

**STILLWATER MEDICAL  
NOTICE OF INFORMATION PRACTICES  
(Privacy Notice)**

**This Notice describes the ways in which we may use and disclose medical information about you. It also describes how you can get access to this information. Please review it carefully.**

We care about you and your healthcare information. Stillwater Medical Center Authority, which operates Stillwater Medical Center, Stillwater Medical–Perry, Stillwater Medical–Blackwell, Stillwater Surgery Center, and a number of medical practices (collectively, "Stillwater Medical"), is committed to safeguarding your health information and to seeing that such information is available only to properly authorized individuals.

### **Understanding Your Health Record/Information**

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical records, serves as a:

- basis for planning your care and treatment.
- means of communication among the many health professionals who contribute to your care.
- legal document describing the care you received.
- means by which you or a third-party payer can verify that services billed were actually provided.
- tool in educating health professionals.
- source of data for medical research
- source of information for public health officials charged with improving the health of the nation.
- source of data for facility planning and marketing
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy.
- better understand who, what, when, where, and why others may access your health information.
- make more informed decisions when authorizing disclosure to others.

### **Our Responsibilities**

Stillwater Medical and its staff understand that medical information about you and your health is personal and is committed to protecting your medical information. This Notice applies to all of the records of your care generated at any Stillwater Medical facility or physician practice, as well as hospital-based physician services, whether created by Stillwater Medical personnel or a hospital-based physician. However, your personal physician(s) may have different policies or notices regarding their use and disclosure of your medical information created in their office. We are required by law to:

- maintain the privacy of your health information, as indicated in this Notice.

- provide you with a Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- abide by the terms of this Notice.
- notify you if we are unable to agree to a requested restriction.
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide a revised Notice to you. We will not disclose your health information without your consent or authorization, except as described in this Notice. Different privacy practices may apply to your medical information that is created or kept by other people or entities.

### **How We Will Use or Disclose Your Health Information**

The following categories describe the ways that we may use and disclose your medical information, including sensitive information such as reproductive health, mental health, communicable disease, and substance use disorder(s) information. Your specific written consent or authorization generally is not required in connection with the uses and disclosures specifically described below. If you are concerned about a possible use or disclosure of any part of your medical information, you may request a restriction. Your right to request a restriction is described in the section below regarding patient rights. Oklahoma law only permits disclosure of communicable disease information, (such as HIV, AIDS, Hepatitis, etc.) under the following circumstances: (i) with the patient's written authorization, (ii) if release is ordered by a court; (iii) if release is required by the State Department of Health to protect the public; (iv) if release is made to a person exposed to such diseases; (v) if release is required to health professionals, appropriate state agencies or a court to enforce Oklahoma law; (vi) if release is required for statistical purposes without patient identity; (vii) if release is required to health care providers and related parties for diagnosis and treatment purposes; or (viii) when the patient is an inmate in the custody of the Department of Corrections or related party and such release is necessary to (a) prevent serious and imminent threat to a person or the public, or (b) permit law enforcement authorities to identify an individual suspected of having escaped from a correctional institution.

- 1) Treatment.** We will use your health information to provide you with medical treatment and services.

We maintain medical information about our patients in an electronic medical record that allows us to share medical information for treatment purposes. This facilitates access

to medical information by other health care providers who provide care to you.

*Examples:* (1) your medical information may be reviewed by doctors, nurses, technicians, and other personnel involved in taking care of you.

We also may disclose your medical information for the treatment activities of any other health care providers.

*Examples:* (1) we may send your medical record to a physician who needs it to consult in your care or provide follow-up care. (2) We may send your medical record to a nursing home to which you are transferred to facilitate coordination of care. (3) We may send your medical records to electronic health information exchanges (HIE) for use by other providers in your medical diagnosis and treatment. An HIE is an organization in which providers exchange patient information in order to facilitate health care, avoid duplication of services (such as lab tests) and reduce the likelihood that medical error will occur. By participating in an HIE, we may share your health information with other providers that participate in the HIE or participants of other HIEs. If you do not want your medical information to be available through the HIE, you must request a restriction using the process outlined below.

- 2) Payment.** We will use your health information for common payment activities including but are not limited to: (i) determining eligibility or coverage under your health plan; and (ii) billing and collection activities.

*For example:* A bill may be sent to you or a third-party, including Medicare, Medicaid, and private insurance companies to obtain payment. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We also may disclose medical information about you to another health care entity or provider for its payment activities.

- 3) Health care operations.** We will use your health information for operational or administrative purposes. These uses are necessary to run our business and to make sure patients receive quality care. Common operation activities include, but are not limited to:

- conducting quality assessment and improvement activities.
- reviewing the competence of health care professionals.
- arranging for legal or auditing services.
- business planning and development; and
- business management and administrative activities.

*For example:* (1) we may use your information to conduct internal audits to verify that billing is being conducted properly. (2) We may use your information to contact you to conduct a patient satisfaction survey or to provide appointment reminders.

We may disclose medical information about you to another health care provider or covered entity for its operational activities under certain circumstances.

- 4) Business Associates.** We may disclose your medical information to other entities that provide services to or for Stillwater Medical that require the release of patient medical information. However, we will make these disclosures only if we have received satisfactory assurance that the other entity will properly safeguard your medical information.

*For example:* We may contract with another entity to provide billing services.

- 5) Directory.** We may include certain information about you in our directory while you are a patient in our facility. This information may include your name, location in the facility, a one-word description of your condition (which may include your death if you die in our facility), and religious affiliation. This directory information, excluding religious affiliation, may be disclosed to people who ask for you by name. This is so your family and friends can visit you while in the hospital and generally know how you are doing. Your religious information may be provided to members of the clergy such as a minister, priest, or rabbi, even if they do not ask for you by name. If you do not want to be in our directory or have your information shared with clergy, you will need to notify the admissions personnel during registration. You will be asked to complete an "opt out" form.

- 6) Notification.** We may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, of your location and general condition, which may include your death if you die in our facility. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

- 7) Communication with Persons Involved In Your Care.** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

- 8) Research.** We may use and disclose information about you to researchers. In many circumstances, your information may only be released with your written authorization. However, your information may be disclosed without your authorization when the research has been approved by a special committee that has reviewed the research proposal and established safeguards to ensure the privacy of your health information, and under certain other limited circumstances. Medical information about people who have died can be released without authorization under certain circumstances. Limited information may be released to a researcher who has signed an agreement promising to protect the information released.

**9) Coroners, Medical Examiners and Funeral Directors.**

We may release medical record information to a coroner or medical examiner.

**10) Organ procurement organizations.** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**11) Treatment Alternatives.** We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**12) Fundraising.** We may contact you as part of a fundraising effort for Stillwater Medical. Opting out will not affect your care or benefits. We will honor your request and stop sending fundraising communications. You may opt out using the instructions in any fundraising message you receive.

If you do not want to be contacted for future fundraising efforts by Stillwater Medical or a related foundation, please notify, in writing, the Stillwater Medical Center Foundation, P.O. Box 2408, Stillwater, Oklahoma 74076.

**13) Food and Drug Administration (FDA).** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**14) Workers Compensation.** We may disclose health information in order to comply with laws relating to workers compensation or other similar programs established by law.

**15) Public Health.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*For example:* We are required to report, among other things, (1) cases of possible abuse or neglect, (2) certain infectious diseases; and (3) births, deaths, and other statistical information.

**16) Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official or agency, we may disclose your medical information to the correctional facility or law enforcement official or agency.

**17) Law Enforcement.** We may disclose health information for law enforcement purposes as required by law or in response to a court order.

In particular, we may release medical information to law enforcement officials (i) to help identify or locate a suspect, fugitive, material witness or missing person; (ii) about the victim of a crime if, under certain limited circumstances, we

are unable to obtain the person's agreement; (iii) about a death we believe may be the result of criminal conduct; (iv) about criminal conduct in our facility; and (v) in certain emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Federal law protects the confidentiality of substance use disorder (SUD) patient records. We will not release any SUD records or SUD counseling notes created by or obtained from a 42 CFR Part 2 provider for any civil, criminal, administrative, or legislative action against you unless we receive your written consent or a court order.

**18) Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include but are not limited to audits, investigations, inspections, and licensure.

**19) Public Safety.** We may use and disclose medical information about you when necessary to prevent serious threat to your health and safety or the health and safety of another person. Any disclosure would only be to someone able to help prevent the threat.

**20) Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. In limited circumstances, we may disclose medical information about you in response to a subpoena or discovery request.

**21) National Security, Protective Services, and Intelligence Activities.** We may release medical information about you to authorized federal officials for (i) intelligence, counterintelligence and other national security activities authorized by law and (ii) for protection of the President and other authorized persons.

**22) Military/Veterans.** We may disclose your medical information as required by military command authorities if you are a member of the armed forces.

**23) Deidentified Data.** Data that has been properly anonymized, stripped of all patient identifiers data under HIPAA and no longer identifies you.

## Authorization Requirements

Before Stillwater Medical can use or disclose your medical information for any purpose other than those described in this Notice, we must obtain a separate, written authorization from you. If you provide us with an authorization to use or disclose your medical information, you may revoke the authorization, in writing, at any time. If you revoke your authorization we will not use or disclose your medical information for the reasons covered in your authorization. However, your revocation will not apply to disclosures already made by us in reliance on your authorization.

## Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information unless disclosure is required by law. You may also request to restrict the release of your health information to an HIE. We ask that such requests be made in writing. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it unless you are requesting a restriction on the disclosure of information to your health plan and you are willing to pay out-of-pocket for the medical treatment provided. Under the latter circumstances, we will comply with your request.
- obtain a paper copy of the Notice of Information Practices upon request.
- inspect and obtain a copy of your health record. This right does not apply to a very narrow category of medical information referred to as "psychotherapy or substance use disorder (SUD) counseling notes." We will provide you with access to your medical information in the format requested, if possible. We may charge a fee for the costs associated with your request, including the cost of copies, postage, or other supplies, consistent with state and federal law. We may deny your request to inspect and/or copy your medical information in certain circumstances. If you are denied access, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review.
- request an amendment to your health record. Such a request must be made in writing, and you must state a reason for the amendment. We are not required by law to honor your request if we determine, among other things, that the record is accurate and complete.

- obtain an accounting of disclosures of your health information as required by law. You are entitled to one free copy of this accounting every 12 months. Your request must state a time period, which may not be longer than 6 years and may not include dates before April 14, 2003.
- request communications of your health information by alternative means or at alternative locations. For example, you may request that we only contact you at work or by mail.
- revoke your authorization to use or disclose health information except to the extent that action has already taken place.
- receive a notification from Stillwater Medical, under certain circumstances, in the event there is an improper disclosure of your health information.

### Violations of this Notice

We are required to notify you of any acquisition, access, use, or disclosure of your health information that is inconsistent with the federal law governing the protection of health information (known as HIPAA.)

### For More Information or to Report a Problem

If you have questions and would like additional information, you may contact Stillwater Medical's Privacy Officer at 405-742-5493 or by emailing [privacy@stillwater-medical.org](mailto:privacy@stillwater-medical.org).

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing, and you may send them to the Privacy Officer or Administration. You may also file a complaint with the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

**Effective Date: February 14, 2026**