

UnityPoint Health Notice of Privacy Practices

THIS NOTICE DESCRIBES:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- HOW YOU CAN GET ACCESS TO THIS INFORMATION
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- 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 ONE OF OUR PRIVACY OFFICERS USING THE CONTACT INFORMATION AT THE END OF THIS DOCUMENT IF YOU HAVE QUESTIONS. PLEASE REVIEW THIS NOTICE CAREFULLY.

EFFECTIVE DATE OF NOTICE: FEBRUARY 10, 2026.

INTRODUCTION

UnityPoint Health (“we” or “us”) is committed to maintaining the privacy of your health information. We follow all privacy laws, including the Health Insurance Portability and Accountability Act of 1996 and the regulations issued under this Act (together, “HIPAA”). We must keep your health information private by law and give you this Notice of Privacy Practices (this “Notice”) that explains our privacy practices, legal duties, and your rights regarding your health information.

We also follow the confidentiality rules of 42 C.F.R. Part 2 for certain substance use disorder-related records. Information about additional rights and restrictions in our substance use disorder programs is set forth in this Notice (see Addenda).

If HIPAA and another federal or state law conflict, we follow the law that is most protective of you in the state where you receive care, which may be reflected in Addenda.

WHO WILL FOLLOW THIS NOTICE

THE UNITYPOINT HEALTH “ACE.” For purposes of complying with federal privacy and security requirements, some UnityPoint Health Affiliates, including hospitals, clinics, and other health care providers, have designated themselves as an affiliated covered entity (“ACE”). This means that these Affiliates act together as one organization for purposes of HIPAA. A listing of all UnityPoint Health Affiliates participating in the UnityPoint Health ACE and following this Notice are listed later in this Notice (see Addenda). You can also visit unitypoint.org for a current listing of our ACE members.

UNITYPOINT HEALTH OHCA. In addition, UnityPoint Health Affiliates participate in one or more organized health care arrangements (“OHCA(s)"). Your health information may be shared between OHCA participants for purposes related to their operating together as a health system, including the provision of treatment, for payment purposes, and for a broad scope of healthcare operations, which may include joint utilization review, credentialing, education, risk management, patient safety, quality assessment and improvement activities. A listing of all OHCA in which UnityPoint Health participates and to which this Notice applies are listed in this Notice (see Addenda) You can also visit unitypoint.org for a current listing of our OHCA.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Below are some general ways we may use or share your health information without your permission. If state or federal law limits any of these uses or sharing, we will follow those laws. When we share your information outside of UnityPoint Health, some of the recipients of your information are required by law to keep your information confidential. However, it is possible for your information to be redisclosed and no longer protected by HIPAA.

If HIPAA and another federal or state law conflict, we follow the law that is most protective of you in the state where you receive care, which may be reflected in Addenda. Some examples of more protective law include laws relating to mental health, substance use disorder, HIV/AIDS, and genetic information.

TREATMENT. We use your health information to take care of you. This means that nurses, doctors, students, and others involved in your care at a UnityPoint Health location can see your health information in our electronic system. We also share your health information with non-UPH clinicians who have treated or will treat you. We do this to coordinate care and support informed decisions by your providers. For example, if you move from one of our hospitals to a nursing home, we will send your health information to the nursing home.

PAYMENT. We use your health information to get paid for our services. This means we use it to prepare your bill and send it to your insurance company. We may also share your health information with other healthcare providers for their payment purposes. For example, if an ambulance brings you to one of our hospitals, we will give your information to the ambulance service for their billing.

HEALTH CARE OPERATIONS. We may use or share your health information to help us run our healthcare services. For example, we may look at your health information to see how well we are treating you and how our staff is performing. We may share your health information with other health care providers for their health care operations. For instance, an ambulance company may need information about your condition to see if they provided good care.

CONTACTING YOU. We may contact you for different reasons, such as reminding you about an appointment or telling you about other treatment options or health services you may find helpful. If you give us your mobile phone number, we may call or text you for things like appointment reminders, wellness checks, or registration instructions. We will let you know it's UnityPoint Health contacting you and give you a way to stop getting these messages if you want. With your permission, we may also contact you on your mobile phone for other reasons.

FUNDRAISING. We may use and share your health information to raise money for our organizations listed in this Notice (see Addenda). For example, we may give your phone number or other information to one of our affiliate foundations so they can contact you about raising money for the foundation. You will have the right to choose not to receive these messages, and we will give you that option with each request. We will quickly remove you from our fundraising list when you ask, and we will respect your choice unless we have already sent a message before receiving your request to opt out.

FACILITY DIRECTORY. If you are in the hospital, we will include your name in the hospital directory so friends, family, and clergy can locate you or find out about your general condition. If you do not want to be included in the directory or want to restrict our sharing of some or all of the information, please tell us.

FAMILY, FRIENDS, OR OTHERS. We may share information about you with someone involved in your care or payment for care, such as a family member or friend, if you do not object or if we believe it is in your best interest. If these individuals are helping with your care or paying for it, we may share limited information that relates to their involvement. We may also share your information with groups helping in disaster relief so your family, or the person responsible for your care, knows where you are and how you are doing.

REQUIRED BY LAW. We will use and share your information as required by federal, state, or local laws. This includes sharing information with the Secretary of the Department of Health and Human Services to confirm we are following all privacy laws.

PUBLIC HEALTH ACTIVITIES. We may share your health information for public health reasons, including:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Preventing or reducing a serious threat to the health or safety of you or others

ABUSE, NEGLECT OR DOMESTIC VIOLENCE. If the law requires or allows, we may inform the right government authority if we think someone has been a victim of abuse, neglect, or domestic violence.

HEALTH OVERSIGHT ACTIVITIES. We may share health information with a health oversight agency for activities allowed by law, such as audits or inspections.

LEGAL PROCEEDINGS. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order or in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute. In some instances, we may attempt to notify you of the request or obtain permission from a court to protect the information requested.

LAW ENFORCEMENT. We may share certain health information with law enforcement for reasons such as:

- To report, as required by law, certain wounds, and injuries.
- To respond to a court order, subpoena, warrant, summons, or similar request.
- To identify or find a suspect, fugitive, important witness, or missing person.
- To report about a crime victim if we get the person's agreement, or in certain cases, even if we cannot get their agreement.

- To alert authorities about a death we think may be due to a crime.
- To report information we believe shows that a crime happened on our property.
- To report a crime, the crime's location, victims, or details about the person who committed the crime.

DECEASED INDIVIDUALS. After you pass away, we may share health information with a coroner, medical examiner, or funeral directors as the law allows. We must protect your health information for 50 years after your death.

ORGAN, EYE OR TISSUE DONATION. We may share health information with organizations that handle organ, eye, or tissue donation and/or transplantation.

RESEARCH. Under certain circumstances, we may use or disclose your health information for research, subject to certain safeguards and in accordance with state and federal law. For example, researchers may look at your health information to identify and design future research studies or to gather information that might be used to publish an article. However, your identity or identifiable information will never be released in the article without your authorization. In accordance with law, research projects for which we share health information are reviewed by an institutional review board or privacy board to protect the safety, welfare and confidentiality of our patients.

THREATS TO HEALTH OR SAFETY. In certain situations, we may use or share your health information to prevent a serious and imminent threat to health and safety.

SPECIALIZED GOVERNMENT FUNCTIONS. We may use and share your health information for national security and intelligence activities allowed by law or for the President's protective services. If you are in the military, we may share your information with military authorities in certain cases. If you are an inmate or in custody of law enforcement, we may share your health information with the institution (such as prison or jail), its agents, or the law enforcement official.

WORKERS' COMPENSATION. We may share your health information as allowed by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

INCIDENTAL USES AND DISCLOSURES. Sometimes, while providing service or running our business, your information may be used or shared incidentally. For example, after surgery, a nurse or doctor may use your name to find family members waiting for you. Others in the waiting area may hear your name. We will make reasonable efforts to limit these situations.

BUSINESS ASSOCIATES. We may share your health information with other organizations and individuals who perform services for us. For example, we may share your health information with an outside billing company that helps us bill insurance companies.

HEALTH INFORMATION EXCHANGES. We take part in electronic health information exchanges (HIEs), which let us share your health information with other providers for treatment purposes. For example, if you live in Iowa but become sick or injured while visiting California, your doctor in California may be able to access your health information through EPIC's Care Everywhere program. We also participate in the Trusted Exchange Framework and Common Agreement (TEFCA) through Epic's Qualified Health Information Network (QHIN), known as Epic Nexus. This national network allows us to securely exchange health information with other TEFCA-connected organizations for treatment and other permitted purposes. Other HIEs in which UnityPoint Health participates include the following:

- Iowa Health Information Network (IHIN). To opt out or for more information visit: <https://cynchealth.force.com/s/iowa-opt-in-out>.
- Wisconsin Statewide Health Information Network (WISHIN). To opt out or for more information visit: <https://wishin.org/wp-content/uploads/2023/05/WISHIN-Pulse-OptOut.pdf>

The HIEs in which UnityPoint Health participates may change from time to time. Check out the most current list on our website at www.unitypoint.org.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

There are many times we will only use or share your information with your written permission. These include:

- Uses and disclosures not described in this Notice
- Uses and disclosures of psychotherapy notes other than for treatment by the provider who wrote the notes, for UnityPoint Health's training programs, or to allow UnityPoint Health to defend itself in legal actions.
- Uses and disclosures for marketing purposes

Unless the law allows, we will not sell your protected health information to third parties without your permission.

If you provide us with authorization to share your health information, you can take back that authorization anytime by telling us in writing. Taking back your authorization will not affect uses and disclosures already made based on your earlier authorization.

YOUR RIGHTS

More information about how to exercise the following rights can be found on our website at www.unitypoint.org or by contacting the Privacy Office listed in this Notice (see Addenda).

ACCESS TO HEALTH INFORMATION. You can inspect and request a paper, or electronic, copy of the health information we have about you, with some exceptions. We will give it to you in the form you ask for if it's possible. If not, we will provide it in another readable electronic form we agree on. We may charge

a fee for making and sending copies or, if you ask for one, a summary. If you want us to send your health information to someone else, we will do it if your signed, written request clearly names the recipient and delivery location.

REQUEST FOR RESTRICTIONS. You can ask us to limit the health information we use or share about you for treatment, payment, or healthcare operations, or with people involved in your care or payment. We are not always required to agree to your request. For example, we will share your health information with your health plan to help pay for your care unless you pay the full cost yourself at the time of service or within the time allowed by our policy.

AMENDMENT. You can ask us to change certain health information in your records if you think it's wrong or incomplete. We are not required to make all changes you ask for. If we deny your request, we will explain to you in writing why we denied your request and describe your rights.

ACCOUNTING. With some exceptions, you can ask for a listing of when and where we have shared your health information outside of UnityPoint Health. The first list in any 12-month period will be provided to you for free. We may charge a fee for more lists you request in the same 12-month period.

CONFIDENTIAL COMMUNICATIONS. You can ask us to contact you about your health information in a different way. We will agree if your request is reasonable and specifies how or where to contact you.

NOTICE IN THE CASE OF BREACH. When required by law, we will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

HOW TO EXERCISE THESE RIGHTS. All requests must be made in writing. We will follow written policies to handle requests, respond within set timeframes as required by law, and inform you of our decision or actions and your rights. Certain independent providers offer services at UnityPoint Health Affiliates. You must make separate requests to each of these entities when exercising your rights. Contact the Privacy Officer listed in this Notice (see Addenda). If you have questions about which entities/providers are involved in your care.

COMPLAINTS. If you're concerned about our privacy practices or think your privacy rights were violated, you can file a complaint with the Privacy Office listed in this Notice (see Addenda). You can also send a written complaint to the Secretary of the U.S. Department of Health and Human Services and/or the federal Part 2 program (discussed below). You will not be penalized or retaliated against for filing a complaint.

ABOUT THIS NOTICE

We must follow the terms of the Notice currently in effect. We can change our practices and the terms of this Notice at any time and make the new practices and notice effective for all health information we have. Before changes take effect, we will post the revised Notice and make revised copies available in places where we provide care. The revised Notice will also be on our website at www.unitypoint.org. You can get this Notice in writing anytime. For a written copy, contact the Privacy Officer listed in this Notice (see Addenda).

ADDENDUM A:

DISCLOSURES OF INFORMATION SUBJECT TO FEDERAL SUBSTANCE USE DISORDER RULES

The following UnityPoint Health facilities, units, and staff specialize in providing substance use disorder treatment ("Part 2 Programs"):

- St. Luke's Chemical Dependency Services (part of St. Luke's Methodist Hospital)
- Abbe Center for Community Mental Health, Inc.
- Powell Chemical Dependency Program (part of Iowa Lutheran Hospital)
- Eyerly Ball
- North Central Iowa Mental Health Center dba Berryhill Center
- Center for Alcohol & Drug Services, Inc. (CADS)
- Riverside Drug and Alcohol Services (part of Trinity Medical Center)
- Robert Young Center for Community Mental Health
- Allen Recovery Center (part of Allen Hospital)
- Black Hawk Grundy Mental Health Center
- NewStart (part of Meriter Hospital, Inc.)

In addition to HIPAA and applicable state law, we follow the confidentiality protections of 42 C.F.R. Part 2 ("Part 2") for programs that diagnose, treat, or refer individuals for treatment of substance use disorders ("Part 2 Programs"). This Addendum outlines the specific rights and restrictions that apply to records maintained by Part 2 Programs.

Unless otherwise stated, the rights and restrictions described in the main body of this Notice apply to all health information, including records protected under Part 2. However, if Part 2 provides you with greater privacy protections or additional rights beyond those described under HIPAA or state law, the provisions of this Addendum will apply.

We may not say to a person outside our Part 2 Program that you attend the Program or disclose any information identifying you as having or having had a substance use disorder unless you consent in writing or an exception applies. We will only use and disclose your protected health information as described in this notice, or with your written 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. We may also disclose your

identifying information to medical personnel of the Food and Drug Administration ("FDA") who assert a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

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 UnityPoint Health 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 UnityPoint Health facility;
- Information related to your commission of a crime against UnityPoint Health personnel; 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.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN CONSENT

We must obtain your written consent where required under HIPAA and as discussed elsewhere in this Notice. In addition, written consent is required for Part 2 Programs as described below:

- Treatment, Payment, and Healthcare Operations. As long as we have your consent, we may use your Part 2 records for your treatment, to process claims and obtain payment, and to administer our Part 2 Programs, including conducting quality reviews.
- Central Registries. With your consent, we may disclose limited information from your Part 2 records to a central

registry or to any withdrawal management or maintenance treatment program not more than 200 miles away from where you are receiving care in order to prevent multiple enrollments.

- Criminal Justice Referrals. With your consent, our Part 2 Programs may disclose information from your Part 2 record to persons with the criminal justice system who have your participation in the Part 2 program as a condition of the disposition of any criminal proceeding against you or your parole or other release from custody.
- Prescription Drug Monitoring Programs. As long as we have your consent, we may report any Substance Use Disorder medication prescribed or dispensed by us to the applicable state prescription drug monitoring program if required by applicable state law.

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 relaying 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 participant(s) who have a treating provider relationship with the patient.

ADDENDUM B:

PRIVACY OFFICER CONTACT INFORMATION AND LIST OF PROVIDERS/FACILITIES COVERED UNDER THIS NOTICE OF PRIVACY PRACTICES.

The providers/facilities covered under this Notice may be updated from time to time. For the most current list, please visit www.unitypoint.org/about-unitypoint-health/compliance/privacy.

Unless otherwise noted below, you may contact the Privacy Office by calling (515) 440-5100, by emailing UPH_PrivacyOfficers@unitypoint.org., or by writing to UnityPoint Health, Attn: System Privacy Officer at 1776 West Lakes Parkway, Suite 400, West Des Moines, IA 50266.

IOWA

Abbe Center for Community Mental Health, Inc.

Abbe Associates

Aging Services, Inc.

Allen Memorial Hospital Corporation dba:

- Allen Hospital

Anamosa Area Ambulance Service

Black Hawk-Grundy Mental Health Center, Inc.

Center for Alcohol and Drug Services, Inc.

Central Iowa Hospital Corporation dba:

- Ankeny Medical Park
- Blank Children's Hospital
- Iowa Lutheran Hospital
- Iowa Methodist Medical
- John Stoddard Cancer
- Methodist West Hospital
- UnityPoint Health – Des Moines

Eyerly Ball Community Mental Health Services

Grinnell Regional Medical Center

Health Advantage Plus, Inc.

Iowa Physicians Clinic Medical Foundation dba:

- UnityPoint Clinic

Medical Laboratories of Eastern Iowa

North Central Iowa Mental Health Center, Inc. dba:

- Berryhill Center

Northwest Iowa Hospital Corporation dba:

- St. Luke's Regional Medical Center of Sioux City

Siouxland Pace, Inc.

St. Luke's Health Resources dba:

- Occupational Medicine

St. Luke's Methodist Hospital

St. Luke's/Jones Regional Medical Center dba:

- Jones Regional Medical Center

STL Care Company dba

- Living Center West
- St. Luke's Helen G. Nassif Transitional Care Center

The Dubuque Visiting Nurse Association

The Finley Hospital dba:

- UnityPoint at Home – Dubuque

The Robert Young Center for Community Mental Health dba:

- Robert Young Center

Trinity Medical Center

- Trinity Bettendorf

Trinity Regional Medical Center

Unity HealthCare dba:

- Trinity Muscatine

UnityPoint at Home dba:

- UnityPoint Hospice
- Taylor House

UnityPoint Health – Marshalltown

UnityPoint at Work

Yunker Rehabilitation Therapy Services, LLC

ILLINOIS

Center for Alcohol and Drug Services, Inc.

Iowa Physicians Clinic Medical Foundation dba:

- UnityPoint Clinic

The Robert Young Center for Community Mental Health dba:

- Robert Young Center

Trinity Medical Center dba:

- Trinity Moline
- Trinity Rock Island

UnityPoint at Home dba:

- UnityPoint Hospice

WISCONSIN

Meriter Enterprises, Inc. dba:

- Meriter Laboratory

Meriter Hospital, Inc.

NEBRASKA

UnityPoint at Home

SOUTH DAKOTA

Iowa Physicians Clinic Medical Foundation dba:

- UnityPoint Clinic

COMMUNITY NETWORK HOSPITALS (IOWA)

Buena Vista Regional Medical Center - Privacy Officer
1525 W 5th Street, Storm Lake IA 50588 - (712) 213-8687

Clarke County Hospital - Privacy Officer
800 S Filmore, Osceola IA 50213 - (641) 342-5442

Greater Regional Medical Center dba: - Privacy Officer
1700 West Townline, Creston IA 50801 - (641) 782-3651
- Greater Regional Health - Privacy Officer
1700 West Townline, Creston IA 50801 - (641) 782-3651

Greene County Medical Center - Privacy Officer
1000 W Lincoln Way, Jefferson IA 50129 - (515) 386-0122

Grundy County Memorial Hospital - Privacy Officer
201 E "J" Avenue, Grundy Center IA 50638 - (319) 824-5082

Humboldt County Memorial Hospital - Privacy Officer
1000 N. 15th Street, Humboldt IA 50548 - (515) 332-4200
compliance@humboldthospital.org

Loring Hospital - Privacy Officer
211 Highland Avenue, Sac City IA 50583 - (712) 662-7105

Lucas County Health Center - Privacy Officer
1200 N 7th Street, Chariton IA 50049 - (641) 774-3229

Marengo Memorial Hospital dba: - Privacy Officer
300 W May Street, Marengo IA 52301 - (319) 642-8080
- Compass Memorial Healthcare - Privacy Officer
300 W May Street, Marengo IA 52301 - (319) 642-8080

Pocahontas Community Hospital - Privacy Officer
606 NW 7th Street, Pocahontas IA 50574 - (712) 335-3501
compliance@pocahontashospital.org

Sioux Valley Memorial Hospital Association dba: - Privacy Officer
300 Sioux Valley Drive, Cherokee IA 51012 - (712) 225-3368
- Cherokee Regional Medical Center - Privacy Officer
300 Sioux Valley Drive, Cherokee IA 51012 - (712) 225-3368

Stewart Memorial Community Hospital - Privacy Officer
1301 W Main Street, Lake City IA 51449 - (712) 464-4139
compliance@stewartmemorial.org

Story County Medical Center - Privacy Officer
640 S 19th Street, Nevada IA 50201 - (515) 382-7717

Sumner Community Club dba: - Privacy Officer
909 W 1st Street, Sumner, IA 50674 - (563) 578-2171
- Community Memorial Hospital - Privacy Officer
909 W 1st Street, Sumner, IA 50674 - (563) 578-2171

ADDENDUM C

List of OHCA's

- UnityPoint Health-Meriter, Iowa Physicians Clinic Medical Foundation (UPC), and UnityPoint at Home participate in an OHCA with University of Wisconsin Hospitals and Clinics Authority (UWHC) and University of Wisconsin Medical Foundation (UWMF). UWHC and UWMF are collectively referred to as UW Health. These members work together under a joint operating agreement to align their medical services in the Madison area and nearby communities. They share information to provide timely and coordinated care. This includes activities like planning business operations and managed care contracts.
- Robert Young Center participates with other behavioral health services agencies in the Independent Practice Association Network established by Illinois Health Practice Alliance, LLC. The participants share in joint quality activities and/or share financial risk for the delivery of health care with other participants.
- The UnityPoint Health ACE Affiliate Hospitals and their medical staff members are part of an OHCA. Our medical staff includes doctors, nurse practitioners, and other qualified healthcare professionals who provide services at our hospitals, clinics, and other care settings. The medical staff will follow this Notice when using or sharing health information related to services provided at our hospitals, whether inpatient or outpatient.
- Independent physicians on the medical staff of a UnityPoint Health hospital when providing care at a UnityPoint Health hospital. These independent physicians, however, are legally separate and responsible for their own acts, and UnityPoint Health hospitals are not responsible for the clinical services provided by the physicians to you at a UnityPoint Health hospital. The OHCA does not cover the privacy practices of doctors in their private offices or other locations.

LANGUAGE ASSISTANCE

If you have difficulty understanding English or have a disability, free language assistance or other aids and services are available upon request.

AMERICAN SIGN LANGUAGE (ASL)



ARABIC

إذا كنت تواجه صعوبة في فهم اللغة الإنجليزية أو كنت تعاني من إعاقة ما، تتوفر المساعدات اللغوية أو غيرها من المساعدات والخدمات مجاناً عند الطلب.

BOSNIAN

Ako imate poteškoća s razumijevanjem engleskog jezika ili ako imate invalidnost, besplatna jezička pomoć ili druge vrste pomoći i usluge vam stoje na raspolaganju na zahtjev.

BURMESE

သင့်အနေဖြင့် အင်္ဂလိပ် စကားကို နားလည်ရန် အခက်အခဲ ရှိပါက သို့မဟုတ် မသန်စွမ်းမှု တစ်ခုခု ရှိပါက ဘာသာစကား အခမဲ့ အကူအညီ သို့မဟုတ် အခြား အကူအညီနှင့် ဝန်ဆောင်မှုများကို တောင်းခံ ရယူနိုင်သည်။

CHINESE (MANDARIN)

如果您理解英語有困難或有殘疾，可應要求提供免費語言援助或其他幫助和服務。

DARI

اگر برای فهمیدن انگلیسی مشکل دارید و یا مصاب کدام ناتوانی استید، کمک های زبانی رایگان و یا سائر کمک ها و سرویس ها حسب تقاضا برای شما فراهم خواهند شد.

FARSI

اگر از درک زبان انگلیسی با مشکل مواجهید یا از درک آن عاجز هستید، کمک های زبانی بصورت مجانی یا سایر کمک ها و خدمات در دسترس هستند. لطفا تماس بگیرد

FRENCH/CAJUN

Si vous avez des difficultés à comprendre l'anglais ou si vous souffrez d'un handicap, une assistance linguistique gratuite ou d'autres aides et services sont disponibles sur demande

GERMAN

Wenn Sie Schwierigkeiten haben, die englische Sprache zu verstehen oder eine Behinderung haben, erhalten Sie auf Anfrage kostenlose Unterstützung in Ihrer Sprache oder andere Hilfsmittel und Dienstleistungen.

GREEK

Εάν έχετε δυσκολία στην κατανόηση των αγγλικών ή έχετε αναπηρία, διατίθεται δωρεάν γλωσσική συνδρομή ή άλλα βοηθήματα και υπηρεσίες κατόπιν αιτήματος.

GUJARATI

જો તમને અંગ્રેજી સમજવામાં મુશ્કેલી પડતી હોય અથવા તમે અક્ષમ હોય, તો વિનંતી કરવામાં આવતાં મફત ભાષા સહાય અથવા અન્ય મદદ અને સેવાઓ ઉપલબ્ધ છે.

HAITIAN CREOLE

Si ou gen difikilte pou konprann anglè oswa ou gen yon andikap, asistans lengwistik gratis oswa lòt èd ak sèvis disponib sou demann

HAKHA CHIN

hngalhfiannak ah naa harh ahcun asiloah tlamtlinlonak na ngeih
ahcun, nangmah nih na halnak ning in a lak a simi
holhlehpianak bawmhnak asiloah a dang hngalhnak
bawmhnak le riantuanpiannak pawl cu ngah khawh a si.

HINDI

यदि आपको अंग्रेजी समझने में कठिनाई होती है या आप अक्षम हैं, तो अनुरोध करने पर मुफ्त भाषा सहायता या अन्य मदद और सेवाएं उपलब्ध हैं

HMONG

Yog tias koj tsis nkag siab Lus Askiv los sis muaj kev xiam oob qhab, muaj kev pab txhais lus dawb los sis lwm yam kev pab thiab cov kev pab cuam thaum thov txog.

JAPANESE

英語が難しかったり、傷害をお持ちの場合には、ご要望により無料の言語支援またはその他の援助、サービスをご利用いただけます。次の番号にお電話ください

KAREN

နမ့်အိဉ်ဒီးတၢ်ကီတၢ်ခဲလၢတၢ်န့ၣ်ပၤအဲကလံးကိဉ် မ့တမ့ၢ်
အိဉ်ဒီးတၢ်ကွၢ်ဂီၤတလၢတပဲန့ၣ်, ကိဉ် တၢ်တၢ်စၢၤမၤစၢၤအကလီ မ့တမ့ၢ်
တၢ်တၢ်မၤစၢၤအကၢတဖဉ်ဒီးတၢ်မၤစၢၤတၢ်ဖးတၢ်မၤတဖဉ်အိဉ်
လၢနမၤန့ၣ်အိၤသ့ဖဲနမၤန့ၣ်ထီၣ်အိၤအခါန့ၣ်လီၤ

KARENNI

[illegible]

KINYARWANDA

Niba ufite ikibazo cyo kumva icyongereza cyangwa ufite ubumuga, ubufasha mu by'indimi bw'ubuntu cyangwa ubundi bufasha na serivisi birahari bisabwe.

KIRUNDI

Nimba ufise ingorane mu kumva icyongereza canke ufise ubumuga, ubufasha bw'ugusobanurira mu rurimi rwawe canke ibindi bikoresho vy'abagendana ubumuga n'izindi serivisi birashobora kuboneka ku buntu igihe ubisavuye.

KOREAN

영어를 이해하시는 데 어려움이 있거나 장애가 있는 경우, 요청하시면 무료 언어 지원 또는 기타 지원 및 서비스를 이용하실 수 있습니다.

LAOTIAN

ຖ້າທ່ານມີຄວາມຫຍຸ້ງຍາກໃນການເຂົ້າໃຈພາສາອັງກິດ ຫຼື ມີຄວາມພິການ, ພວກເຮົາມີການຊ່ວຍເຫຼືອດ້ານພາສາ ຫຼື ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການອື່ນໆໃຫ້ຕາມຄໍາຂໍ ໂດຍບໍ່ເສຍຄ່າ.

NEPALI

तपाईंलाई अङ्ग्रेजी बुझ्न कठिनाई छ वा असक्षमता छ भने अनुरोध गरेका खण्डमा निःशुल्क भाषा सहायता वा अन्य सहायता र सेवाहरू उपलब्ध छन्।

PASHTO

که تاسو په انګلیسي باندې پوهیدو کې ستونزه لرئ یا د معلولیت لرونکي یاست، ستاسو لپاره د غوښتنې په صورت کې په وړیا ډول د ژبي اړوند یا نورې مرستې او خدمات چمتو کېږي

POLISH

Jeśli masz trudności ze zrozumieniem języka angielskiego lub jesteś osobą niepełnosprawną, możesz poprosić o bezpłatną pomoc językową oraz innego rodzaju pomoc i usługi”

PORTUGUESE

Se tiver dificuldade em perceber o inglês, ou se tiver alguma incapacidade, pode solicitar a assistência linguística gratuita ou outros apoios e serviços.

RUSSIAN

Если у вас есть трудности с пониманием английского языка или у вас инвалидность, по запросу предоставляется бесплатная языковая помощь или другие вспомогательные средства и услуги.

SERBO-CROATIAN

Ako imate poteškoća sa razumijevanjem engleskog jezika ili imate neku vrstu invaliditeta, na zahtjev je dostupna besplatna jezička pomoć ili druge vrste pomoći i usluga.

SOMALI

Hadii aad dhibaato ku qabto fahmida ingiriisiga ama curyaan aad tahay, waxaa la heli karaa taagerida luuqada iyo adeegyada kale ee garkgaarka goorta la codsado.

SPANISH

Si tiene dificultades para entender la lengua inglesa o presenta una discapacidad, puede solicitar asistencia lingüística y otros tipos de ayuda y servicios sin coste alguno.

SWAHILI/KISWAHILI

Ikiwa una ugumu wa kuelewa Kiingereza au una ulemavu, usaidizi wa lugha bila malipo au usaidizi na huduma zingine zinapatikana unapombwa.

TAGALOG/FILIPINO

Kung nahihirapan kang maunawaan ang Ingles o may kapansanan, magagamit kapag hilingin ang libreng tulong sa wika o iba pang mga tulong at serbisyo.