

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

This Notice of Privacy Practices describes the legal obligations of following plans of Prairie States Enterprises, Inc. (the “Business Associate”) and its legal rights regarding your protected health information and Substance Use Disorders (“SUD”) records held by the Business Associate of the participants of group health plans (“Covered Entities”) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health Act (“HITECH”) and the corresponding regulations (collectively referred to as “HIPAA”). This Notice has been drafted in accordance with the HIPAA Privacy Rule, contained in the Code of Federal Regulations at 45 CFR Parts 2, 160 and 164. Terms not defined in this Notice have the same meaning as they have in the HIPAA Privacy Rule.

Among other things, this Notice describes how your protected health information and SUD records may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices (the “Notice”) to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as “protected health information,” (PHI). Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan that relates to:

- (1) Your past, present or future physical or mental health or condition;
- (2) The provision of health care to you; or
- (3) The past, present or future payment for the provision of health care to you.

SUD (Substance Use Disorder) HIPAA privacy involves strict federal rules (42 CFR Part 2) protecting treatment records, now more aligned with HIPAA for better care coordination but retaining core strictness, requiring explicit patient consent for most disclosures, and adding new rights like accounting for disclosures, with a key compliance deadline of February 16, 2026, for HIPAA entities to update practices and notices for SUD records. These rules prevent discrimination and ensure people seek help by keeping SUD treatment data highly confidential, especially in legal settings, with special protections for counseling notes.



## Contact Person

If you have any questions about this Notice or about our privacy practices, please contact Michou Reichelsdorfer, President, 800-615-7020

## Effective Date

This Notice is effective February 13, 2026.

## Our Responsibilities

We are required by law to:

:

- Maintain the privacy of your protected health information and SUD records;
- Inform you promptly if a breach occurs that may have compromised the privacy or security of your information;
- Provide you with certain rights with respect to your protected health information and SUD records;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI and SUD records;
- Follow the terms of the Notice that is currently in effect; and
- Not use or share your information other than as described here unless you tell us in writing that we can. If you tell us we can share information, you may change your mind at any time and advise us in writing of such change.

We reserve the right to change the terms of this Notice and to make new provisions regarding your PHI and SUD records that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by *[describe how Plan will provide individuals with a revised notice—e.g., by mail to their last-known address on file]*.

## How We May Use and Disclose the Participants' PHI and SUD Records

Under the law, we may use or disclose participant's PHI and SUD records under certain circumstances without their permission. The following categories describe the different ways that we may use and disclose your PHI and SUD records. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

## For Treatment.



We may use or disclose a participant's PHI and SUD records to facilitate medical treatment or services by providers. We may disclose medical information about a participant to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of the participant. For example, we might disclose information about a participant's prior prescriptions to a pharmacist to determine if a pending prescription conflicts with a current prescription.

### Substance Use Disorder (SUD) Records (42 CFR Part 2)

Records received from an SUD treatment program ("Part 2 Program") are protected by federal law. We will not share a participant's SUD treatment records unless we have your written consent or it is permitted by 42 CFR Part 2. If you consent to share your Part 2 records with us, we may further disclose those records to our business associates or other providers for Treatment, Payment, and Healthcare Operations purposes as allowed under HIPAA. We will not use or disclose a participant's Part 2 records (or testimony) in legal proceedings against them, unless he or she consents in writing or in response to a specific court order.

### For Payment.

We may use or dispose a participant's PHI and SUD records to determine his or her eligibility for benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Covered Entity or to coordinate the coverage. For example, we may tell a health care provider about his or her medical history to determine whether a participant's treatment is experimental, investigational, or medically necessary, or to determine whether a Covered Entity will cover the treatment. We may also share your PHI or SUD Records information with a utilization review or pre-certification service provider. Likewise, we may share a participant's PHI or SUD records with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**Note: A participant's may provide one single consent for all future uses or disclosures for treatment, payment and health care operations purposes (TPO) for SUD and his or her rights with regards to revoking such consent.**

### For Health Care Operations.

We may use or disclose a participant's PHI and SUD records to make payments to health care providers who are taking care of a participant'. We may also use and disclose protected health information to determine a participant's eligibility for benefits, to evaluate our benefit responsibility, and to coordinate coverage with other coverage a participant's may have. For example, we may share information with health care providers to determine whether we will cover a particular treatment. We may also share your PHI and SUD records with another organization to assist with financial recoveries from responsible third parties.



### **To Other Parties.**

We may contract with individuals or entities to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, The individuals will receive, create, maintain, use and/or disclose your PHI or your SUD records, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI and SUD records. For example, we may disclose your PHI and SUD records to a third party to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the third party enters into a Business Associate Agreement with us.

### **As Required by Law.**

We will disclose a participant's PHI and SUD records when required to do so by federal, state or local law, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law. For example, we may disclose a participant's PHI and SUD records when required by national security laws or public health disclosure laws.

### **To Prevent a Serious Threat to Health and Safety.**

We may use and disclose a participant's PHI and SUD records when necessary to prevent a serious threat to a participant's health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

### **To the Plan Sponsors.**

For the purpose of administering the Covered Entity, we may disclose to certain employees of the plan sponsor PHI and SUD records. However, those employees will only use or disclose that information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless a participant has authorized further disclosures. A participant's PHI and SUD records cannot be used for employment purposes without a participant's specific authorization.

### **Special Situations**

In addition to the above, the following categories describe other possible ways that we may use and disclose a participant's PHI and SUD Records. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.



### **Organ and Tissue Donation.**

If a participant is an organ donor, we may release PHI and SUD records to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### **Military and Veterans.**

If a participant is a member of the armed forces, we may release PHI and SUD records as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

### **Workers' Compensation.**

We may release a participant's PHI and SUD records for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **Public Health Risks.**

We may disclose a participant's PHI and SUD records for public health actions. These actions generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- 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;
- To notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if a participant agrees, or when required or authorized by law.

### **Health Oversight Activities.**

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



### **Lawsuits and Disputes.**

If you are involved in a lawsuit or a dispute, we may disclose a participant's PHI and SUD records in response to a court or administrative order. We may also disclose a participant's PHI and SUD records in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell a participant's about the request or to obtain an order protecting the information requested.

### **Law Enforcement.**

We may disclose a participant's PHI and SUD records if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- About a death that we believe may be the result of criminal conduct;
- About criminal conduct; and
- 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.

### **Coroners, Medical Examiners and Funeral Directors.**

We may release a participant's PHI and SUD records to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

### **National Security and Intelligence Activities.**

We may release a participant's PHI and SUD records to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### **Inmates.**

If a participant's is an inmate of a correctional institution or are under the custody of a law enforcement official, we may disclose a participant's PHI and SUD records to the correctional institution or law enforcement official if necessary (1) for the institution to



provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### Research.

We may disclose a participant's PHI and SUD records to researchers when:

- (1) The individual identifiers have been removed; or
- (2) When an institutional review board or privacy board (a) has reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information and approves the research.

### Required Disclosures

The following is a description of disclosures of a participant's PHI and SUD records we are required to make.

### Government Audits.

We are required to disclose a participant's PHI and SUD records to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

### Disclosures to a Participant.

When you request, we are required to disclose to a participant the portion of your PHI and SUD records that contain medical records, billing records, and any other records used to make decisions regarding a participant's health care benefits. We are also required, when requested, to provide a participant with an accounting of most disclosures of a participant's PHI and SUD records where the disclosure was for reasons other than for payment, treatment or health care operations, and where the PHI and SUD records not disclosed pursuant to your individual authorization.

### A Participant's Choices

**For certain health information, a participant can tell us your choices about what we share.** If a participant has a clear preference for how we share a participant's information in the situations described below, talk to us. They should tell us what they want us to do, and we will follow your instructions.

In these cases, a participant has both the right and choice to tell us to:

- Share information with his or her family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.



*If a participant's not able to tell us his or her preference, for example if a participant is unconscious, we may go ahead and share his or her information if we believe it is in his or her best interest. We may also share a participant's information when needed to lessen a serious and imminent threat to health or safety.*

### **Personal Representatives.**

We will disclose a participant's PHI and SUD records to individuals authorized by the participant or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) A participant has been, or may be, subjected to domestic violence, abuse or neglect by such person.
- (2) Treating such person as a participant personal representative could endanger you;  
or
- (3) In the exercise of professional judgment, it is not in a participant's best interest to treat the person as your personal representative.

### **Fundraising and Marketing**

Prior to disclosing a participant's PHI and SUD records in the case of any fundraising efforts, a participant will be notified prior to receiving such fundraising communications. Such communication will provide a participant with the option of opting out of receiving such communications. Additionally, uses and disclosures of PHI or SUD Records for marketing purposes and disclosures that constitute a sale of PHI or SUD records will require authorization.

### **Spouses and Other Family Members.**

With only limited exceptions, we will send all mail to the participant. This includes mail relating to a participant's spouse and other family members who are covered under the Plan and includes mail with information on the use of benefits by the participant's spouse and other family members and information on the denial of any benefits to the participant's spouse and other family members. If a person covered under the Covered Entity has requested Restrictions or Confidential Communications (see below under "A Participant Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

### **Authorizations.**

Other uses or disclosures of a participant's PHI and SUD records not described above will only be made with your written authorization. Most uses and disclosures of psychotherapy notes (when appropriate) will require your authorization.

A participant may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

### **A Participant's Rights**

A participant has the following rights with respect to his or her PHI and SUD records :

#### **Right to Access.**

A participant has the right to inspect and copy certain PHI and SUD records that may be used to make decisions about his or her health care benefits. To inspect and copy a participant's PHI and SUD records, a Participant must submit his or her request in writing to *[insert name of our Contact]*. If a participant requests a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with a participant's request.

Additionally, a participant has the right to request electronic copies of certain PHI and SUD records in a designated record set. We will provide such information in the electronic form and format requested by a participant, provided it is readily producible. If the requested form and format are not readily producible, we will provide the information in a readable electronic form and format that is mutually agreed upon with the participant. If a participant requests a copy of the electronic information, we may charge a reasonable fee for the labor costs and supplies involved in creating the information.

We may deny a participant request to inspect and copy in certain very limited circumstances. If a participant is denied access to his or her medical information, a participant may request that the denial be reviewed by submitting a written request to *[insert name of our Contact]*.

#### **Right to Amend.**

If you feel that the PHI and the SUD records we have about a participant's incorrect or incomplete, a participant may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Covered Entity.

To request an amendment, a participant's request must be made in writing and submitted to Michou Reichelsdorfer, President, 800-615-7020. In addition, a participant must provide a reason that supports the participant's his or her request.

We may deny a participant's request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny a participant's request if you ask us to amend information that:

- Is not part of the medical information kept by or for the Covered Entity;
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information that a participant would be permitted to inspect and copy; or
- Is already accurate and complete.

If we deny a participant's request, we will notify him or her in writing within 60 days with an explanation as to why the request was denied. A participant then has the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

### **Right to an Accounting of Disclosures.**

A participant has the right to request an "accounting" of certain disclosures of your PHI and SUD records. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to his or her authorization; (4) disclosures made to friends or family in a participant's presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, a participant must submit your request in writing to Michou Reichelsdorfer, President, PO Box 23, Sheboygan, WI 53082-0023. A participant Your request must state a time period of no longer than six years prior to the date you ask for the accounting.

A participant's request should indicate in what form he or she wants the list (for example, paper or electronic). The first list of a participant's requests within a 12-month period will be provided free of charge. For additional lists, we may charge a participant for the costs of providing the list. We will notify the participant of the cost involved and he or she may choose to withdraw or modify the participant's request at that time before any costs are incurred.

### **Right to Request Restrictions.**

A participant has the right to request a restriction or limitation on his or her PHI and SUD records that we use or disclose for treatment, payment or health care operations. a participant also has the right to request a limit on his or her PHI and SUD records that we disclose to someone who is involved in a participant's care or the payment for your care, like a family member or friend. For example, a participant could ask that we not use or disclose information about a surgery that he or she had.

If a participant's request a restriction, it is his or her responsibility to notify any other entity that may be impacted by the requested restriction.



Except as provided in the next paragraph, we are not required to agree to a participant's request. However, if we do agree to the request, we will honor the restriction until a participant revokes it, or we notify the participant.

Effective February 13, 2026, we will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI or SUD records pertain solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

To request restrictions, a participant makes your request in writing to Michou Reichelsdorfer, President, PO Box 23, Sheboygan, WI 53082-0023. In your request, you must tell us (1) what information a participant's wants to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom a participant wants the limits to apply—for example, disclosures to a participant's spouse.

### **Right to Request Confidential Communications.**

A participant' has the right to request that we communicate with him or her about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Michou Reichelsdorfer, President, PO Box 23, Sheboygan, WI 53082-0023. We will not ask the participant for the reason for his or her request. A participant's request must specify how or where his or her wish to be contacted. We will accommodate all reasonable requests if a participant clearly provides information that the disclosure of all or part of his or her PHI or SUD records could endanger the participant.

### **Right to be Notified of a Breach.**

A participant has the right to receive to be notified in the event that we (or at third party Business Associate) discover a breach of unsecured PHI or SUD records. Notice of a breach will be provided to a participant within 60 days of the breach being identified.