



**FREEMAN HEALTH SYSTEM
NOTICE OF PRIVACY PRACTICES**

Effective Date: February 16, 2026

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

Freeman Health System (“we,” “our,” “the System”) is required to abide by all state and federal laws regarding the protection of your health information. This notice is intended to inform you about our practices related to the protection of the privacy of your medical records. Generally, we are required by law to ensure that medical information that identifies you is kept private. Further, we must give you this information related to our legal duties and privacy practices with respect to any medical information we create or receive about you. We are required by law to follow the terms of the notice that is currently in effect.

This notice explains how we may use and disclose your medical information, our obligations related to the use and disclosure of your medical information and your rights related to any medical information that we have about you. This notice applies to the medical information that is generated in or by this health system.

With a few exceptions, we are required to obtain your authorization for the use or disclosure of your medical information. We have listed some of the reasons why we might use or disclose your medical information and some examples of the types of uses or disclosures below. Not every use or disclosure is covered, but all of the ways that we are allowed to use and disclose information will fall into one of the categories. Your medical information will not be used or disclosed for any purpose other than what is covered in this notice.

If you have any questions about the content of this notice, or if you need to contact someone at Freeman Health System about any of the information contained in this notice, please contact:

Freeman Health System
Privacy Officer
1102 West 32nd Street, Joplin, MO 64804
Phone number: (417) 347-4424

In addition to our hospital departments, employees, staff and other hospital personnel, the following persons will also follow the practices described in this Notice of Privacy Practices:

- Any healthcare professional who is authorized to enter information in your medical record;
- All members of the hospital's medical staff, via an Organized Healthcare Arrangement (OHCA), while you are in the hospital;
- Any member of a volunteer group that we allow to help you while you are in the hospital; and
- Affiliates, Health Essentials, and all health system employed physicians: These other entities follow the terms of this notice. In addition, these entities may share medical information for treatment, payment or healthcare operations as they are described in this notice. These other entities are hereinafter referred to collectively with the health system as "hospital."

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Use and disclosure of medical information:

Some circumstances in which we may be permitted or required to use or disclose your protected health information (PHI) without obtaining your prior authorization include:

a) **Use or disclosure for purposes relating to treatment, payment, health information exchanges, and health care operations.**

For treatment: To provide you with medical treatment or services, we may need to use or disclose information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in your treatment. *Example:* A doctor treating you for an injury asks another doctor about your overall health condition. Or we may also disclose medical information about you to people who may be involved in your medical care after you leave the hospital, such as home health agencies, nursing homes, your family, and clergy members.

For payment: We may use and disclose your medical information for the hospital to bill and receive payment for the treatment that you received here. *Example:* We give information about you to your health insurance plan so it will pay for your services. We will share your information to a court of law as part of the collections process – *unless your treatment falls under 42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records).*

For another provider's treatment, payment or healthcare operations: The law also permits us to disclose your protected health information to another healthcare provider involved with your treatment to enable that provider to treat you and get paid for those services as well as for that provider's healthcare operations involving quality reviews or assessments or compliance audits.

Health Information Exchanges (“HIEs”) We participate in one or more HIEs to improve quality and coordination of care and may electronically share your information for treatment, payment, and health care operations purposes with other participants in the HIEs. HIEs allow your health care providers, inside and outside the Freeman Health System and Affiliates, to access and use your information for treatment and other lawful purposes. **You may opt out, except where disclosure is required by law.** If you do not opt-out of this exchange of information, we may provide your information to the HIEs in accordance with applicable law.

For health care operations: We can use and disclose medical information about you for hospital operations. These include uses and disclosures that are necessary to run the hospital and make sure that our patients receive quality care. *Example:* we may use or disclose medical information about you to evaluate effectiveness of treatments, decide whether to add or discontinue services or compare our performance with other hospitals. When using information for these purposes, we make reasonable efforts to remove information that identifies you.

b) **Uses and disclosures that may occur without your authorization**

- When it is required by law;
- When it involves use and disclosure for public health activities, such as mandated disease reporting, etc.;
- When reporting information about victims of abuse or neglect;
- When disclosing information for the purpose of medical device tracking and/or health oversight activities, such as audits, investigations, licensure or disciplinary actions, or legal proceedings or actions;
- When disclosing information for judicial and administrative proceedings in accordance with state and/or federal law, for instance, in response to a court order, such as a court-ordered subpoena;

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- When disclosing information for law enforcement purposes, for instance, to locate or identify a suspect, fugitive, witness or missing person or regarding a victim of a crime who can not give consent or authorization because of incapacity;
- When disclosing information about deceased persons to medical examiners, coroners, and funeral directors;
- When disclosing or using information for organ and tissue donation purposes;
- When disclosing information related to a research project when a waiver of authorization has been approved by the Institutional Review Board and/or the Privacy Committee;
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat to you or to the public's safety;
- When disclosure is necessary for specialized government functions, such as military service, for the protection of the president, or for national security and intelligence activities;
- When required by military command authorities, if you are a member of the armed forces (or if foreign military personnel, to appropriate foreign military authorities);
- In the case of a prison inmate, information can be released to the correctional facility in which he or she resides for the following purposes: (1) for the institution to provide the inmate with healthcare; (2) to protect the health and safety of the inmate or the health and safety of others; or (3) for the safety and security of the correctional facility; and
- When disclosure is necessary to comply with worker's compensation laws or purposes.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Substance Use Disorder (SUD) Treatment Records: If we receive or maintain your SUD patient records, subject to 42 CFR Part 2 (“Part 2 Programs”), we will not use or disclose information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Planned uses or disclosures to which you may object:

We will use or disclose your health information for any of the purposes described in this section unless you affirmatively object to or otherwise restrict a particular release. You must direct your written objections or restrictions to the contact listed on the first page of this notice.

- We may use or disclose your health information to contact you and remind you of an appointment you have for treatment or medical care.
- We may use or disclose your health information to provide you with information about or recommendations of possible treatment options or alternatives that may interest you.
- We may use and disclose your health information to inform you about health benefits or services that may interest you (i.e. support groups, educational events or disease management).
- We may use or disclose your health information in order to include you in the hospital's patient directory. Directory information includes your name, location in the hospital, your room number, and condition. We may disclose this information to people who ask for you by name. In addition, a member of clergy may obtain your religious affiliation.
- We may use health information about you to contact you about charitable functions or donations on the hospital's behalf. A foundation related to the hospital may receive contact information, which includes your name, address, and phone number, and the dates that you received services from the hospital.

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- We may release health information about you to your personal representative, a friend and/or family member who is involved in your care, if applicable to state and/or federal regulations. We can tell your personal representative, family and/or friend of your condition and that you are in the hospital for treatment or services. We can also give this information to someone who will help or is helping to pay for your care.
- We can disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts, i.e., the American Red Cross, for the purpose of notification of family and/or friends of your whereabouts and condition.
- We may use health information to report to the appropriate government authority if we believe a patient has been the victim of domestic violence. We will only make this disclosure if you agree

When it comes to your Medical Information, you have the right to:

- **Get a copy of your information.** Access your PHI and receive electronic or paper copies. We will provide a copy or a summary of your medical information, usually within 30 days of your request. We can charge a reasonable, cost-based fee for this service. Please contact Medical Records Release of Information Department to request your health records.
- **Ask us to correct or amend your record** if you believe it to be incorrect or incomplete. We have the right to deny your request, but we will tell you why in writing within 60 days. Please contact Medical Records Department about this process.
- **Request confidential communications** or ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will agree to all such requests that are reasonable. Please let Freeman Registration staff know if you have such a request.
- **Ask us not to use or share** certain information with others. We are not required to agree to your request and certain laws require us to share that information. We may also deny the request if it would affect your care. In addition, if you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer.
- **Get a list of who we shared your information** with for the last 6 years and why. We will include all the disclosures except for those for treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). One list a year is free. There will be a reasonable, cost-based fee if you ask for another one within 12 months. Please contact the HIPAA Privacy Officer for an Accounting of Disclosures.
- **Promptly get a copy** of this privacy notice in paper or electronic form upon request. Please contact the HIPAA Privacy Officer for an additional copy of this notice or visit our website, www.Freemanhealth.com
- **Choose someone to act for you.** If someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has legal authority to act on your behalf before we take any action. Please let staff members know about this choice.
- **Be notified.** If there is a breach of your information, we may be required to notify you, including telling you what happened and what you can do to protect yourself.
- **File a complaint.** Please contact our HIPAA Privacy Officer at 417-347-4424. You can also 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

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visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. We will not retaliate against you for filing a complaint.

- **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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: In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care.
- Include your information in a hospital directory
- Share information in a disaster relief situation
- Appointment Reminders / Scheduling / Follow up Communication. We may use and disclose information to contact you about an appointment, a referral visit, or to follow up with you after a visit. For example, unless you tell us not to, we may leave a brief reminder on your voicemail system or a text about an appointment or procedure.

If you are not able to 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.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sales of your PHI
- Sharing of psychotherapy notes
- **Fundraising Activities.** We may use or disclose your demographic information, health insurance status, general department of service information, treating physician information, outcome information and the dates you received treatment, as necessary, to contact you for fundraising activities supported by our organization. **You have the right to opt out of such solicitations by notifying the HIPAA Privacy Officer in writing.**

Changes to this Notice of Privacy Practices:

We reserve the right to change or modify the information contained in this notice. Revised Notices will be available on our website, at registration areas and upon request. Any changes that we make will be effective for any health information that we have about you and any information that we might obtain. Each time you receive services from the hospital, we will make available to you the most current copy of our notice. The most recent version of the notice will be posted in our buildings. Also, you can call or write our contact person, whose information is included on the first page of this notice, to obtain the most recent version.

Our Responsibilities We are required by law to maintain the privacy and security of your protected health information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by letting us know in writing. For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>