

## EXHIBIT F

### 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.**

Clearview is required by law to maintain the privacy of your health information, to provide to you (or your representative) this Notice of our duties and privacy practices, and to notify you (or your representative) following a breach of your unsecured health information. Clearview is required to abide by the terms of our Notice as may be amended from time to time. Clearview has the right to change the terms of our Notice. Any revisions to this Notice will be effective for all health information that Clearview has created or maintained in the past, and for any records that Clearview creates or maintains in the future. Clearview will post its current Notice in a prominent location in its facility, as well as on its website.

#### USE AND DISCLOSURE OF HEALTH INFORMATION

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND THE PURPOSES FOR WHICH CLEARVIEW MAY USE OR DISCLOSE YOUR HEALTH INFORMATION:**

**To Provide Treatment.** Clearview may use or disclose your health information to treat you and coordinate your care within Clearview. For example, your attending physician or other health care professionals involved in your care may use information about your symptoms in order to prescribe appropriate medications. Clearview may also disclose your health care information to individuals outside of Clearview involved in your care, including family members, pharmacists, suppliers of medical equipment, or other health care professionals.

**To Obtain Payment.** Clearview may use or disclose your health information to bill or collect payment for services or items you receive from Clearview. For example, Clearview may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Clearview. Clearview may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you.

**To Conduct Health Care Operations.** Clearview may use or disclose your health information for our own operations in order to facilitate the functioning of Clearview and as necessary to provide quality care to all Clearview residents. For example, Clearview may use your health information to evaluate how we may more effectively serve all Clearview residents, disclose your health information to Clearview staff, and contracted personnel for training purposes, or use your health information to contact you or your family as part of general community information mailings. Clearview may also disclose your health information to a health oversight agency performing activities authorized by law, such as investigations or audits. These agencies include governmental agencies that oversee the health care system, government benefit programs, and organizations subject to government regulation and civil rights laws. In addition, Clearview may disclose your health information to another health care provider subject to Federal privacy protection laws, as long as the provider has or has had a relationship with you and the information is for that provider's health care operations.

**For the Facility Directory.** If you are receiving care at Clearview, unless you request otherwise, Clearview may disclose certain information about you (e.g., name, condition described in general terms that does not communicate specific medical information, and room number) that is contained in the Clearview directory to anyone who asks for you by name. In addition, if you provide your religious affiliation, it may be disclosed, but only to members of the clergy. Clearview may also list your name outside your room. If you do not want Clearview to include any or some of your information in the Clearview directory or outside your room, you must notify the **Health Information Management Coordinator at (920) 386-3905**.

**For Fundraising Activities.** In support of our charitable mission, Clearview may use certain information about you (e.g., demographic information, dates of health care provided, department of service information, treating

physician, outcome information, and health insurance status) to contact you or your family to raise money for Clearview. Clearview may also disclose this information to an organizationally-related foundation for the same purpose. You may choose to “opt out” of receiving these fundraising communications by notifying the **Health Information Management Coordinator at (920) 386-3905** that you do not wish to be contacted.

**To Inform You About Health Information that May Be of Interest to You.** Clearview may use or disclose your health information to tell you about possible options or alternatives for your care, or to inform you of other information that may be of interest to you.

**Business Associates.** Clearview may disclose your health information to our business associates that perform functions on or behalf or provide us with services if the information is necessary for them to provide such functions or services. Clearview requires our business associates to agree in writing to protect the privacy of your health information and to use and disclose your health information only as specified in that written agreement.

**Health Information Exchanges.** Clearview may participate in an arrangement of health care organizations that have agreed to work with each other to facilitate access to health information that may be relevant to your care. For example, if you are admitted on an emergency basis to a hospital that participates in the exchange and you cannot provide important information about your condition, the arrangement will allow the hospital to access the health information Clearview maintains about you to treat you at the hospital.

**THE FOLLOWING IS A SUMMARY OF THE OTHER CIRCUMSTANCES UNDER WHICH, AND THE OTHER PURPOSES FOR WHICH, CLEARVIEW MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION:**

**When Legally Required.** Clearview will disclose your health information to the extent that it is required to do so by any Federal, State, or local law.

**When There are Risks to Public Health.** Clearview may disclose your health information for the following public activities and purposes:

- To prevent or control disease, injury, or disability, report disease, injury, vital events such as death, and the conduct of public health surveillance, investigations, and interventions.
- To report adverse events or product defects, to tract products or enable product recalls, repairs, and replacements, and to conduct post-marketing surveillance and compliance with the requirements of the Food and Drug Administration.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To an employer about an individual who is a member of the workforce, as legally required.

**To Report Abuse, Neglect, or Domestic Violence.** Clearview is allowed to notify government authorities if Clearview reasonably believes a resident is the victim of abuse, neglect, or domestic violence. Clearview will make this disclosure only when specifically required or authorized by law or when you authorize the disclosure.

**To Conduct Health Oversight Activities.** As permitted or required by State law, Clearview may disclose your health information to a health oversight agency for activities such as audits, civil, administrative, or criminal investigations, inspections, and licensure or disciplinary actions. If, however, you are the subject of a health oversight agency investigation, Clearview may disclose your health information only if it is directly related to your receipt of health care or public benefits.

**In Connection with Judicial and Administrative Proceedings.** As permitted or required by State law, Clearview may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, as expressly authorized by such order. In certain circumstances, Clearview may disclose your health information in response to a subpoena, discovery request, or other lawful process.

**For Law Enforcement Purposes.** As permitted or required by State law, Clearview may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

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

**To Funeral Directors.** Clearview 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, Clearview may disclose your health information prior to, and in reasonable anticipation of, your death.

**For Organ, Eye, or Tissue Donation.** Clearview 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.

**For Research Purposes.** Clearview may, under very select circumstances, use your health information to research. Before Clearview discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

**In the Event of a Serious Threat to Health or Safety.** Clearview may, consistent with applicable law and ethical standards of conduct, disclose your health information if Clearview, in good faith, believes 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.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize Clearview to use or disclose your health information if Clearview, in good faith, believes 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.

**For Worker's Compensation.** Clearview may release your health information for worker's compensation or similar programs.

### **AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION**

Other than is stated above, Clearview will not use or disclose your health information other than with your written authorization. Your authorization (or the authorization of your representative) is specifically required before Clearview: (1) uses or discloses your psychotherapy notes; (2) uses your health information to make a marketing communication to you for which Clearview receives financial remuneration from a third party, unless such communication is face-to-face or in other limited circumstances; or (3) discloses your health information in any manner that constitutes the sale of such information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Also, some types of health information are particularly sensitive and the law, with limited exceptions, may require that Clearview obtain your authorization to use or disclose that information. Sensitive information may include information dealing with genetics, HIV/AIDS, mental health, developmental disabilities, and alcohol and substances abuse. If required by law, Clearview will ask that you (or your representative) sign an authorization before we use or disclose such information. If you (or your representative) authorize Clearview to use or disclose your health information, you (or your representative) may revoke that authorization in writing at any time, except to the extent that it has already been acted upon.

### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that Clearview maintains:

**Right to Receive Confidential Communications.** You (or your representative) have the right to request that Clearview communicate with you about your health or related issues in a particular manner or at a certain location. For instance, you (or your representative) may ask that Clearview only communicate with you about your health privately, with no other family members present. All requests for confidential communications must be made in writing using the appropriate Clearview form. This form can be requested by contacting the **Health Information Management Coordinator at (920) 386-3905**. Such requests shall specify the requested method of contact and/or the location where you wish to be contacted. Clearview will accommodate reasonable requests. You (or your representative) do not need to give a reason for your request.

**Right to Request Restrictions.** You (or your representative) have the right to request restrictions on certain uses and disclosures of your health information. For example, you (or your representative) have the right to request a limit on Clearview's disclosure of your health information to someone who is involved in your care or the payment of your care. All requests for restrictions must be made in writing using the appropriate Clearview form. This form can be requested by contacting the **Health Information Management Coordinator at (920) 386-3905**. Clearview is not required to agree to your request; however, if we do agree, we are bound by that agreement except when otherwise required by law or in emergencies. Except as otherwise required by law, Clearview must agree to restriction if: (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment); and (2) the health information pertains solely to a health care item or service for which Clearview has been paid out of pocket, in full, by you or someone else on your behalf (not the health plan). If you self-pay and request a restriction, it will apply only to those health records created on the date that you received the item or service for which you, or another person (other than the health plan) on your behalf, paid in full, and which document the item or service provided on such date.

**Right to Inspect and Copy Your Health Information.** You (or your representative) have the right to inspect and copy your health information, including billing records. All requests to inspect and copy records must be made in writing using the appropriate Clearview form. This form can be requested by contacting the **Health Information Management Coordinator at (920) 386-3905**. If you (or your representative) request a copy of your health information, Clearview will provide you (or your representative) with a copy of your health information in the format you (or your representative) request, unless we cannot practicably do so. Clearview may charge a reasonable fee for any copying and assembling costs associated with your request. Clearview may deny your request to inspect and/or copy your health information in certain limited circumstances. If Clearview denies your request, you (or your representative) may request that we provide you with a review of our denial. Reviews will be conducted by a licensed health care professional who we have designated as a reviewing official, and who did not participate in the original decision to deny the request.

**Right to Amend Your Health Information.** If you (or your representative) believe your health information is incorrect or incomplete, you (or your representative) have the right to request that Clearview amend your records. That request may be made as long as Clearview still maintains the records, and must contain a reason for the amendment. All requests for amendments must be made in writing using the appropriate Clearview form. This form can be requested by contacting the **Health Information Management Coordinator at (920) 386-3905**. Clearview may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if the requested amendment pertains to health information that was not created by Clearview, if the records you are requesting to amend are not part of Clearview's 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 the opinion of Clearview, 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 Clearview for certain purposes. All requests for an accounting must be made in writing using the appropriate Clearview form. This form can be requested by contacting the **Health Information Management Coordinator at (920) 386-3905**. The request shall specify the time period for the accounting, which may not be in excess of six (6) years. Clearview will provide the first accounting you request during any twelve (12) – month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**Right to a Paper Copy of this Notice.** You (or your representative) have the right to receive a separate paper copy of this Notice at any time, even if you (or your representative) have received this Notice previously. To

obtain a separate paper copy, please contact the **Health Information Management Coordinator at (920) 386-3905**. A copy of our current Notice may also be found on our website.

**Right to Breach Notification.** You (or your representative) have a right to be notified of any breach of your unsecured health information. Notification of a breach may be delayed or not provided if so required by a law enforcement official. If you are deceased and there is a breach of your health information, the notice will be provided to your next of kin or personal representative if Clearview knows the identity and address of such individual.

### **CONTACT PERSON**

Clearview has designated the Health Information Management Coordinator as its contact person for all issues regarding privacy and your rights under the Federal privacy standards. If you have any questions regarding this Notice or your privacy rights, you may contact the **Health Information Management Coordinator at (920) 386-3905**. You may also write this person at:

Clearview  
Attn: Health Information Management Coordinator  
198 County DF  
Juneau, WI 53039

### **COMPLAINTS**

Clearview encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for expressing your concerns or filing a complaint. You (or your representative) have the right to express complains to Clearview or to the Secretary of Health and Human Services if you (or your representative) believe that your privacy rights have been violated. Any complaints to Clearview may be made by calling the **Health Information Management Coordinator at (920) 386-3905** or by writing to: 198 County DF, Juneau, Wisconsin 53039.

### **EFFECTIVE DATE**

This policy is effective as of September 23, 2013 and last revised on March 14, 2024.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE HEALTH INFORMATION MANAGEMENT COORDINATOR AT (920) 386-3905.**