

NOTICE OF PRIVACY PRACTICES

St. Anthony Regional Hospital

Effective Date: 07/02/2026

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.

Questions about this Notice	Contact the Facility Privacy Official at 712-794-5846
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Our Pledge and Legal Responsibilities

We understand that information about you and your health is personal. St. Anthony Regional Hospital is committed to protecting your health information. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This Notice applies to records of your care generated by St. Anthony Regional Hospital, including records created by facility staff and medical staff members while providing care through our facilities. Your personal doctor may have a separate notice for care provided in the doctor's private office or other location.

Federal law requires us to maintain the privacy and security of your protected health information, provide this Notice of Privacy Practices, and follow the terms of the Notice currently in effect. We also comply with applicable Iowa law and, when applicable, the confidentiality requirements of 42 C.F.R. Part 2 for certain substance use disorder-related records.

- Make sure health information that identifies you is kept private and secure.
- Provide this Notice of our legal duties and privacy practices with respect to your health information.
- Follow the terms of the Notice currently in effect.
- Notify you promptly when required by law if a breach occurs that may have compromised the privacy or security of your information.
- Make this Notice available on our website and provide a paper copy upon request.

Who Will Follow This Notice

This Notice applies to St. Anthony Regional Hospital and its covered services, departments, units, clinics, long-term care and assisted living services listed at the end of this Notice, as applicable. This Notice will be followed by:

- Any credentialed health care professional who is a member of the medical staff when providing services at a St. Anthony location.
- All departments and units of our organization.
- All employed associates, staff, students, trainees, and volunteers of our organization.
- Business associates and other service providers who perform services on our behalf and are required to safeguard your information.
- Participants in an organized health care arrangement with St. Anthony Regional Hospital, to the extent permitted by law.

Organized Health Care Arrangement

This facility and its medical staff members are presenting this document as a joint notice. Information may be shared as necessary to carry out treatment, payment, and health care operations. Physicians and caregivers may have access to protected health information to assist in reviewing prior treatment as it may affect a current course of treatment.

How We May Use and Disclose Medical Information About You

The following categories describe examples of the ways we may use and disclose medical information. Not every use or disclosure in a category is listed. When state or federal law provides greater privacy protection, we will follow the more protective law.

Treatment

We may use medical information about you to provide, coordinate, and manage your treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, pharmacists, therapists, laboratories, specialists, subsequent health care providers, or other personnel involved in your care. Different departments may share information to coordinate services such as prescriptions, lab work, meals, x-rays, discharge planning, follow-up care, and referrals.

Payment

We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company, Medicare, Medicaid, or another third-party payer. For example, we may provide information to your health plan to obtain payment or determine whether a service is covered.

Health Care Operations

We may use and disclose health information for health care operations. These activities may include quality assessment and improvement, patient safety, credentialing, peer review, education, training programs, accreditation, auditing, compliance, risk management, business planning, and reviewing the competence and performance of health care professionals. We may combine information from multiple patients to improve care and may remove information that identifies you to protect your privacy.

Business Associates

Some services are provided through contracts with business associates or other service providers. Examples may include contracted physician services, radiology services, certain laboratory services, billing support, information technology support, copying services, and other operational support. When we disclose your health information to a business associate, we require the business associate to appropriately safeguard your information.

Appointment Reminders, Follow-Up, and Health-Related Communications

We may contact you to remind you of appointments, ask about your satisfaction with our services, provide registration instructions, conduct wellness checks, tell you about treatment options or alternatives, or provide information about health-related benefits or services that may be of interest to you.

Electronic Communications

If you choose to receive electronic communications, St. Anthony Regional Hospital may communicate with you through our secure patient portal, telephone, email, SMS text messaging, and/or RCS text messaging regarding appointment reminders, billing notifications, preventive care reminders, patient education, follow-up instructions, and care coordination.

Mobile Communications Privacy

We collect mobile phone numbers to communicate with patients via SMS and/or RCS text messages for purposes such as appointment reminders, billing notifications, and care coordination. Your privacy is a priority. Your mobile number will not be sold or shared with third parties or affiliates for marketing or promotional purposes. We will not use your number for unrelated marketing without your express written consent.

While St. Anthony Regional Hospital takes reasonable administrative, technical, and physical safeguards to protect electronic communications, standard SMS and RCS text messaging are not encrypted end-to-end in all circumstances. Patients should avoid sending sensitive medical information by text message unless specifically instructed to do so through an approved secure communication platform.

Texting Terms of Service

St. Anthony Regional Hospital uses text messaging to communicate with patients for purposes such as appointment reminders, billing notifications, and care coordination. You are not required to opt in as a condition of receiving care. Participation is voluntary. However, opting out may prevent us from sending timely updates regarding your care.

- Message frequency may vary.
- Message and data rates may apply.
- You may opt out of receiving text messages at any time by replying "STOP." You will receive a final confirmation text to verify you have opted out. No further messages will be sent.
- If you would like to rejoin, you can authorize us to restart by texting "START."
- For help, reply "HELP" or contact us at 712-794-5678.

Directory and Spiritual Care

We may include limited information about you in the St. Anthony directory while you are a patient in the hospital. This may include your name, location in the hospital, general condition, and religious affiliation. Directory information, including your religious affiliation, location, and general condition, may be shared with members of the religious community, such as a priest, minister, rabbi, or other spiritual care provider, as permitted by law and consistent with your preferences. If you do not want to be included in the directory or want to restrict sharing, please tell registration or your care team.

Family, Friends, and Disaster Relief

We may disclose health information about you to a family member, friend, caregiver, or other person involved in your care or payment for your care when you authorize us to do so, when you do not object, or when we determine it is in your best interest and permitted by law. We may also disclose information to an agency assisting in disaster relief so your family or

person responsible for your care can be notified about your condition, status, or location. You may request that your health information not be shared with family or friends.

To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent or lessen a serious threat to your health or safety or the health or safety of the public or another person. Any such disclosure would be made only to someone reasonably able to help prevent or lessen the threat.

Research

We may use or disclose information for research when an institutional review board, privacy board, or other authorized review process has reviewed and approved the research and established safeguards to protect your information, or when otherwise permitted by law.

Fundraising Efforts

We may contact you as part of St. Anthony fundraising efforts. Only limited contact information, such as your name, address, and phone number, may be used for fundraising purposes as permitted by law. If you do not want to be contacted for fundraising efforts, please notify the St. Anthony Foundation Office at 712-794-5223. You will not be treated differently if you opt out of fundraising communications.

Future Communications

We may communicate with you through newsletters, mailings, or other means regarding treatment options, health-related information, disease-management programs, wellness programs, or community-based initiatives or activities in which St. Anthony participates, as permitted by law.

As Required or Permitted by Law

We may use and disclose health information as required or permitted by federal, state, or local law. This may include disclosures to or for:

- Food and Drug Administration activities and product safety reporting.
- Public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- Reports of abuse, neglect, or domestic violence when required or permitted by law.
- Correctional institutions or law enforcement custodial situations as permitted by law.
- Workers compensation or similar programs.
- Organ, eye, or tissue donation organizations.
- Military command authorities, national security, intelligence agencies, and protective services for the President and others.
- Health oversight agencies for audits, investigations, inspections, licensure, accreditation, or other activities authorized by law.
- Funeral directors, coroners, and medical examiners as permitted by law.
- Court orders, subpoenas, warrants, summonses, or other lawful legal processes.

Law Enforcement and Legal Proceedings

We may disclose health information for law enforcement purposes as required by law, in response to a valid subpoena, court or administrative order, warrant, summons, or other lawful process, or as otherwise permitted by law.

State-Specific Requirements

Many states have reporting requirements, including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may impose additional requirements. If state privacy laws are more stringent than federal privacy laws, the more protective state law will apply.

Health Information Exchange

St. Anthony Regional Hospital may participate in electronic health information exchange networks that allow health care providers involved in your care to securely access and exchange your health information for treatment, payment, health care operations, and other permitted purposes. Health information exchanges are intended to improve the quality, safety, and coordination of your care. You may have opt-out rights depending on the exchange and applicable law.

Uses and Disclosures Requiring Your Written Authorization

Other uses and disclosures of medical information not covered by this Notice or permitted by law will be made only with your written authorization. If you authorize us to use or disclose medical information about you, you may revoke that authorization in writing at any time. We cannot take back disclosures already made based on your authorization, and we are required to retain records of the care we provided.

We will obtain your written authorization when required by law, including for marketing communications requiring authorization, the sale of protected health information, and most uses or disclosures of psychotherapy notes.

Substance Use Disorder Records - 42 C.F.R. Part 2

Certain substance use disorder treatment records receive additional protections under 42 C.F.R. Part 2. When applicable, Part 2 records are used and disclosed only as permitted by federal law and this Notice, or with your written consent.

- We generally may not acknowledge that you attend a federally protected substance use disorder program or disclose information identifying you as having or having had a substance use disorder unless you provide written consent or an exception applies.
- Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your specific written consent or a qualifying court order.
- Part 2 records may be disclosed without consent in limited circumstances, such as certain medical emergencies, audits and evaluations, research with required safeguards, reports of crimes on program premises or against program personnel, reports of suspected child abuse or neglect, qualified service organization activities, or as otherwise permitted by law.
- You may have additional rights to request restrictions and receive an accounting or list of certain disclosures of Part 2 records.
- You may revoke a written consent for Part 2 disclosures at any time, except to the extent we have already acted in reliance on the consent or as otherwise limited by law.

Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the following rights regarding the health information we maintain about you:

Inspect and Obtain a Copy

You have the right to inspect and obtain a paper or electronic copy of medical information that may be used to make decisions about your care, usually including medical and billing records, but not psychotherapy notes. We may deny your request in certain limited circumstances. If access is denied, you may request that the denial be reviewed. We may charge reasonable, cost-based fees as permitted by law.

Amend

If you believe that medical information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept by or for St. Anthony. We may deny your request for amendment in certain circumstances and will notify you of the reason for the denial.

Accounting of Disclosures

You have the right to request an accounting of certain disclosures of medical information about you. This is a list of certain disclosures made for purposes other than treatment, payment, health care operations, or disclosures you specifically authorized. The first accounting in a 12-month period will be provided free of charge; additional requests may be subject to a reasonable fee as permitted by law.

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, or to someone involved in your care or payment for your care. We are not required to agree to most requests. If we agree, we will comply unless the information is needed to provide emergency treatment. We will honor a request not to disclose information to your health plan for payment or health care operations if the information relates solely to an item or service for which you have paid in full out-of-pocket, unless disclosure is otherwise required by law.

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 may ask that we contact you at work, by U.S. Mail, or at another mailing address. Requests for confidential communications must be submitted in writing and must specify how or where you wish to be contacted. We will agree to reasonable requests as required by law.

Paper Copy of This Notice

You have the right to a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

Personal Representative

If you have given someone legal authority to act on your behalf, or if someone is authorized by law to act for you, that person may exercise your rights and make choices about your health information. We may require documentation of that authority before taking action.

Notice in the Case of Breach

You have the right to be notified when required by law if a breach occurs that may have compromised the privacy or security of your information.

How to Exercise Your Rights

To exercise your rights, please obtain the required forms from the Facility Privacy Official and submit your request in writing. For assistance, contact the Facility Privacy Official at 712-794-5846.

Changes to This Notice

We reserve the right to change this Notice. The revised or changed Notice will be effective for information we already have about you as well as information we receive in the future. The current Notice will be posted in the hospital, will include the effective date, and will be available on our website. Each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer the current Notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with St. Anthony Regional Hospital by contacting the Facility Privacy Official at 712-794-5846. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

Privacy Officer Contact Information

Facility Privacy Official
St. Anthony Regional Hospital
311 South Clark Street
Carroll, IA 51401
Phone: 712-794-5846

Joint Notice of Privacy Practices - Covered St. Anthony Locations

This Notice applies to patient health information maintained by St. Anthony Regional Hospital for services provided at the hospital main facility and the following offsite locations, as applicable:

Location	Address
St. Anthony Regional Hospital	311 S. Clark Street Carroll, Iowa 51401
St. Anthony Clinic - Carroll	405 S. Clark St., Ste 100 Carroll, Iowa 51401
St. Anthony Mental Health Services	311 S. Clark St., 4th Floor Carroll, Iowa 51401
St. Anthony Clinic - Denison	1820 4th Ave. South Denison, Iowa 51442
St. Anthony Clinic - Coon Rapids	215 Main Coon Rapids, Iowa 50058
Garden View Assisted Living	502 S. Maple St. Carroll, Iowa 51401
St. Anthony Nursing Home	406 East Anthony St. Carroll, Iowa 51401

Language Assistance and Accessibility

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