



NOTICE OF PRIVACY PRACTICES

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.

*Rainbow Community Care takes the privacy of your health information seriously. We are required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This notice describes Rainbow Community Care's legal duties and privacy practices, as well as your rights regarding your health information. We will follow the privacy practices described in this notice. Rainbow Community Care is required to notify you or your representative in a timely manner, if your protected health information is used in a manner not permitted by privacy laws. If you have any questions about any part of this notice, or if you want more information about the privacy practices of Rainbow Community Care, please contact **Rainbow Community Care at (920) 674-6255.***

HOW RAINBOW COMMUNITY CARE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS

The following categories describe different ways that Rainbow Community Care uses and discloses your health information. For each category, an explanation of the category is provided, in some cases with examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose your health information will fall into one of these categories.

Treatment. We may use and disclose your health information to coordinate care within Rainbow Community Care and with others involved in your care, such as your attending physician, members of the Hospice interdisciplinary team and other health care professionals who have agreed to assist in coordinating your care. We may disclose your health information to a physician involved in your care who needs information about your symptoms to prescribe appropriate medications. We also may disclose health information about you to individuals outside of Rainbow Community Care who are involved in your care, including family members, other relatives, close personal friends, pharmacists, suppliers of medical equipment or other health care professionals.

Payment. We may use and disclose your health information to receive payment for the care you receive from Rainbow Community Care. For example, we may be required by your health insurer to provide information regarding your health care status, your need for care, and the care that Rainbow Community Care intends to provide to you so that the insurer will reimburse you or the Hospice.

Health Care Operations. We may use and disclose health information for its own operations to facilitate the functioning of Rainbow Community Care and as necessary to provide quality care to all our patients. For example, Rainbow Community Care may use your information for quality assessment and performance improvement activities, including auditing, medical reviews, or compliance programs. We may use your information as part of performance evaluations, training programs or supervised student training programs. Other Health Care Operations may include fundraising, business management, planning, or general administrative activities.

Electronic Health Care Exchange. In compliance with federal and state laws, we may make your Protected Health Information available electronically through an electronic health information exchange to other health care providers and health plans that request your information for purposes of Treatment, Payment, and Health Care Operations; and to public health entities as permitted by law. Participation in an electronic health information exchange also lets us see other providers' and health plans' information about you for purposes of Treatment, Payment, and Health Care Operations.

How Rainbow Community Care May Use or Disclose Your Health Information Without Your Written Authorization

The following categories describe the ways that Rainbow Community Care may use and disclose your health information without your authorization. For each type of use and disclosure, we will explain what we mean and present some examples.

Inpatient Center Directory. We may disclose certain information about you, including your name, your general health status, your religious affiliation and where you are in Rainbow Community Care's Inpatient Center, in our directory while you are in the inpatient center. We may disclose this information to people who ask for you by name. Please inform us if you do not want your information to be included in the directory.

Fundraising Activities. We may use information about you, including your name, address, telephone number and the dates you received care, to contact you to raise money for Rainbow Community Care. We may also release this information to a related Hospice



NOTICE OF PRIVACY PRACTICES

foundation. If you do not want us to contact you, notify the **Administrative Assistant for Rainbow Community Care**, at (920) 674-6255 and indicate that you do not wish to be contacted.

Appointment Reminders. We may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit. For example, the interdisciplinary team members may leave messages on your answering machine to set up or remind you of home visits/appointments.

Treatment Alternatives. We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Required by Law. We may use and disclose your health information when that use or disclosure is required by Federal, State, or local law. For example, we may disclose medical information to respond to allegations of abuse or a court order.

Public Health Risks. When required by law, we may disclose your health information to public health authorities for reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to medications to the Food and Drug Administration.

Abuse, Neglect or Domestic Violence. We are allowed to notify government authorities if we believe a patient is the victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

Health Oversight Activities. We may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure, or disciplinary action. We, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

Judicial and Administrative Proceedings. We may disclose your health information during any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when we make reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

Law Enforcement. As permitted or required by State law, we may disclose your health information to a law enforcement official for certain law enforcement purposes. For example, we may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances, we will request your authorization prior to permitting disclosure. We may disclose your information if there is suspicion that your death was the result of criminal conduct.

Coroners and Medical Examiners. We may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

Funeral Directors. We may disclose your health information to funeral directors consistent with applicable law and, if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, we may disclose your health information prior to and in reasonable anticipation of your death.

Organ, Eye or Tissue Donation. We may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes, or tissue for the purpose of facilitating the donation and transplantation.

Research Purposes. We may, under certain circumstances, use and disclose your health information for research purposes. Before we disclose any of your health information for research purposes, the project will be subject to an extensive approval process. This process includes evaluating a proposed research project and its use of health information and trying to balance the research needs with your need for privacy. Before we use or disclose health information for research, the project will have been approved through this research approval process. Additionally, when it is necessary for research purposes and so long as the health information does not



NOTICE OF PRIVACY PRACTICES

leave The Hospice, it may disclose your health information to researchers preparing to conduct a research project, for example, to help the researchers look for individuals with specific health needs. Lastly, if certain criteria are met, we may disclose your health information to researchers after your death when it is necessary for research purposes.

Limited Data Set. We may use or disclose a limited data set of your health information, that is, a subset of your health information for which all identifying information has been removed, for purposes of research, public health, or health care operations. Prior to our release, any recipient of that limited data set must agree to appropriately safeguard your health information.

Serious Threat to Health or Safety. We may, consistent with applicable law and ethical standards of conduct, disclose your health information if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

Specified Government Functions. In certain circumstances, the Federal regulations authorize us to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

Worker's Compensation. Both State and Federal law allow the disclosure of your health care information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.

Breach Notification

We are required to notify you in the event we discover a breach of unsecured PHI (Protected Health Information) unless there is demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified no later than 60 days after the discovery of the breach. Such a notification will include information about what happened and what can be done to mitigate any harm.

When Rainbow Community Care May Not Use or Disclose Your Health Information

Except as otherwise permitted or required by this Notice, we will not use or disclose your health information unless you provide written authorization. If you or your representative authorizes the use or disclosure of your health information, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization, except to the extent that Rainbow Community Care has acted in reliance thereon. You understand that we are unable to take back any disclosures we have already made under the authorization, and that we are required to retain our records of the care that we have provided to you.

Your Health Information Rights

Right to request restrictions. You have the right to request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on our disclosure of your health information to someone who is involved in your care or the payment of your care. We are not required to agree to your request, unless your request is for a restriction on a disclosure to a health plan for purposes of payment or health care operations (and is not for purposes of treatment) and the medical information you are requesting to be restricted from disclosure pertains solely to a health care item or service for which you have paid out of pocket in full. If you wish to make a request for restrictions, please contact the **Privacy Officer for Rainbow Community Care at (920) 674-6255**.

Right to receive confidential communications. You have the right to request that we communicate with you in a certain way. For example, you may ask if we only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact **any Social Worker for Rainbow Community Care at (920) 674-6255**. We will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right to inspect and copy your health information. You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the **Privacy Officer for Rainbow Community Care at (920) 674-6255**. If you request a copy of your health information, Rainbow Community Care may charge a reasonable fee for copying and assembling costs associated with your request.



NOTICE OF PRIVACY PRACTICES

You have the right to request that we provide you, an entity, or a designated individual with an electronic copy of your electronic health record containing your health information, if we use or maintain electronic health records containing patient health information. Rainbow Community Care may require you to pay the labor costs incurred by us in responding to your request.

Right to amend health care information. You or your representative has the right to request we amend your records, if you believe that your health information is incorrect or incomplete. That request may be made if the information is maintained by us. A request for an amendment of records must be made in writing to the **Privacy Officer for Rainbow Community Care at 147 West Rockwell Street, Jefferson, WI 53549**. We may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if we did not create your health information records, if the records you are requesting are not part of our records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy or if, in our opinion, the records containing your health information are accurate and complete.

Right to an accounting. You or your representative have the right to request an accounting of disclosures of your health information made by Rainbow Community Care for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the **Privacy Officer for Rainbow Community Care at 147 West Rockwell Street, Jefferson, WI 53549**. The request should specify the timeframe for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time more than six (6) years. We would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to express a complaint. You or your personal representative has the right to express complaints to **Rainbow Community Care** and to the Secretary of the U.S. Department of Health and Human Services regarding our patient privacy policies and procedures or our compliance with such policies and procedures. Individuals have the right to complain about our breach notification processes. Any complaints to Rainbow Community Care should be made in writing to the **Privacy Officer for Rainbow Community Care at 147 West Rockwell Street, Jefferson, WI 53549**. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Right to a paper copy of this notice. You or your representative has a right to a separate paper copy of this Notice at any time, even if you or your representative has previously received this Notice. To obtain a separate paper copy, please contact the Administrative Assistant for Rainbow Community Care at 147 West Rockwell Street, Jefferson, WI 53549. The patient or their representative may also obtain a copy of Rainbow Community Care's current Notice of Privacy Practices at its website, www.rainbowcommunitycare.org.

CHANGES TO THIS NOTICE

Rainbow Community Care reserves the right to change this Notice. We reserve the right to make the revised Notice effective for health information we already have about you, as well as any health information we receive in the future. We will post a copy of the current Notice in a clear and prominent location to which you have access. The Notice also is available to you upon request. The Notice will contain, at the end of this document, the effective date. In addition, if we revise the Notice, we will offer you a copy of the current Notice in effect.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE

We have designated the **Privacy Officer for Rainbow Community Care** as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at **147 West Rockwell Street, Jefferson, WI 53549** or **(920) 674-6255**.

COMPLAINTS

You or your representative has the right to express complaints to Rainbow Community Care and to the Secretary of the U.S. Department of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints regarding Rainbow Community Care should be submitted in writing to the Privacy Officer at Rainbow Community Care, **147 West Rockwell Street, Jefferson, WI 53549**. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

EFFECTIVE DATE: This Notice is effective August 1, 2025