1015 S. Hackett Rd.
Waterloo, Iowa 50701
319.234.5990

DigestiveHealthCenter.com

DIGESTIVE HEALTH CENTER

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice apply to health information created or received by DHC. DHC is required by law to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; follow the terms of the notice that is currently in effect; and notify you in the event there is a breach of any unsecured protected health information about you.

1. **GENERAL USES AND DISCLOSURES.** DHC is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:

   a. **For treatment,** such as sharing your medical information with another physician for consultation or referral.

   b. **For payment,** such as giving your insurance company your diagnosis and operation performed when sending in an insurance claim.

   c. **For health care operations,** such as allowing your medical record to be reviewed by DHC personnel for quality control.

2. **APPOINTMENTS AND MEDICATIONS.** DHC may use your medical information to contact you about appointment reminders or with information about your current medications or treatment alternatives or other health-related benefits and services that may be of interest to you.

3. **PERMITTED USES.** DHC is permitted to make the following uses and disclosures of your medical information:

   a. **Your Care.** DHC may disclose medical information to those taking care of you, helping you to pay your bills, or other close family members of friends if these people need to know this information to help you, and then only to the extent permitted by law. If you are able to make your own health care decisions, DHC will ask your permission before using your medical information for these purposes. If you are unable to make health care decisions, DHC will disclose relevant medical information to family members or other responsible people if we feel it is in your best interest to do so, including in an emergency situation.

   b. **Required by Law.** DHC will disclose medical information about you when we are required to do so by federal, state or local law.

   c. **Health Information Exchange (HIE).** DHC may make your protected health information available electronically through an electronic health information exchange (HIE). A HIE is a system that facilitates the exchange of electronic health records or other clinical or public health information between its participants. As a participant in an HIE, DHC may provide your health information to other health care providers and health plans that request your information for treatment, payment and healthcare operations purposes. Participation in an HIE also permits DHC to access healthcare information about you for

Over

treatment, payment and healthcare operations purposes. You may choose to opt out of the HIE by putting your request in writing to the DHC Compliance Department at 1015 S. Hackett Rd., Waterloo, IA 50701.

d. Prevent Threats. DHC may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure must be only to someone able to help prevent the threat. With regard to HIV/AIDS related information, we may release to the Department of Public Health any relevant information provided by an HIV-positive person regarding any person with whom the HIV positive person has had sexual relations or has shared drug injecting equipment. We may also reveal the identity of a person who has tested positive for HIV to the extent necessary to protect a third party from the direct threat of transmission. In the event the person who tests positive for HIV is a convicted or alleged sexual assault offender, we are required under Iowa law to disclose the test results to the convicted or alleged offender and to the victim counselor or other person designated by the victim, who shall disclose the results to the victim. We may notify a care provider who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition (notification will not include the name of the individual tested for the contagious or infectious disease unless the individual consents). We may report to the Iowa Department of Transportation information about patients with physical or mental impairments that would interfere with their ability to safely operate a motor vehicle.

e. Business Associates. Some services are provided by or to DHC through contracts with business associates. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to re-disclose the information unless specifically permitted by law.

4. PERMITTED DISCLOSURES. DHC may also disclose your medical information in the following special situations:

a. Transplants. DHC may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. The information that DHC may disclose is limited to the information necessary to make a transplant possible.

b. Armed Forces. If you are a member of the armed forces, DHC will release medical information about you as requested by military command authorities if we are required to do so by law, or when we have your written consent. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law or with written consent.

c. Worker's Compensation. DHC may release medical information about you for workers' compensation or similar reimbursement or compensation programs.

d. Public Health Authorities. DHC may disclose medical information to public health authorities about you for public health activities. These disclosures generally include the following:

- Preventing or controlling disease, injury or disability;
- Reporting births and deaths;
- Reporting child abuse or neglect, or abuse of a vulnerable adult;
- Reporting reactions to medications or problems with products;
- Notifying people of recalls of products they may be using;

Digestive Health Center complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
SPANISH : ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
CHINESE : 注意：如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電

1015 S. Hackett Rd.
Waterloo, Iowa 50701
319.234.5990

DigestiveHealthCenter.com

DIGESTIVE HEALTH CENTER

- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- Reporting to the FDA as permitted or required by law.

e. Health Oversight Agencies. DHC may disclose medical information to a health oversight agency for health oversight activities that are authorized by law as necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

f. Civil Court. DHC may disclose medical information about you in response to a valid court order or administrative order, valid subpoenas, valid discovery requests or other lawful process or your written consent.

g. Criminal Court. DHC may release medical information if required to do so by a law enforcement official in response to a valid court order, grand jury subpoena, or warrant, or with your written consent. In addition, we are required to report certain types of wounds, such as gunshot wounds and some burns.

DHC may also release information to law enforcement for the following reasons:

- To identify or locate a suspect, fugitive, material witness, or missing person;
- If you are the victim of a crime, if, under certain limited circumstances, we are unable to obtain your agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at our facility; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

h. Medical Examiner. DHC will release medical information to a coroner or medical examiner in the case of certain types of death, and we must disclose health records upon the request of the coroner or medical examiner. We may also release the fact of death and certain demographic information about you to funeral directors as necessary to carry out their duties.

i. Required or Consent. DHC will release medical information about you only as required by law or with your written consent.

5. LIMITED ATHORIZATION. Except as described in this Notice, DHC will not use or disclose your protected health information without a specific written authorization from you. If you provide us with this written authorization, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer user or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

6. RIGHT TO REQUEST. You have the following rights regarding protected health information:

a. Restrictions. The right to request restrictions on uses and disclosures of your protected health information. If you pay out-of-pocket in full for an item or service, then you may request that we not disclose information pertaining solely to such item or service to your health plan for purposes of payment or health care operations.

To request restrictions, you must make your request in writing to the Compliance Officer, and tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (for example, a spouse or a particular health care provider).

b. Confidential Communication. The right to request confidential communications of your protected health information. You may request that we communicate with you in a certain way or at a certain location (such as only at work or only by mail). To request confidential communications, make your request in writing to the Compliance Officer. We will not ask you the reason for your request, and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and we may require you to provide information about how payment will be handled.

c. Inspection and Copying. The right to inspect and receive a copy of your protected health information. If you wish to inspect and copy medical information, you must submit your request in writing to the Compliance Officer.

If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request, to the extent permitted by state and federal law. If we maintain your health information electronically as part of a designated record set, you have the right to receive a copy of your health information in electronic format upon your request. You may also direct us to transmit your health information (whether in hard copy or electronic form) directly to an entity or person clearly and specifically designated by you in writing.

We may deny your request to inspect and copy your information in certain very limited circumstances. For example, we may deny access if your physician believes it will be harmful to your health, or could cause a threat to others. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by DHC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

d. Amendments. The right to request amendment of protected health information. If you believe that medical information we have about you is incorrect or incomplete, you have the right to ask us to change the information. You have the right to request an amendment for as long as the information is kept by or for DHC. To request a change to your information, your request must be in writing and submitted to the Compliance Officer. You must provide a reason that supports your request.

DHC may deny your request if it is not in writing or does not include a reason for the request. In addition, we may deny your request if you ask us to amend information that: was not created by DHC (unless the person or entity that created the information is no longer available to make the amendment); is not part of the medical information kept by DHC; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

e. Accounting. The right to receive an accounting of disclosures of your protected health information, to the extent that such disclosures are required to be accounted for. To request this list of disclosures, you must submit our request in writing, and state the time period for which you would like the accounting. The period may not go back further than six years from the date of the request. You may receive one free accounting in any 12-month period. We will charge you for additional requests.

f. The right to obtain a paper copy of the Notice upon request. This Notice is also on our website www.digestivehealthcenter.com

DIGESTIVE HEALTH CENTER

7. CHANGES TO NOTICE. DHC reserves the right to change the terms of this Notice as provided by law. The new Notice provisions will be effective for all protected health information that it maintains. If the terms of this Notice are changed, DHC will provide you with a revised Notice upon request, and we will post the revised Notice on our website and in designated locations at our facilities.

8. COMPLAINTS. Individuals may complain to Digestive Health Center and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated. A brief description of how the individual may file a complaint follows:
Contact the DHC Compliance Officer or Risk Manager:

Compliance Officer or Risk Manager
319-234-5990
1015 S. Hackett Rd., Waterloo, IA 50701

9. EFFECTIVE DATE. This Notice is first in effect on June 1, 2026.