

NOTICE OF PRIVACY PRACTICES (NPP)

Tioga Medical Center

Latest Revision Date: 02/01/2026



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.

Our duties

We are required by law to **maintain the privacy** of your protected health information (PHI), provide you with this notice of our **legal duties and privacy practices**, and **follow the terms** of the notice currently in effect. We will notify you if a breach compromises the privacy or security of your PHI as required by law.

Your Rights

You have the following rights with respect to your PHI. Instructions for exercising each right are in **“How to contact us”** at the end of this notice.

Note: Timeframes and any reasonable, cost-based fees are per HIPAA rules.

- **Get an electronic or paper copy of your medical record.** You can inspect or get a copy of your medical and billing records and other health information we have about you, usually within **30 days** of your request. A reasonable, cost-based fee may apply. If we deny your request, we'll tell you why in writing and let you know how to appeal.
- **Ask us to amend your record.** If you think information is incorrect or incomplete, you may request an amendment. If we deny your request, we'll explain why in writing and how to submit a statement of disagreement.
- **Request confidential communications.** You can ask us to contact you in a specific way (e.g., at a different address or phone). We will accommodate reasonable requests. We will consider all requests, and must say “yes” if you tell us you would be in danger if we do not.
- **Ask us to restrict certain uses and disclosures.** You can ask us **not** to use or share information for treatment, payment, or operations. We're not required to agree to your request, with the exception that we must agree **not to disclose PHI to a health plan** for payment or operations if you **pay in full out-of-pocket** for the service and the disclosure is only for that service.

Your Rights (cont.)

- **Get a list (“accounting”) of disclosures.** You can ask for a list of certain disclosures we made of your PHI for up to six years before your request, excluding disclosures for treatment, payment, and operations, and certain other exclusions.
- **Get a copy of this notice.** You can get a paper copy of this notice at any time, even if you agreed to receive it electronically. We also post it on our website if we maintain one.
- **Choose someone to act for you.** If you have a medical power of attorney or legal guardian, that person can exercise your rights and make choices about your PHI. We will verify that the person has authority to act for you.
- **File a complaint if you feel your privacy rights are violated.** You can complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights (no retaliation). See *“How to contact us” at the end of this document*

Your Choices

You can tell us your preferences about what we share.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory (if applicable).
- Contact you for **fundraising**—we may contact you, but you can opt out of further fundraising communications.

If you cannot tell us your preference (for example, if you are unconscious), we may share information if, in our professional judgment, it is in your best interest.

We **never** sell your information or use your information for **marketing** without your written authorization, except as permitted by law (for example, face-to-face communications or a promotional gift of nominal value). You may revoke any authorization at any time in writing.

Our Uses + Disclosures

We use or share your PHI in the following ways. Examples are illustrative.

- **Treatment.** We can use your PHI and share it with other professionals who are treating you (e.g., referring you to a specialist; care coordination with a swing-bed unit).
- **Payment.** We can use and share your PHI to bill and receive payment from health plans or other entities.
- **Health care operations.** We can use and share your PHI to run our hospital, improve your care, and contact you when necessary (e.g., quality assessment, credentialing, patient safety activities).
- **Administer your plan.** We may disclose your health information to your health plan sponsor for plan administration (e.g., sending certain statistics to your company that explain the premiums that we charge).

Minimum necessary: For payment and operations (not treatment), we limit uses/disclosures to the **minimum necessary** to accomplish the purpose.

Other uses and disclosures

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, meet legal obligations, or support specific health and safety activities. We must meet conditions in the law before we share for these purposes:

- **Public health and safety:** Disease reporting, product recalls, reporting adverse events, preventing or reducing a serious threat to health or safety.
- **Research:** Under specific approvals or privacy safeguards.
- **Comply with the law:** We will share information if state or federal laws require it, including HHS to determine our compliance with HIPAA.
- **Organ and tissue donation and medical examiner/coroner activities.**
- **Workers' compensation, law enforcement, and other government requests** as permitted by HIPAA (e.g., limited law-enforcement purposes, specialized government functions).
- **Lawsuits and legal actions:** In response to a court or administrative order, or certain subpoenas, with required assurances.

Special protections for certain records (42 CFR Part 2 and state law)

Records identifying you as having a **substance use disorder (SUD)** may receive **additional protection** under **42 CFR Part 2**. We **will not** disclose Part 2–protected records without your written consent **unless** the law specifically allows it (for example, in a medical emergency), and our NPP includes notice of your rights and our duties regarding such records. If we create or maintain Part 2 records, this notice section applies to those records.

Note: HIPAA may be supplemented by **stricter state privacy laws**. Where state law is more protective, we follow state law.

Reproductive health information (status and limitations)

HHS issued a 2024 final rule strengthening protections for certain **reproductive health** information and setting an NPP update compliance date of **February 16, 2026**. In June 2025, a federal court **vacated** parts of that rule’s NPP provisions; however, **other NPP modifications remain in effect** and retain the same compliance date. We will update this notice as required and will follow HIPAA and applicable state law when handling any reproductive health–related PHI.

For more information about these various uses and disclosures listed in this section, see: <https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>

Uses and disclosures that always require your written authorization

We will **not** use or disclose your PHI for the following without your signed authorization:

- **Most marketing** purposes and **sale of PHI**.
- **Psychotherapy notes** (with limited exceptions).
- **Other uses or disclosures** not described in this notice.

You may revoke an authorization at any time in writing; it won’t affect prior actions taken in reliance on the authorization.

Our responsibilities as a Critical Access Hospital

As a CAH, we meet federal Conditions of Participation and provide 24/7 emergency services in a rural setting. Our HIPAA obligations are the same as other hospitals; nothing in CAH status reduces your HIPAA privacy rights.

For more information see:

<https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>

Changes to this notice

We may change our privacy practices and this notice at any time. The revised notice will apply to all PHI we maintain and will include a new **effective date**. We will post the current notice at our facility and on our website (if we maintain one) and make it available upon request.

Latest Revision Date (Effective From): 02/01/2026

How to contact us / complaints:

Privacy Officer:

Tioga Medical Center

Address: 810 Welo St N, PO Box 159, Tioga, ND 58852

Phone: 701-664-3305 ext. 205

To file a complaint with HHS:

Office for Civil Rights, U.S. Department of Health & Human Services

Instructions: <https://www.hhs.gov/ocr/privacy>

You won't be retaliated against for filing a complaint.

This Notice of Privacy Practices applies to the following organizations:

Tioga Medical Center

- ***Tioga Medical Center – Hospital***
- ***Tioga Medical Center – LTC***
- ***Tioga Medical Center – Swing Bed***
- ***Tioga Medical Center – Clinic***
- ***Tioga medical Center – Tioga RHC***
- ***Tioga Medical Center – Ray RHC***
- ***Tioga Medical Center – Powers Lake RHC***