide prior informed consent of the disclosure.

RESEARCH. Under certain circumstances, we may disclose your information for scientific research, subject to certain safeguards.

AUDIT AND EVALUATIONS. We may disclose information to others for specific audits or evaluations, including those who provide financial assistance to Beloit Health System or those who conduct audits and evaluations necessary under federally funded health care programs and federal agencies with oversight of those programs.

REPORTING CERTAIN CRIMINAL CONDUCT. Part 2 does not protect the following information:

- Information related to your commission of a crime on the premises of a Beloit Health System Facility.
- Information related to your commission of a crime against Beloit Health System Personal; and
- Reports of suspected child abuse and neglect made under state law to the appropriate state or local authorities.

DECEASED PATIENTS. We may disclose your information relating to cause of death under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

JUDICIAL PROCEEDINGS. We may disclose information about you in response to a court order or subpoena that complies with the requirements of the regulations.

PUBLIC HEALTH. Substance use disorder records may be shared for public health purposes without your consent if we de-identify the information so you cannot be identified.

QUALIFIED SERVICE ORGANIZATIONS. We will disclose your information to our qualified service organizations to the extent necessary for these entities to provide services to the Part 2 Program.

OTHER INFORMATION ABOUT PART 2 PROGRAMS

- You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations.
- You may revoke your consent at any time, except to the extent that the Program has acted in reliance upon it. You may revoke consent by submitting a request in writing to one of our Privacy Officers listed in this Notice (see Addenda). You may request reasonable accommodation for an alternative revocation process by contacting one of our privacy officers using the contact information at the end of this document.

- If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, your right to revoke consent may be more limited and should be clearly explained on the consent you sign.
- Records that are disclosed to a Part 2 Program, an entity covered by HIPAA, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 Program, covered entity, or business associate, without your written consent, to the extent the HIPAA regulations permit such disclosure.
- A Part 2 Program may use or disclose records to fundraise for the benefit of the Part 2 Program only if you are first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications. You have the right to elect not to receive fundraising communications.
- Records, or testimony relating the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to hear is provided to you (the patient) and/or the holder of the record, where required by 42 USC § 290dd-2 and 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

YOUR ADDITIONAL RIGHTS UNDER PART 2 PROGRAMS

In addition to your rights under HIPAA as described in this Notice, you have the following rights with respect to our Part 2 Programs:

- You have the right to request restrictions of disclosures for purposes of treatment, payment, and healthcare operations, including when you have previously provided written consent.
- You have the right to an accounting of disclosures by for the preceding three years, including information about who received your protected records, the date of the disclosure, and a brief description of the information that was disclosed. You may submit your request to one of our Privacy Officers listed in this Notice (see Addenda). We will provide an accounting of disclosures for treatment, payment, or health care operations only if made through our electronic health record.
- You have the right to a list of disclosures made by an "intermediary" for the past three years. An "intermediary" is a person (other than a Part 2 Program, a covered entity, or a business associate) who has received records under a general designation in a written patient consent to be disclosed to one or more of its member participants(s) who have a treating provider relationship with the patient.

**This Notice of Medical Information Privacy is Effective:
February 16th, 2026**