

**Door County Notice of Privacy Practices  
February 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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

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**Our Legal Duty**

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We are required by law to:

- Maintain the privacy of your medical information including substance use disorder diagnosis, treatment, or referral for treatment under 42 CFR Part 2;
- Provide you with this Notice of Privacy Practices that explains our legal duties and privacy practices;
- Inform you of your rights concerning your medical information; and
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your medical information.

We must follow the privacy practices that are described in this notice while it is in effect. This Notice of Privacy Practices takes effect February 16, 2026 and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, as permitted by applicable law, effective for all medical information that we maintain.

Before we make a significant change in our privacy practices, we will update this notice, post the revised notice at each of our service delivery sites, and make the new notice available to our patients and others upon request. You may request a copy of our notice at any time.

For more information about our privacy practices, or to request additional copies of this notice, please contact us using the information at the end of this notice.

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**Uses and Disclosures of Medical Information**

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**Treatment:** We may use your medical information, without your permission, to treat you. We may disclose your medical information, without your permission, to a physician or other health care provider for your treatment. We generally need your written consent to use or disclose records protected by 42 CFR Part 2. Once you give consent for treatment, payment, and healthcare operations, your Part 2 records may be shared consistent with HIPAA unless you revoke your consent in writing. Recipients of substance use disorder records are prohibited from redisclosing this information unless expressly permitted by federal law.

**Payment:** We may use and disclose your medical information, without your permission, to obtain or provide reimbursement for health care we provide to you, unless you pay for your health care services directly. If we bill Medicaid for reimbursement, we will submit a claim without your permission.

**Health Care Operations:** We may use and disclose your medical information, without your permission, for certain health care operations, including health care quality, assessment, and improvement activities.

**Other Uses and Disclosures of Medical Information:** We are permitted to use and disclose your medical information, without your permission, in the following situations and when required by law:

- for public health and safety activities such as preventing disease, helping with product recalls, reporting adverse reactions to medications, assisting in disaster relief activities, reporting suspected abuse, neglect, or domestic violence;
  - to avert a serious and imminent threat to anyone's health or safety;
  - for health care oversight such as audits and investigations;
  - to coroners, medical examiners, and funeral directors to identify a deceased person, determine cause of death, or as necessary for other legally authorized functions;
  - if you are an organ donor, to an organization that handles organ procurement;
  - as authorized by state worker's compensation laws;
  - for judicial and administrative proceedings, as required by a court or administrative order, or in response to a subpoena or other legal process;
  - for research purposes when appropriate procedures are followed;
  - to law enforcement officials with regard to victims or suspects, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons;
- and

for essential government functions such as military operations, national security, determining eligibility for certain government benefits, and to protect the health and safety of individuals at correctional institutions.

We may disclose substance use disorder records without your consent as permitted by law, including for medical emergencies, research, audits or evaluations, or in response to a court order that meets federal requirements.

**Your Authorization:** You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in

writing at any time. Once we receive your written revocation, it will only be effective for future uses and disclosures. Unless you give us a written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice. We will not sell or market information we have about you. We will not disclose HIV test results, certain confidential medical information, or mental health treatment records for certain purposes without your written permission, unless required by law. Your HIV test results, if any, may be disclosed as set forth in Wisconsin Statutes §252.15(5)(a). We will not use or disclose your psychiatric notes without your written authorization, except as permitted by law.

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## Individual Rights

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**Access:** You have the right to inspect and obtain a copy of your medical information, with certain limited exceptions as permitted under HIPAA and Wisconsin Statute §146.83. We will generally respond within 30 days of receipt. You may request that the copy be provided in an electronic format, or another mutually agreed upon format. To request access, you may contact the Privacy Officer using the information below. We may charge you a reasonable, cost-based fee to cover our expenses of copying, mailing, and summarizing your information.

**Disclosure Accounting:** You may request an accounting from us of certain disclosures of your medical information. The accounting will describe who received the medical information, why it was disclosed, and the dates of the disclosure. We are not required to give you an accounting of uses or disclosures for purposes of treatment, payment, or health care operations or if you have given us written authorization. To request an accounting, you may contact the Privacy Officer using the information below.

**Amendment:** You have the right to request that we amend your medical information. The request must explain why the information should be amended. We may deny your request for specified reasons. If we deny your

**Restriction:** You have the right to request restrictions on how your protected health information (PHI) is used or disclosed for treatment, payment, or health care operations, or to certain individuals involved in your care. We are not required to agree to your request. However, if we do agree, we will comply with the restriction unless the information is needed to provide you with emergency treatment or is otherwise required or permitted by law. There is one exception where we must agree to your restriction request. We are required to honor your request not to disclose information to a health plan if: (1) The disclosure is for payment or health care operations purposes and is not otherwise required by law; and (2) The health care item or service has been paid in full out-of-pocket by you or someone else on your behalf. To request a restriction, please contact the Privacy Officer using the information provided below.

**Confidential Communication:** You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations that you specify. To request confidential communications, you may contact the Privacy Officer using the information below. We will accommodate reasonable requests, and we will

request, we will provide you a written explanation. To request an amendment, you may contact the Privacy Officer using the information below.

**Breach Notification:** You have a right to be notified if a breach of your unsecured protected health information occurs.

not ask you to explain the reason for your request.

**Electronic Notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. To receive a paper copy, you may contact the Privacy Officer using the information below

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### Questions and Complaints

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If you want more information about our privacy practices or have questions or concerns, please contact the Door County HIPAA Privacy Officer using the information below.

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer using the information below. You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services. You may contact them by emailing [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov), visiting <https://www.hhs.gov/hipaa/filing-acomplaint/index.html>, or faxing your complaint to (202) 619-3818.

We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services Office of Civil Rights.

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### Contact Information

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For further information, please contact:

Door County Privacy Officer  
Office of Corporation Counsel  
421 Nebraska Street  
Sturgeon Bay, WI 54235  
Phone: (920) 746-2228

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### Acknowledgement of Notice of Privacy Practices

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We are required to make a good faith effort to obtain your written acknowledgment of receipt of this Notice of Privacy Practices.

You are not required to sign the acknowledgment. However, if you choose to do so, please sign the acknowledgment form provided.

If you have any questions about this acknowledgment or the Notice itself, please contact the Privacy Officer using the information provided above.