

# Notice of Privacy Practices of Bryan Health

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties, privacy practices and your rights with respect to your health information. Your health information includes your individually identifiable medical, insurance, demographic and medical payment information. For example, it includes information about your diagnosis, medications, insurance status and policy number, medical claims history, address and social security number.

**Notice of Availability of Language Assistance Services and Auxiliary Aids and Services.** This Notice is required under Section 1557 of the federal Affordable Care Act. See Exhibit A attached to this Notice for information, in multiple languages, describing the availability of free-of-charge language assistance services.

## Who will follow this notice

### **Bryan Health Affiliated Covered Entity**

This Notice describes the privacy practices of the Bryan Health Affiliated Covered Entity (“Bryan Health ACE” or “Bryan Health”), which includes Bryan Health Corporate Departments; Bryan Medical Center; Bryan Physician Network; Bryan Heart; Crete Area Medical Center; Merrick Medical Center; Kearney Regional Medical Center; Platte Valley Medical Clinic; Grand Island Regional Medical Center; Central City Medical Clinic; Friend Medical Clinic; Fullerton Medical Clinic; Wilber Medical Clinic; and all of the programs, departments, clinics and service locations of any of these affiliates. A full list of those departments and clinic locations associated with each member of the Bryan Health ACE can be obtained by contacting the Privacy Officer listed at the end of this Notice. All the affiliates that make up the Bryan Health ACE will use and distribute this Notice as their “Joint Notice of Privacy Practices” and follow the procedures described in this Notice when using or disclosing your health information. They will share your health information with each other as necessary to carry out treatment, payment and health care operations as described in this Notice.

### **Medical Staff**

This Notice also describes the privacy practices of the physicians, nurse practitioners and other health care professionals on our medical staffs and other health care providers that provide health care services in our hospitals, clinics and other sites. This arrangement is called an “organized health care arrangement” or “OHCA” between the Bryan Health ACE and those healthcare providers on the affiliated Medical Staffs. Since Bryan Health is a clinically integrated health care system, where our patients may receive care from one or more of the Bryan Health ACE members, and their Medical Staffs, it is necessary for them to freely share your medical information for treatment, payment and health care operations as described in this Notice. Because of this, Bryan Health and their Medical Staff members have entered the OHCA under which they will:

- Use and distribute this Notice as their Joint Notice of Privacy Practices;
- Obtain a single signed acknowledgment of receipt;
- Follow the information practices described in this Notice when using or disclosing Bryan Health records; and
- Share health information from inpatient and outpatient visits among OCHA members so that they can help Bryan Health with its health care operations.

**Nothing in this Notice is meant to imply or create an employment relationship between any independent physician or other practitioner, or any member of the Bryan Health ACE. The OHCA does not cover the health information privacy practices of Medical Staff members in their private offices or at other non-Bryan Health practice locations.**

## Your individual rights

### Request for restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment and health care operations or to persons involved in your care. We are not required to agree to your request, with one exception explained in the next paragraph, and we will notify you regarding our decision about your request.

We are required to agree to your request that we not disclose certain health information to your health plan for payment or health care operations purposes unless the disclosure is required by law. Even though disclosure is restricted, you are still responsible for paying for all medical services rendered in accordance with the provider's billing policies and procedures. If we later receive an authorization from you dated after the date of your requested restriction, which authorizes us to disclose such records to your health plan, we will assume you have withdrawn your request for restriction.

To request a restriction, you must make a separate request to each individual provider from whom you will receive services that are involved in your request for any type of restriction. This might include the hospital, clinic, the surgeon who performs your surgery, the radiologist who reads your x-rays, or the hospitalist who oversaw your medical care and any other specialist involved. If you have questions regarding which Bryan Health entities will be involved in your care, contact the Bryan Health Privacy Officer.

### Access to health information

You may inspect and receive a paper or electronic copy of much of the health information we maintain about you, with some exceptions. In most cases, we have 30 days to respond to your request. If we maintain the health information electronically in one or more designated record sets, and you ask for an electronic copy, we will provide the information in the electronic form and format you request, if it is readily producible. If we cannot readily produce the record in the electronic form and format you request, we will produce it in another readable electronic form we both agree to. We may charge a cost-based fee for producing copies or, if you request one, a summary. If you direct us to transmit your health information to another person, we will do so, provided your signed, written authorization clearly designates the recipient and location for delivery.

## Amendment

You may request that we amend certain health information that we keep in your records. We are not required to make all requested amendments but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

## Accounting

You have a right to receive an accounting of certain disclosures of your health information made by us or our business associates for the six years prior to your request. Your right to an accounting does not include disclosures for treatment, payment and health care operations and certain types of disclosures, for example, as part of a facility directory or disclosures in accordance with your authorization. The first accounting in any 12-month period is free. You may be charged a fee for each subsequent accounting you request within the same 12-month period.

## Confidential communications

You may request that we communicate with you about your health information in a certain way or at a certain location. We will agree to your request if it is reasonable and specifies the alternate means or location.

## Notification in the case of a breach

We are required by law to notify you of a breach of your unsecured health information. We will provide such notification to you without unreasonable delay, but in no case later than 60 days after we discover the breach.

## How to exercise your rights

All requests to exercise those rights summarized in this Notice must be in writing. We will respond to your request on a timely basis in accordance with our written procedures and as required by law. You may receive request forms or exercise your rights by contacting Release of Information in the Bryan Health Information Management Department at 402-481-8424.

# Uses and disclosures of your health information without your authorization

The following are the types of uses and disclosures we may make of your health information without your permission. Where State or federal law restricts one of these uses or disclosures, we will follow the requirements of such State or federal law. These are general descriptions only and they do not cover every example of use and disclosure within a category.

## We will use and disclose your health information for treatment purposes.

*For example:*

- We will use and disclose health information about you with nurses, physicians and technicians who are involved in your care at Bryan Health.
- We will disclose your health information to your physician and other physicians, providers and health care facilities for their use in treating you in the future.
- If you are transferred to a nursing facility, we will send health information about you to the nursing facility.

## **We will use and disclose your health information for payment purposes.**

*For example:*

- We will use your health information to prepare your bill, and we will send health information to your insurance company with your bill.
- We may disclose health information about you to other medical care providers, medical plans and health care clearinghouses for their payment purposes.
- If you are brought in by ambulance, we may disclose your health information to the ambulance provider for its billing purposes.
- If State law requires, we will obtain your permission prior to disclosing your health information to other providers or health insurance companies for payment purposes.

## **We will use and disclose your health information for health care operations.**

*For example:*

- Our Medical Staff members or members of our workforce may review your health information to evaluate the treatment and services provided, and the performance of our staff in caring for you.
- In some cases, we will furnish your health information to other qualified parties for their health care operations. For example, the ambulance company may want information on your condition to help them know whether they did an effective job of treating or stabilizing your emergency condition.

## **We will allow our business associates to use or disclose your health information to perform their services for us.**

For example, we may disclose your health information to an outside billing service so that they can assist us in billing for services.

### **Patient directory**

While you are a patient at Bryan Health, your name, location in the facility, general condition (e.g., fair, serious, etc.) and religious affiliation may be included in a patient directory. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We will not include your information in the patient directory if you object or if State or federal law prohibits us.

### **Family, friends and others**

We may disclose your location or general condition to a family member, your personal representative or another person identified by you. If any of these individuals are involved in your care or payment for care, we may also disclose to them such health information as is directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or, if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf. For example, we may allow a family member to pick up your prescriptions, medical supplies or X-rays. We may also disclose your information to an entity assisting in disaster relief efforts so that your family or individual responsible for your care may be notified of your location and condition.

### **Required by Law**

We will use and disclose your information as required by federal, State or local law, including disclosing your information to the Secretary of the Department of Health and Human Services to evaluate our compliance with privacy laws.

### **Public health activities**

We may disclose health information about you for public health activities. These activities may include disclosures:

- To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability;

- To appropriate authorities authorized to receive reports of child abuse and neglect;
- To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- With parent or guardian permission, to send proof of required immunization to a school.

### **Abuse, neglect or domestic violence**

We may notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. Unless such disclosure is required by law (for example, to report a particular type of injury), we will only make such disclosures if you agree.

### **Health oversight activities**

We may disclose health information to a health oversight agency for activities authorized by law. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws. These oversight activities include, for example, audits, investigations, inspections and licensure reviews.

### **Judicial and administrative proceedings**

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or, if necessary, to obtain an order from the court protecting the information requested.

### **Law enforcement**

We may release certain health information if asked to do so by a law enforcement official. For example, we may disclose health information:

- As required by law, including reporting certain wounds and physical injuries;
- In response to a court order, subpoena, warrant, summons or similar process if a response is required by law;
- To identify or locate a suspect, fugitive, material witness or missing person;
- In 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;
- To alert authorities of a death we believe may be the result of criminal conduct;
- Information we believe is evidence of criminal conduct occurring on our premises; and
- If you are the victim of a crime, if we obtain your consent or, under certain limited circumstances, if we are unable to obtain your consent.

### **Deceased individuals**

We are required to apply safeguards to protect your health information for 50 years following your death. Following your death, we may disclose health information to a coroner, medical examiner or funeral director, as necessary, for them to carry out their duties and to a personal representative (for example, the executor of your estate). We may also release your health information to a family member or other person who acted as a personal representative or was involved in your care or payment for care before your death, if relevant to such person's involvement, unless you have expressed a contrary preference.

### **Organ, eye or tissue donation**

We may release health information to organ, eye or tissue procurement, transplantation or banking organizations or entities as necessary to facilitate organ, eye or tissue donation and transplantation.

## **Research**

Under certain circumstances, we may use or disclose your health information for research, subject to certain safeguards. For example, we may disclose information to researchers when a special committee, who has reviewed the research proposal and established protocols to ensure the privacy of your health information, has approved the research. We may disclose health information about you to people preparing to conduct a research project provided they adhere to required privacy practices.

## **Threats to health or safety**

Under certain circumstances, we may use or disclose your health information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including a target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

## **Specialized government functions**

We may use and disclose your health information for national security and intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose it to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution, its agents or a law enforcement official, as necessary, for your health and the health and safety of other individuals.

## **Workers' compensation**

We may release health information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

## **Incidental uses and disclosures**

There are certain incidental uses or disclosures of your information that occur while we are providing services to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

## **Health information exchange**

We participate in one or more electronic health information exchanges which permit us to electronically exchange health information about you with other participating providers (for example, doctors and hospitals) and health plans and their business associates. For example, we may permit a health plan that insures you to electronically access our records to verify a claim for payment for services we provide to you. Or we may permit a physician providing care to you to electronically access our records to have up to date information with which to treat you. Participation in a health information exchange also lets us electronically access health information from other participating providers and health plans for treatment, payment and health care operations as described in this Notice. We may, in the future, allow other parties, for example, public health departments that participate in the health information exchange, to access your health information electronically for permitted purposes.

## **Medicare Accountable Care Organizations**

We participate in a third-party patient notification system for coordinated care and collaboration with various Medicare Accountable Care Organizations, including Bryan Health Connect. To opt out of participation with this electronic notification system, please contact Bryan Medical Center Health Information Management.

## Appointment reminders

We may contact you as a reminder that you have a scheduled appointment to receive medical services.

## 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.

## Fundraising

We may contact you as part of a fundraising effort. We may also use or disclose to a business associate or to a foundation related to Bryan Health, certain health information about you such as your name, address, phone number, dates you received treatment or services, treating physician, outcome information and department of service (for example, cardiology or orthopedics), so that we or they may contact you to raise money for Bryan Health. You will have the opportunity to 'opt out' and not receive further fundraising communications related to the specific fundraising campaign for which you are being contacted, unless we have already sent a communication prior to receiving notice of your election to opt out.

## Information received from substance use disorder programs

We may receive health information from a substance use disorder program. We will be able to use and disclose such information like any of your health information we maintain, except that we will not use or disclose it in civil, criminal, administrative, or legislative proceedings against you, unless you consent to such use or disclosure or pursuant to a court order that has given you an opportunity to be heard and that is accompanied by a subpoena or other legal document compelling our disclosure. For those patients admitted to Bryan Medical Center's substance use disorder program, an additional Notice of Privacy Practices for the Independence Center will be provided as well as a copy posted on the Bryan Health webpage.

# Uses and disclosures requiring your authorization

There are many uses and disclosures we will make only with your written authorization. These include:

- Uses and Disclosures Not Described Above – We will obtain your authorization for any use of disclosure of your health information that is not described in this Notice.
- Psychotherapy Notes – These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. Many uses or disclosures or psychotherapy notes require your authorization.
- Uses and Disclosures for Marketing – We will not use or disclose your health information for marketing purposes without your authorization. If we receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.
- Sale of Health Information - We will not sell your health information to third parties without your authorization. Any such authorization will state that we will receive remuneration for the sale of your health information.

If you provide authorization, you may revoke it at any time by giving us notice in accordance with our authorization procedure and the instructions in our authorization form

## Further disclosures

Certain disclosures of your health information made pursuant to this Notice are no longer subject to the privacy protections described in this Notice and may be redisclosed by the recipient.

## About this notice

We are required to follow the terms of the Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and notice provisions effective for all health information that we maintain. Before such changes are effective, we will make available the revised Notice by posting it in our registration areas, where copies will also be available. The revised Notice will also be posted on our website at: [bryanhealth.org](http://bryanhealth.org). This Notice may also be found on the websites of each member of the Bryan Health Ace. You are entitled to receive this Notice in written form. Please contact the Bryan Health Privacy Officer listed below to obtain a written copy.

## Complaints

If you have concerns about any of our privacy practices, or believe that your privacy rights have been violated, you may file a complaint with Bryan Health using the contact information at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

### Contact information

Privacy Officer  
Bryan Health  
1600 S. 48th St. Lincoln, NE 68506  
402-481-2090 (Direct)  
402-481-8224 (HIPAA Privacy Hotline)

*EFFECTIVE DATE OF NOTICE: February 3, 2026; Version 7*  
*Reference: Title 45 of the Code of Federal Regulations, Section 164.520*

# Exhibit A

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also free of charge. Call: 1-800-742-7844 (TTY: 1-800-833-7352) or speak to your provider.

Si habla español, tiene a su disposición servicios de asistencia gratuitos. Las ayudas y los servicios auxiliares pertinentes para brindarle información en formatos accesibles también son gratis. Llame al: 1-800-742-7844 (TTY: 1-800-833-7352) o hable con su profesional médico.

Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ là miễn phí. Các dịch vụ và trợ giúp bổ sung phù hợp để cung cấp thông tin ở định dạng có thể truy cập cũng miễn phí. Hãy gọi: 1-800-742-7844 (TTY: 1-800-833-7352) hoặc trao đổi với nhà cung cấp của quý vị.

如果您使用中文，可为您免费提供语言协助服务。我们也将免费提供适当的辅助工具和服务，以无障碍格式传递信息。请致电：1-800-742-7844 (TTY：1-800-833-7352) 或联系您的服务提供者。

إذا كنت تتحدث اللغة العربية، فستكون خدمات المساعدة المجانية متاحة لك. الوسائل والخدمات المساعدة المناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها متاحة أيضًا مجانًا. اتصال على: 1-800-742-7844 (الهاتف النصي: 1-800-833-7352) -أو تحدث مع مزود الخدمة الخاص بك.

နမ့်ကတိကညီကိန်နန့် နဒီးန့တိတိစၢမၤစၢအပူကလီ သ့န့လီ. တၢ်ဆိၣ်ထွဲဒီးတၢ်တိစၢမၤစၢတဖၣ်လၢ ကြးဒီးပုၤနီၢ်ခိက့ၢ်ဂီၤတဆၣ်တကျၢတဖၣ် အိကဟ့ၣ်တၢ်တိစၢမၤစၢလၢက့ၢ်ဂီၤလၢတၢ်ဒီးန့ အီသ့တဖၣ်န့ အပူကလီစ့ၢ်ကိးလီ. ကိးလီတဲစိဆူ- 1-800-742-7844 (TTY: 1-800-833-7352) မ့တမ့ၢ်ကတိတၢ်ဒီးပုၤတိစၢမၤစၢန့တက့ၢ်.

Vous bénéficiez de services d'assistance gratuits, si vous parlez le français. D'autres aides et services permettant de fournir des informations dans des formats accessibles sont également gratuits. Appelez le : 1-800-742-7844 (TTY : 1-800-833-7352) ou contactez votre fournisseur.

Afaan Oromoo dubbattu yoo ta'e, tajaajilootni deeggarsa bilisaa isiniif ni argamu. Odeeffannoo bifa dhaqqabamaa ta'een kennuudhaaf gargaarsi dabalataa fi tajaajilootni sirrii ta'anis akkasuma kaffaltii irraa bilisadha. Gara kanatti bilbilaa: 1-800-742-7844 (TTY: 1-800-833-7352) yookiin tajaajila kennaa keessan haasofsiiisaa.

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Unterstützungsdienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos. Bitte rufen Sie folgende Nummer an: 1-800-742-7844 (Text Telefon: 1-800-833-7352) oder wenden Sie sich an Ihren Anbieter.

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

한국어를 구사하는 경우, 무료 지원 서비스를 이용하실 수 있습니다. 접근성 있는 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스 또한 무료로 제공됩니다. 전화번호:

1-800-742-7844(TTY: 1-800-833-7352)번으로 전화하시거나 제공자에게 문의하십시오.

यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि निःशुल्क सहायता सेवा उपलब्ध छन्। सूचना पहुँचयोग्य ढाँचामा प्रदान गर्नका लागि उपयुक्त सहायक सामग्री र सेवा पनि निःशुल्क रूपमा उपलब्ध छन्। कल:

1-800-742-7844 (TTY: 1-800-833-7352) मा फोन गर्नुहोस् वा आफ्नो सेवा प्रदायकसँग कुरा गर्नुहोस्।

Если вы говорите на русском языке, вам доступны бесплатные услуги помощи. Соответствующие вспомогательные средства и услуги информационной поддержки в доступных форматах также предоставляются бесплатно. Звоните по телефону:

1-800-742-7844 (TTY: 1-800-833-7352) или обратитесь к своему провайдеру.

ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອໄດ້. ນອກຈາກນັ້ນແລ້ວຍັງມີເຄື່ອງຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມທີ່ເໝາະສົມເພື່ອສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ເຂົ້າເຖິງໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍເຊັ່ນກັນ. ໂທ: 1-800-742-7844 (TTY: 1-800-833-7352) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

ئەگەر تۆ بە زمانی کوردی سۆزانی قسه ده کهیت، ئەوا خزمه تگوزاری هاوکاری بێیه رامبهه بهردهسته بۆ تۆ. ههروهها ئامرازه یارمه تیدههه کان و خزمه تگوزاریه گوتجاوه کان بۆ بێدانی زانیاری به شتوازی بهردهسته بۆ به رامبهه رن. په یوه نندی بکه به:  
1-800-742-7844 (TTY: 1-800-833-7352) یان له گهه لایه نی دابینه کهرت قسه بکه.

اگر به زبان فارسی صحبت می کنید، خدمات کمک رایگان برای شما در دسترس است. وسایل کمک رسان و خدمات مناسب برای ارائه اطلاعات در قالب های قابل دسترسی نیز به صورت رایگان ارائه می شوند. با شماره زیر تماس بگیرید:  
1-800-742-7844 (TTY: 1-800-833-7352) یا با ارائه دهنده خود صحبت کنید.

اگر شما دری صحبت می کنید، خدمات کمک رایگان برای شما قابل دسترس است. وسایل و خدمات کمکی مناسب برای ارائه معلومات در فرامت های قابل دسترسی نیز رایگان هستند. تماس بگیرید: 1-800-742-7844 (TTY: 1-800-833-7352) یا با ارائه دهنده خود صحبت کنید.

日本語を話される場合は、無料のアシスタンスサービスがご利用になれます。アクセスできる形式で情報を提供するための適切な補助器具やサービスも無料でご利用になれます。電話：1-800-742-7844 (TTY：1-800-833-7352) またはプロバイダーにご相談ください。



