Notice of Privacy Practice
For Your Medical Information

This notice of privacy practices ("notice") applies to Douglas County Memorial Hospital, Prairie Health clinics and pharmacies and all subsidiaries ("Douglas County Memorial Hospital").

This notice describes:

- How health information about you may be used and disclosed.
- Your rights with respect to your health information.
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.

You have a right to a copy of this notice (in paper or electronic form). If you have questions about this notice, please contact Douglas County Memorial Hospital's privacy office at 1-605-724-2159. You may also email your questions to stremicl@dcmhsd.org.

How we use and disclose your health information

We use or disclose your health information as follows

- **Help manage the healthcare treatment you receive:** We may use your health information to provide care and share it with others who are treating you. For example, your provider may disclose your health information to a specialist for the purpose of a consultation.
- **For payment:** We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company or third party, for the treatment and services you received. For example, we may disclose your PHI to Medicaid or Medicare program or health plan payor to disclosure may include information that identifies you, your diagnosis, or other necessary information for accurate payment.
- **For our healthcare operations:** We may use and share your health information for our day-to-day operations, to improve your care, and contact you when necessary. For example, we may use your medical information to review our treatment and services so we can evaluate how

to improve our quality of care. We may disclose your information to medical students and other hospital staff for their education. We may disclose your health information to other healthcare providers for their healthcare operations.

We may share your health information in the following situations unless you tell us otherwise. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest or needed to lessen a serious and imminent threat to health or safety.

- **Directories**: We may maintain a directory that includes your name and location within the facility, general information about your condition (fair, serious, etc.) and religious designation. We may disclose all but your religious designation to any person who asks for you by name. Members of the clergy may obtain all directory information.
- **Friends and Family**: We may disclose to your family and close personal friends any health information directly related to that person's involvement in your care or payment for your care.
- **Disaster Relief**: We may disclose your health information to disaster relief organizations in an emergency so your family can be notified about your condition and location.

We may also use and share your health information for other reasons without your prior consent:

- **When required by law:** We will share information about you if state or federal law requires it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law. This may include disclosing information about victims of abuse, neglect, or domestic violence.
- **Law enforcement:** We may share information for law enforcement purposes, such as when a crime is committed at one of our facilities. This includes sharing information to help locate a suspect, fugitive, missing persons, or witness.
- **For public health and safety**: We can share information in certain situations to help prevent disease, assist with product recalls, report adverse reactions to medications, and to prevent or reduce a serious threat to anyone's health or safety.
- **Lawsuits and legal actions:** We may share information about you in response to a court or administrative order, or in response to a subpoena.

- **Organ and tissue donation:** We can share information about you with organ procurement organizations.
- **Medical examiner or funeral director:** We can share information with a coroner, medical examiner, or funeral director when an individual dies.
- **Worker's compensation, correctional institutions, and other government requests:** We can share information with employers for workers' compensation claims. We also share information with correctional institutions about their inmates. Information may also be shared with health oversight agencies when authorized by law, and other special government functions such as military, national security, and presidential protective services.
- **Research:** We can use or share your information for certain research projects that have been evaluated and approved through a process that considers a member's need for privacy.

We may contact you in the following situations:

- Appointment reminders: To remind you of appointments with us.
- Treatment options: To provide information about treatment alternatives or other health related benefits or Douglas County Memorial Hospital services that may be relevant to your care.
- Fundraising: We may contact you about fundraising activities, but you can tell us not to contact you again.

Your rights that apply to your health information

When it comes to your health information, you have certain rights.

- **Get a copy of your health and claim records:** You can ask to see or get a paper or electronic copy of your health and claims records and other health information we have about you. We will provide a copy or summary to you within thirty (30) calendar days of your request. We may charge a reasonable, cost-based fee. Access may be denied in some circumstances, such as psychotherapy notes or when a certain law prohibits your access. In some circumstances, you may have this decision reviewed.

- **Ask us to correct your health and claims records:** You can ask us to correct health information that you think is incorrect or incomplete. We may deny your request, but we'll tell you why in writing. These requests should be submitted in writing to the contact listed below.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Reasonable requests will be approved.
- **Ask us to limit what we use or share:** You can ask us to restrict how we share your health information for treatment, payment or our operations. We are not required to agree to your request, and we may say "no" if it affects your care. If you pay for a service or healthcare item out of pocket in full, you can ask us not to share that information with your health insurer for the purpose of payment or our operations. We will say "yes" unless a law requires us to share that information.
- **Get a list of those with whom we've shared information:** You can ask for a list (accounting) of the times we've shared your health information for six (6) years prior, who we've shared it with, and why. We will include all disclosures except for those about your treatment, payment, and our healthcare operations, and certain other disclosures (such as those you asked us to make). We will provide one (1) accounting a year for free, but we will charge a reasonable cost-based fee if you ask for another within twelve (12) months.
- **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 it electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you:** If you have a designated healthcare agent or medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- **File a complaint if you feel your rights are violated:** You can complain to the U.S. Department of Health and Human Services Office for Civil Rights if you feel we have violated your rights. We can provide you with their address. You can also file a complaint with us by using the contact information below. We will not retaliate against you for filing a complaint.

  Contact Information:

  Dougals County Memorial Hosptial
  Lana Stremick
  708 8th Street
  Armour SD 57313
  605-724-2159

Our responsibilities regarding your health information

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this notice and offer to give you a copy.
- We will not use, share, or sell your information for marketing or any purpose other than as described in this notice unless you tell us in writing. You may change your mind at any time by letting us know in writing.

Confidentiality of substance use disorder records

We may provide specialized substance use disorder treatment at certain facilities that is protected by federal law 42 CFR Part 2 (a "Part 2 Program'). Patient records at a Part 2 Program, testimony about those records, or the fact an individual has been treated at a Part 2 Program may not be disclosed to persons outside the Part 2 Program unless:

1) The patient consents in writing;
2) The disclosure is allowed by a court order or required by other state or federal law;
3) The disclosure is needed for treatment in a medical emergency; or
4) The disclosure is related to a crime committed at a Part 2 Program or required for suspected child abuse or neglect reporting.

You may agree to provide a general consent allowing us to disclose Part 2 Program records for treatment, payment, and healthcare operations. You may also choose to revoke a previous general consent subject to certain limitations.

Calling, texting, and emailing

We may contact you about your care using the phone numbers and email addresses that you provide us with. This may include using an automated phone dialing system, pre-recorded or synthetic voice messages, texting, or email. When we contact you in this manner, you will be given the opportunity to opt out of receiving similar communications going forward.

Because texts and emails are not encrypted, there is a risk that someone else could read or access these messages. We therefore take steps to limit the amount of health information that they contain. You may choose to opt out of these messages at any time.

Notice of affiliated covered entity designation

Douglas County Memorial Hospital, Prairie Health clinics and pharmacies as covered entities under common ownership and control, have designated themselves and subsidiaries as a single covered entity for purposes of the Health Insurance Portability and Accountability Act (HIPAA).

Notice of shared record

As affiliated with covered entities, the participants may share records to support information and operations as allowed by HIPAA and applicable law.

Changes to this notice

We may change the terms of this notice, and the changes will apply to all the information we have about you. The new notice will be available upon request and online at https://dcmhsd.org/.

Effective date

This Notice of Privacy Practices is effective February 15, 2026.

Notice of availability

English: Douglas County Memorial Hospital provides language services for Americans with Disabilities and Limited English Proficient individuals at no cost. Please contact your care facility for more information.

Douglas County Memorial Hospital will take reasonable to ensure that persons with limited English Proficiency (LEP) and persons with disabilities, including persons who are deaf, hard of hearing, blind, or have other sensory or manual impairments have meaningful communication and an equal opportunity to participate in services, education and treatment.