

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES: HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION; YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION; AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH A MEMBER OF THE RUM RIVER COUNSELING HEALTH COMPLIANCE & PRIVACY DEPARTMENT AT 763-482-9598 IF YOU HAVE ANY QUESTIONS. PLEASE REVIEW THIS NOTICE CAREFULLY.

Our Responsibilities

- We are required by law to maintain the privacy of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We are required to follow our current Notice and give you a copy of it.
- We reserve the right to make changes to this Notice and will promptly do so if we make material or important changes to our privacy practices. The changes will apply to all health information we currently maintain, as well as any health information we receive in the future. Each version of the Notice will have an effective date listed. The new Notice will be available upon request, in our facility, and on our website at www.rumrivercounseling.com.

Who Will Follow this Notice

This Notice describes RRC's practices and that of:

- all providers, departments, and units of RRC
- all residents, medical students, and other trainees affiliated with RRC
- all employees, volunteers, staff, and other RRC workers, and
- other independent health care providers that deliver care to patients at RRC facilities (such as physicians, physician assistants, therapists, and other health care providers not employed by RRC), unless these other health care providers give you their own Notice of Privacy Practices that describes how they will protect your health information.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Restrictions on Use or Disclosure. You may ask us for restrictions on how we use or to whom we disclose your health information, including Substance Use Disorder (SUD) records. You need to make your request in

writing. If you ask that information about a service not be sent to your insurer and pay for the service in full, we will agree to this restriction. If you restrict us from providing information to your insurer, you also need to explain how you will pay for your treatments, and you will be responsible for arranging for payment of the bills. We are not required to agree to other restrictions. If we do agree, we will follow the restriction except:

- in an emergency where the information is needed for your treatment
- if you give us written permission to use or disclose the restricted information
- if you decide or we decide to end the restriction, or
- as otherwise required by law.

Alternative Communication. Normally, we will communicate with you at the address and phone number you give us. You may ask us to communicate with you in other ways or at another location. You need to make your request in writing. We will agree to your request if it is reasonable.

Patient Access. You may request to look at or get electronic or paper copies of your health information and direct a copy of your health information contained in your Designated Record Set (DRS) to another person/third party designated by you. You need to make your request in writing. If you request a copy of your health information that we keep electronically, we will provide it in an electronic format upon your request. We may charge you a fee as authorized by law to meet your request. Most patients may inspect and receive a copy of the full medical record, except for Psychotherapy Notes. On rare occasions, we may deny a request to inspect and receive a copy of some information in the medical record. For example, this may happen if, in the professional judgment of a patient's physician, the release of the information would be reasonably likely to endanger the life or physical safety of the patient or another person. If a request is denied, we will send the denial in writing. This will include the reason and describe any rights you may have to a review of the denial.

Amendment. You may ask us to change certain health information that you think is wrong or missing. You need

to make your request in writing and explain why the information should be changed. We will send the outcome of your request in writing. If your request is denied, we will include the reason and describe any steps you may take in response.

Disclosure List. You may receive a list of disclosures of your health information, with some exceptions, made by us or our business associates:

- The list of disclosures does not include disclosures made for Treatment, Payment, or Health care operations (this term is defined in the next section), and other disclosures as allowed by law.
- You need to make your request in writing, and it must state a time period that may not go back further than six (6) years.
- If you ask for a list more than once in a 12-month period, we may charge you a fee for each extra list. You may cancel or change your request to reduce or eliminate the charge.

Paper Copy of Notice. A paper copy of this Notice will be provided upon request, even if you previously agreed to receive this Notice electronically.

Our Uses and Disclosures of Health Information

To provide you with the best quality care, we need to use and disclose health information. We safeguard your health information whenever we use or disclose it. We follow this Notice of Privacy Practices, the Health Insurance Portability and Accountability Act (HIPAA), the Minnesota Health Records Act (MHRA), and other applicable laws when we use and disclose health information. We may use and disclose your health information as follows:

Treatment, Payment, and Health Care Operations.

We may use and disclose your health information for:

- Treatment (including working with another provider).
- Payment (such as billing for services provided).
- Health care operations. These are non-treatment and non-payment activities that let us run our business or provide services. Examples include quality assessment and improvement, care management, reviewing the competence or qualifications of health professionals, and conducting training programs.
- Health care operations of a receiving covered entity. We may also disclose your health information to another health care provider who has treated you or to your insurance company if such information is needed for certain health care operations of the health care provider or insurance company, such as quality improvement activities, evaluations of health care professionals, and state and federal regulatory reviews.

Required by Other Laws. We may use or disclose health information as required by other laws. For example, we may disclose health information:

- to the U.S. Department of Health and Human Services during an investigation.
- under workers' compensation or similar laws.
- to social services and other agencies or people allowed to receive information about certain injuries or health conditions for social services, health, or law enforcement reasons.
- about an unemancipated minor or a person who has a legal guardian or conservator regarding a pending abortion.
- about an emancipated minor or a minor receiving confidential services to prevent a serious threat to the health of the minor.

Public Health. We may use and disclose health information about you for public health purposes, such as:

- reporting and controlling disease (such as cancer or tuberculosis), injury, disability, or vital events (such as births and deaths).
- reporting suspected child abuse or neglect.
- to entities regulated by the Food and Drug Administration (FDA) to measure the quality, safety, and effectiveness of their products, including reporting adverse events or surveillance related to food, medications, or problems with health products and to notify persons of recalls, repairs, or replacements of products they may be using.
- notifying a person who may have been exposed to a disease or may be at risk for catching or spreading a disease.
- reporting your immunization records to the Minnesota Immunization Information Connection or Wisconsin Immunization Registry.

If your employer is a health care provider, we may share health information required by state or federal law for workplace medical surveillance activities or about work-related illness or injury.

Abuse, Neglect, Domestic Violence, or Threat to Health or Safety. We may disclose health information to the proper authorities about possible abuse, neglect, or domestic violence. If there is a serious threat to a person's health or safety, we may disclose information to that person or law enforcement.

Health Oversight Activities. We may disclose health information to government, licensing, auditing, and accrediting agencies for actions allowed or required by law.

Judicial and Administrative Proceedings. We may disclose health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, and in certain circumstances in response to a subpoena, discovery request, or other lawful process.

Law Enforcement. We may disclose certain health information to law enforcement. This could be:

- about a missing child
- when there may have been a crime at our facility, or
- when there is a serious threat to the health or safety of another person or people.

Death; Organ Donation. We may disclose certain health information about a deceased person to the next of kin. We may also disclose this information to a funeral director, coroner, medical examiner, law enforcement official, or organ donation agency.

Research. We may use or share your health information for research purposes as allowed by law or if you have given permission. You may ask us how to contact a researcher who received your health information for research purposes and the date on which it was disclosed.

Military Authorities/National Security. We may disclose health information to authorized people from the U.S. military, foreign military, and U.S. national security or protective service, and Department of State.

Correctional Facility. We may disclose the health information of an inmate or other person in custody to law enforcement or a correctional institution.

Business Associates. We may disclose your health information with other organizations to provide services on our behalf. In these cases, we will enter into an agreement with the organization explicitly outlining the requirements associated with the protection, use, and disclosure of your protected health information.

Medical Emergency. We may use or disclose your health information to help you in a medical emergency.

People Involved in Your Care. We may disclose limited health information to people involved in your care (for example, a family member or emergency contact) or to help plan your care. If you do not want this information given out, you can request that it not be shared. We also may allow another person to pick up your prescriptions, medical supplies, or X-rays.

Disaster Relief Efforts. We may use or disclose your health information to assist and coordinate with agencies in disaster relief efforts.

Appointment Reminders and Treatment Alternatives. We may send you appointment reminders and test results or tell you about treatments and health-related benefits or services that you may find helpful. Our communication to you may be by telephone, cell phone/text message, e-mail, patient portal, or mail.

With Your Authorization

We may use or disclose health information only with your written permission, except as described above. Most uses and disclosures of Psychotherapy Notes (special notes kept by mental health providers for only their own use when treating a patient), health information for marketing purposes, and the sale of health information require written authorization from you. If you give written permission, you may withdraw it at any time by notifying us in writing. A form to revoke your permission is available from the RRC facility where you received services or by contacting RRC Compliance & Privacy. Your permission will end when we receive the signed form and have acted on your request. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your health information that occurred before you notified us of your decision or any actions that we have taken based upon your authorization.

Substance Use Disorder (SUD) Records

In addition to the ways in which we may use and disclose your health information, your rights relating to your health information, and our duties as described above, SUD records from federally assisted alcohol and drug abuse programs have additional protections, and you have additional rights related to them under the Confidentiality of Substance Use Disorder (SUD) Patient Records regulations at 42 CFR part 2 ("Part 2").

Use and Disclosure. Part 2 allows for a single consent for the use and disclosure of SUD records for Treatment, Payment, and Health care operations, as described above. SUD records disclosed under this single consent may no longer be protected by Part 2, and recipients of SUD records may redisclose the information in accordance with standard HIPAA. We must first obtain your authorization before we release SUD counseling notes. SUD records (and related testimony) cannot be used in civil, criminal, administrative, or legislative proceedings against a patient without their consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to the patient or the holder of the record, where required by 42 U.S.C. 290dd-2 and 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.

Rights. You have the right to not receive any fundraising communications, and we will not use or disclose SUD records for fundraising without first giving you an opportunity to choose not to receive any fundraising communications. You have the right to request a record of all disclosures of your Protected Health Information (PHI) and/or SUD records in electronic form for the past three (3) years and a right to an accounting of disclosures as set forth in the HIPAA regulations for all other disclosures made with consent.

State Law Resources

Minnesota Health Care Records Act at <https://www.revisor.mn.gov/statutes/cite/144.291>

Wisconsin Confidentiality of Patient Health Care Records at <https://docs.legis.wisconsin.gov/statutes/statutes/146/82> and <https://docs.legis.wisconsin.gov/statutes/statutes/252/15>

Questions and Complaints

If you have questions about our privacy practices, think your privacy rights have been violated, or disagree with a decision about any of your rights, you may file a complaint by calling RRC Compliance & Privacy at 763-482-9598 or submitting a complaint in writing to the following address:

RRC Compliance & Privacy Mail Route
1875 Station Parkway NW
Andover, MN 55304

You also may send a written complaint to the U.S. Department of Health and Human Services – Office for Civil Rights (OCR). We will give you the address to file a complaint upon request. Please know that you will not be penalized for filing a complaint.

For release of information questions, such as copy fees and release of records, contact Health Information Management/Release of Information at 763-482-9598 or fax 612-235-6447..

If you have any questions or concerns about our privacy practices and specifically this Notice, please contact RRC Compliance & Privacy at 763-482-9598 or by e-mail at Registration@rumrivercounseling.com

Organizations Covered by this Notice

This Notice applies to the privacy practices of the RRC providers and facilities and their related sites. These facilities may be part of an Organized Health Care Arrangement. For a list of the Organizations covered by this Notice, go to our website or request a list by contacting RRC Compliance & Privacy at 763-482-9598.

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