



NOTICE OF PRIVACY PRACTICES

AVERA MCKENNAN

- AVERA MCKENNAN ADDICTION CARE CENTER,
- AVERA BEHAVIORAL HEALTH SERVICES ADDICTION RECOVERY PROGRAM
- AVERA MCKENNAN DBA THE LINK

AVERA ST. LUKE'S

- AVERA ADDICTION CARE CENTER

February 16, 2026

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) AND TO DISCUSS IT WITH AVERA HEALTH PRIVACY OFFICER AT 605-322-7801 OR AVERA.HIPAA@AVERA.ORG IF YOU HAVE ANY QUESTIONS.**

Who will follow this notice?

Avera McKennan d/b/a Avera McKennan Addiction Care Center, Avera McKennan d/b/a The Link, Avera McKennan d/b/a Avera Behavioral Health Services Addiction Recovery Program and Avera St. Luke's d/b/a Avera Addiction Care Center (hereinafter "Avera") will follow this notice. This notice describes the privacy practices of Avera in South Dakota. This includes physician clinics as well as physicians, employees, volunteers and business associates of Avera.

Our pledge to you

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements.

42 CFR Part 2 protects your health information in connection with alcohol or drug services (including diagnosis or treatment, or referral) for substance use disorder. Generally, if you are applying for or receiving services for substance use disorder, we may not acknowledge to a person outside the program that you attend the program except under certain circumstances that are listed in this notice.

This notice applies to all of the records of your care that we maintain, whether created by facility staff or records provided by an outside facility or provider. We are required by law to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices as it relates to medical information about you.
- Follow the terms of the notice that is currently in effect.
- Notify you following a breach of unsecured protected health information.

Changes to this Notice

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a material change in our policies, we will change our notice and post the new notice in waiting areas and on our website at www.Avera.org. You can receive a copy of the current notice at any time. The effective date is listed just below the title. Upon your initial visit you will also be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose medical information about you

We may use and disclose medical information about you with your authorization for:

- **For Treatment** (such as sending medical information about you to a specialist as part of a referral or to coordinate the different things you may need such as prescriptions and lab work).
- **For Payment** (such as sending billing information to your insurance company or Medicare).
- **For Health Care Operations** (such as comparing patient data to improve treatment methods or sharing information with medical and nursing students for educational purposes).

Per an organized health care arrangement (OHCA), this notice also describes the privacy practices of credentialed medical staff while they are performing services in an Avera hospital facility.

We may use or disclose medical information about you without your prior authorization for several other reasons:

- For **public health purposes** so long as the information disclosed is de-identified in accordance with 45 CFR 164.514 (b).
- For responding to a request to medical personnel of the Food and Drug Administration (FDA) who assert a reason to believe that the health of a patient may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.
- For **reporting vital events** such as death or other vital statistics or permitting inquiry into the cause of death.
- For **reporting crimes** on the premises or threatened crimes on the premises.
- For **child abuse as required under state law**.
- For Medicare, Medicaid, Children's Health Insurance Program, or related audit or evaluation; or audits and evaluations mandated by statute or regulation.
- For judicial proceedings pursuant to 42 CFR Part 2, Sub part E – Court Orders Authorizing Use and Disclosure .
- To **research studies**, we may use or disclose your protected health information for certain research projects that have been evaluated and approved through a process that considers a patient's need for privacy in accordance with 42 CFR Part 2 § 2.52.
- We may also disclose your protected health information to an agent or agency which provides services to Avera under a qualified service organization agreement and business associate agreement, in which they agree to abide by applicable federal law and related regulations (42 CFR Part 2 and HIPAA).
- **Medical Emergencies**. We may disclose your protected health information to medical personnel to the extent necessary to meet a bona fide medical emergency as defined by 42 CFR Part 2.

We also may contact you for:

- **Appointment reminders.**
- To tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you.

Other uses of medical information

We will obtain your authorization to disclose your information for the following situations:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of your information for most marketing purposes;
- Sale of your information; and
- Any other situation not covered by this notice.

If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

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Your rights regarding medical information about you

Your medical information is the property of Avera. You have the following rights regarding medical information we maintain about you:

- In most cases, you have the right to look at or obtain a copy of medical information when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing, or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we amend the records by submitting a request in writing that provides your reason for requesting the amendment. We may deny your request to amend a record if the information was not created by us, if it is not part of the medical information maintained by us, or if we determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- You have the right, upon a written request, to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure. The request must state the time period desired for the accounting, which must be less than a six-year period. The first disclosure list request in a 12-month period is free, other requests will be charged according to our cost of producing the list. We will inform you of the fee before you incur any costs.
- If this notice was sent to you electronically, you have the right to a paper copy of this notice.
- You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location to communicate with you.
- You may request, in writing, that we do not use or disclose medical information about you for treatment, payment, or health care operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request, but we are not legally required to approve it. We will inform you of our decision regarding your request. We will honor a request to restrict disclosure of your information to a health plan if:
 - The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; AND
 - The information pertains solely to a health care item or service for which you, or someone on your behalf (other than your health plan), have paid us in full.

Please submit all written requests or appeals to our privacy office. Find our contact information at the bottom of this notice.

Complaints

If you are concerned that your privacy rights were violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Office (listed below). You may also contact the Avera Health Help Line at 1-888-881-8395. Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights for HIPAA complaints, to the U.S. Attorney for 42 Part 2 complaints, or to the U.S. Attorney or the Substance Abuse and Mental Health Services Administration for complaints regarding opioid treatment programs. Our Privacy Office can provide you with the address. Under no circumstance will you be penalized or retaliated against for filing a complaint.

AVERA HEALTH PRIVACY OFFICE
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