

NOTICE OF PRIVACY PRACTICES

Effective Date 02/16/2026

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.

This Notice of Privacy Practices ("Notice") describes the privacy practices of Madonna Rehabilitation Hospital and its Medical Staff for patients receiving services at Madonna Rehabilitation Hospital and other facilities it owns and operates ("Madonna").

Federal law (42 C.F.R. Part 2, "Part 2") gives special protection to information about substance use disorder ("SUD") diagnosis, treatment, or referral. Madonna is a HIPAA-regulated entity that does not have a Part 2 program but may receive Part 2 records from other covered entities. Federal law imposes restrictions upon the use and disclosure of SUD patient records which are maintained in connection with the performance of any Part 2 program. The health record guidance below also applies to SUD records unless specified otherwise.

UNDERSTANDING YOUR HEALTH RECORD

Each time you are registered at Madonna, a record is made. Typically, this record includes demographic data, financial information, symptoms, examination, test results, diagnoses, treatment, and a plan for future care and treatment. This information is known as your "medical record" or "health information". We use this information to plan for your treatment; communicate with other healthcare professionals; educate health care professionals; supply data for research; document your care; provide information to public health officials; develop facility planning and marketing strategies; improve the care we provide; and obtain payment for our services.

YOUR RIGHTS

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

Right to Request Restrictions or Revoke Authorization

- You can ask us **not** to share certain health information about treatment, payment or our health care operations. We are not required to agree, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- You may revoke an authorization that you provide to us at any time by completing a revocation form. Contact the Privacy Officer. Contact information is listed at the top of the page.
- Revocation of an authorization will not apply if the authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy or contest the policy itself.

Right to Access

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- If your health information is not readily producible as you requested, we may provide it to you in a readable hard copy form. Reasonable cost-based charges may apply.
- In some limited cases, we may deny your request to access your information. In some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial review process. For example, we may not disclose mental health notes or records provided to us from a different entity.

Right to Choose Someone

- If you have given someone power of attorney for healthcare or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we act.

Right to Confidential Communication

- You can ask us to communicate with you in a specific way. You must make your request in writing. We will say “yes” to all reasonable requests.

Right to Request a Correction

- You can ask us to correct health information about you that you think is incorrect or incomplete. You must make your request in writing and must provide a reason to support your request.
- We may say “no” to your request, but we will tell you why in writing within 60 days. Some reasons may include: the health information was not created by Madonna, is not part of the information we keep, is not part of the health information you are allowed to inspect, or it is accurate and complete.

Right to Accounting

- You can ask for a list (accounting) of the times Madonna has shared your health information for 6 years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Right to a Copy of this Notice

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the notice electronically.

Right to Complain

- You can complain if you feel we have violated your rights by contacting us using the contact information listed at the top of page 1.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow reasonable instructions.

Both the Right and Choice

- You may tell us to share information with your family, friends, or others involved in your care. In certain circumstances, this may require a written request.
- You may tell us to share information in a disaster relief situation.
- You may tell us if you do not want your information listed in our directory. Unless you tell us not to, we may share your name and location in the facility with other people, such as family or clergy, who ask for you by name.
- *If you cannot tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

Written Permission Required

- We never share your information unless you give us written permission for marketing purposes or sale of your information.
- Psychotherapy notes are notes made by mental health professionals documenting conversations during private counseling sessions or in joint or group therapy. Many uses or disclosures of psychotherapy notes require your written permission.
- We will obtain your written permission for any use or disclosure of your health information that is not described in this Notice.

Fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

To Treat You

- We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

To Run Our Organization

- We can use and share your health information to run our business, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

To Bill for Your Services

- We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

Health Information Exchange (HIE)

Madonna participates in the Nebraska HIE to improve the quality and safety of care. For example, it is important for physicians treating you to have up-to-date information on your health condition to provide timely treatment. As permitted by law, your health information will be shared electronically with other participating providers, such as doctors and hospitals. Participation in the HIE also lets us electronically access health information from other participating providers for our treatment, payment, and health care operations. You may choose not to have your information shared in this manner. Contact the privacy officer to learn how to opt out. Contact information is listed at the top of the page.

Other Reasons We May Share Your Health Information

- We may use or disclose your Part 2 records (SUD) only in limited circumstances and as permitted by Part 2, such as medical emergencies, approved research, audit/evaluation required by law, court order or reporting crimes on program premises.
- We may use or disclose your health information **for research**. For example, if the research is approved by an institutional review board or a privacy board that has reviewed the research proposal and has established ways to ensure the privacy of your health information.
- We may use or disclose your health information **to coroners, medical examiners, and funeral directors** so they may carry out their lawful duties.
- We may use or disclose your health information **for organ retrieval or transplant purposes**. We may share your health information with organizations or groups that manage, bank, or transplant organ and tissue donations.
- We may use or disclose your health information **to schedule appointments or provide appointment reminders to you or information about treatment alternatives** or other health-related benefits and services that may be of interest to you. If we are paid by a third party to allow it to market its own services or goods to you, we will ask you for your authorization before disclosing your information to the third party. The authorization for marketing purposes must state that remuneration has been or will be received by us in exchange for the disclosure of protected health information.
- We may use or disclose your health information **for fundraising activities**. We or our foundation may use your health information to contact you to raise money for Madonna and its operations. You have the right to opt out of future fundraising communications.
- We may use or disclose your health information **for Workers' Compensation purposes**. If you are injured on the job, we may share your health information about a work-related injury to comply with laws and regulations related to workers' compensation.
- We may use or disclose your health information **to public health authorities** to prevent or control disease, injury, or disability, or child abuse and neglect.
- We may use or disclose your health information to provide information **to health oversight agencies** that are authorized by law to oversee the health care system, government benefit programs, and the like, using audits, license investigations, legal proceedings, and other activities.
- We may use or disclose your health information as required by law **to protect public officials** or report **to various branches of the armed services** that may require the use or disclosure of your health information.
- We may use or disclose your health information **as required by law**. For example, to respond to a court order, subpoena, warrant, summons or similar legal process for

judicial and administrative proceedings; to report information related to victims of abuse, neglect or domestic violence; to assist law enforcement officials in their law enforcement duties; to notify the appropriate authorities if we suspect you are a victim of an accident or crime or if we suspect that a death has occurred as a result of a crime; to report a crime committed at Madonna or to avert a serious threat to the health or safety of you or any other person; if you are an inmate or in custody of law enforcement, your information may be used or disclosed to provide you with medical care and to protect your health and safety. This information may also be used or disclosed to protect the health and safety of others and to assist in the safety and security of the correctional institution.

PROHIBITION ON USE IN LEGAL PROCEEDINGS

- Part 2 records received from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

OUR RESPONSIBILITIES

General

- We are required by law to maintain the privacy and security of your protected health information. Additionally, we are required to protect the confidentiality of SUD records as required by Part 2 and may not disclose them unless Part 2 permits it or you authorize it in writing.
- If we disclose Part 2 records as permitted by Part 2, we must include a redisclosure warning.
- We will let you know promptly and in writing if a breach (unintended sharing) of your information occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Confidentiality of Substance Use Disorder (SUD)

- Some records about diagnosis, treatment, or referral for treatment of a SUD are protected by federal law. These protections apply to SUD records created by or received from a Part 2 program and may be stricter than HIPAA. We will not use or share SUD information for marketing, fundraising, or selling information unless you specifically agree in writing and/or as permitted by Part 2.

FOR MORE INFORMATION

If you have a question about this Notice, and/or would like additional information about Madonna's privacy practices, you may contact: **Privacy Officer at 402-413-4704.**

We reserve the right to change this Notice at any time. If we change this Notice we will apply it to the health information we already have about you and any additional information we may create or receive. After a revised Notice becomes effective, it will be available upon request, at patient registration and will be posted at Madonna facilities.