NOTICE OF NONDISCRIMINATION

BayCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

BayCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BayCare: Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats) Provides free language services to people whose primary language is not English, such as:
- Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at 1-888-550-5384.

If you believe that BayCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance Officer 1035 Kepler Drive Green Bay, WI 54311 Ph: 920-490-9046 x1316

Email: legalrequests@baycareclinic.com

You can file a grievance in person or by mail, fax, or phone. If you need help filing a grievance, the Director of Quality is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs. gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Ave. SW Room 509F, HHH Building Washington, DC 20201 Toll Free: 1-800-868-1019 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-550-5384.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-550-5384.

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-888-550-5384。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-550-5384.

888-550-1 مقرب لصتا. ناجمهاب كل رفاوتت قيو غللا قدعاسمها تامدخ ناف، ةغللا ركذا شدحتت تنك اذا تقطوحهم

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-550-5384.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-550-5384.

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-888-550-5384.

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-550-5384.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-550-5384.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-550-5384.

ध्यान दे: यद आप हिंदी बोलते है तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध है। 1-888-550-5384.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-550-5384.

<u>Tagalog (Tagalog – Filipino)</u> PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-550-5384.

NOTICE OF "NO SURPRISES" BILLING

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out of network provider at an in network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network. "Out of network" describes providers and facilities that haven't signed a contract

with your health plan. Out of network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in network costs for the same service and might not count toward your annual out of pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out of network provider. Surprise medical bills could cost thousands of dollars depending on the procedure.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out of network provider or facility, the most the provider or facility may bill you is your plan's in network cost sharing amount (such as co-payments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out of network. In these cases, the most those providers may bill you is your plan's in network cost sharing amount. This applies to emergency medicine,

anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed. If you get other types of services at these in network facilities, out of network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also When you see a doctor or other health care provider, you may owe certain out of pocket aren't required to get out of network care. You can choose a provider or facility in costs, such as a co-payment, coinsurance, and/or a deductible. You may have other costs your plan's network.

> When balance billing isn't allowed, you also have the following protections: You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was innetwork). Your health plan will pay out of network providers and facilities directly.

- Your health plan generally must: Cover emergency services without requiring you to get approval for services in
- advance (prior authorization). Cover emergency services by out of network providers.
- Base what you owe the provider or facility (cost sharing) on what it would pay an innetwork provider or facility and show that amount in your explanation of benefits. Count any amount you pay for emergency services or out of network services toward your deductible and out of pocket limit.

If you believe you've been wrongly billed, you can contact BayCare Clinic at 888-518-5556 or baycare.net. You may also visit www.cms.gov/nosurprises/consumers or call 800 985 3059 for more information about your rights under federal law.

Michigan law also provides protections against surprise medical billing by establishing disclosure requirements for out-of-network providers and by placing limitations on the amount out-of-network providers may charge patients in certain circumstances. Additional information on this Michigan law can be found at http://legislature.mi.gov/ doc.aspx?mcl-333-24509.

Wisconsin currently does not have any state specific laws regarding surprise medical

NOTICE OF GOOD FAITH ESTIMATES

EXPLAINING HOW MUCH YOUR MEDICAL CARE WILL COST

Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate (hereinafter "Estimate") for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- When applicable, make sure your health care provider gives you an Estimate, in writing, in accordance with the table below. You can also ask your health care provider, and any other provider you choose, for an Estimate before you schedule an item or service, which must be supplied to you no later than three (3) business days after the date of your request.

When an appointment or service is scheduled at least ten (10) business days in An Estimate must be provided no later than three (3) business days after the date the

appointment or service was scheduled.

Patient calls on Monday, May 2nd to schedule an appointment for Monday, May 16th. An

Estimate must be provided to the patient by Thursday, May 5th.

Patient calls on Friday, May 6th to schedule an appointment for Monday, May 23rd. An Estimate must be provided to the patient by Tuesday, May 10th.

When an appointment or service is scheduled at least three (3) business days in

An Estimate must be provided no later than one (1) business day after the date the appointment or service was scheduled.

Patient calls on Monday to schedule an appointment for Friday. An Estimate must be provided to the patient by Tuesday. Patient calls on Friday to schedule an appointment for the following Wednesday. An

Estimate must be provided to the patient by Monday.

When an appointment or service is scheduled less than three (3) business days in

An Estimate is not required to be provided

Patient calls on Monday to schedule an appointment for Wednesday. An Estimate is not required to be provided

Patient calls on Friday to schedule an appointment for the following Monday. An

Estimate is not required to be provided. If you receive a bill that is at least \$400 more than your Estimate, you can dispute the bill.

Make sure to save a copy or picture of your Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 888-518-5556.

NOTICE OF PRIVACY PRACTICES

HEALTHCARE INFORMATION PRIVACY PRACTICES

<u>Uses and Disclosures of Your PHI Not Requiring Your Consent</u>

BayCare ("We", "Our", "Us") is required by law to provide its patients ("You", "Your") with this Notice of Privacy Practices (this "Notice") effective as of November 1, 2024. This Notice explains your rights related to your health information and some of our responsibilities to keep your protected health information ("PHI") private and secure. This Notice applies to any health care facility, medical staff, medical group or other health care entity now or in the future controlled by or under common control with BayCare and any of its affiliates or subsidiaries.

We are required to provide you with Notice of our legal duties and Privacy Practices with respect to your PHI. These legal duties and privacy practices are described in the Notice. We will follow the privacy practices in this Notice, or the Notice currently in effect at the time of the use, or disclosure of your PHI. We will provide you with a copy of this Notice before your first appointment with us, and at any other date when requested, in accordance with our Notice of Privacy Policy.

BayCare reserves the right to change the terms of this Notice, and to make any new provisions effective for all PHI that we maintain. You can request an electronic version of this Notice or any revised Notice by contacting the Privacy Officer as described below. You can also direct any other requests, Notices, or questions about this Notice to the Privacy Officer.

Generally, we cannot use or disclose your PHI without your written permission. However, there are some disclosures allowed by law without your written permission. BayCare may use and disclose your PHI, without your written consent or authorization, for certain treatment, payment and healthcare operations. This includes PHI accessed or received from Advocate Aurora Health Care, Aurora BayCare Medical Center, and any Advocate Aurora affiliate and any other physician group or healthcare facility using the electronic medical record system provided by Advocate Aurora Health Care.

Examples include: <u>Treatment</u>

To coordinate your healthcare amongst the providers who are treating you. For example, your BayCare provider may determine that you require the services of another provider. When

referring you to another provider, BayCare may share or transfer your healthcare information to that provider.

To bill and get payment from health plans or other entities.

For example, BayCare will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you. **Healthcare Operations**

To run our practice, improve your care, and contact you when necessary.

For example, BayCare may use your diagnosis, treatment, and outcome information to measure the quality of the services we provide, or to assess the effectiveness of your treatment when compared to patients in similar situations.

We may release to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may be required to report suspected abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime.

BayCare may verbally disclose your PHI to family members or friends who you identify as being involved with your treatment or care. Health information may be released without permission to a parent, guardian, or legal custodian of a child, the guardian of an incompetent adult, the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when BayCare is permitted or required to use or disclose your PHI without your consent or authorization. Examples include the following: To legal authorities

Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime on our premises.

For public health activities

Preventing disease

We may release healthcare records to certain government agencies or public health authorities authorized by law. We can share health information about you for certain situations such as:

Helping with product recalls

 Reporting adverse reactions to medications Reporting suspected abuse, neglect, or domestic violence

Preventing or reducing a serious threat to anyone's health or safety

We are required to report positive HIV test results to the appropriate health authority, as required by state or federal law. We may also disclose HIV test results to other providers or persons when there has been or will be risk of exposure. We may report to the appropriate health authority, the name of any person known to have been significantly exposed to a patient who tests positive for HIV.

We may disclose healthcare records, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification.

We can share health information about you in response to a court or administrative order, or in response to a subpoena. We will not disclose your PHI that is related to lawful reproductive healthcare in

certain circumstances as required by law. For activities related to death

imminent and substantial danger.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies. HIV test results may be disclosed under certain circumstances.

Under certain circumstances, and only after a special approval process, we may use and disclose your information for health related research.

To avoid a serious threat to health or safety We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise

reasonable or ordinary control over a motor vehicle. Healthcare information, including treatment records, may be disclosed where disclosure is necessary to protect the patient or community from

We may disclose your health information to an authorized representative of your employer, workers' compensation carrier and/or the Department of Workforce Development, to the extent such records are reasonably related to any injury for which workers' compensation is claimed.

We may participate in the electronic exchange of health information with other entities for the allowable purposes of treatment, payment, or health care operations. In an effort to improve the quality

and efficiency of health care in our communities, we may allow other health care providers to participate in a joint electronic health record. Some types of health information are specifically protected under other state or federal laws and those laws may impose more restrictive requirements on disclosure of this information, even for

purposes described above. When those more restrictive laws apply, we may need your written authorization to release these types of health information even in some cases, for the purposes of treatment, payment, and healthcare operations. Examples of types of health information that are subject to additional restrictions include HIV test results, and information related to treatment for mental illness, developmental disability, or alcohol or drug abuse. Our Responsibilities We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of

your information. We will not make any other use or disclosure of your PHI not described in this Notice without your written authorization. You may revoke such authorization at any time, except to the

extent that we've taken action already. You can get the required revocation form by visiting BayCare's website at www.baycareclinic.com or by calling 920-544-5414.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your medical record You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We may require that you put your request in writing. The simplest way to access these records is through your patient portal, but you can also request a copy by visiting our website at www.baycareclinic.com or by calling 920-544-5414. We will provide you a copy or a summary of your health information, usually within 30 days of your request. We may charge you a reasonable fee for costs associated with your request as allowed by law. We are not required to allow you to see or copy information prepared for (or in anticipation for use) in a civil, criminal, or administrative action or proceeding.

hospitals and surgery centers for procedures. Medical records related to care provided in a hospital or surgery center are not BayCare's records, but rather the records of the hospital or health system where the services are provided - therefore, they are maintained and can only be obtained via request from the facility where those services were provided. Ask us to correct your medical record you believe to be incorrect or incomplete If you believe that your medical record is inaccurate, you can ask us to correct it. Your request must be in writing and must include the reason(s) why you believe a change should be made. You can obtain

the required form by contacting the clinic at which you received services or by contacting the Legal Department at 877-229-2273. We are not required to approve your request and will notify you of our

BayCare is a partnership of specialty physicians that serves communities in northeast Wisconsin and Michigan's Upper Peninsula. Many of our physicians have clinic offices, but also see patients at area

Ask for a list of those with whom we've shared information

decision and reasoning behind such decision within sixty (60) days of submission.

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. Requests and questions should be directed to 920-544-5414.

Ask us to limit what we use or share

Request alternate form of communication

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. You must request such a restriction in writing. In certain situations, we will say "yes" unless a law requires us to share that information. For example, if you pay for a service or health care item out-ofpocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. In this case, we may disclose only to healthcare providers treating you.

You may request that BayCare send PHI, including billing information, to you by alternative means or to alternative locations. For example, you may request that BayCare not send information to a

particular address or location or contact you at a specific location such as your place of employment. We will do our best to accommodate reasonable requests by you.

BayCare is required by law to maintain the privacy of your information. BayCare will, in accordance with law, provide you with a notice of its legal duties and privacy practices with respect to your information and notify you following a breach of unsecured PHI if you are affected by it.

How to file a complaint You may file a complaint with BayCare and/or the Secretary of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with BayCare, please contact the Privacy Officer at the following:

Privacy Officer BayCare Clinic, LLP BayCare Health Systems, LLC

1035 Kepler Dr. Green Bay, WI 54311 Email: LegalRequests@BayCareClinic.com

Phone: 877-229-2273 It is the policy of BayCare that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.

This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. 164.520, and applicable state healthcare privacy laws.

NOTICE OF PRICING INFORMATION

BayCare will provide patients with information about pricing for specific procedures. The pricing would provide our median charge, and is our best available estimate.

If you would like to request pricing information, you may call us at 888-550-5384 and we will provide this information to you within five business days. You may also request information about the quality of our services by contacting our Quality Department at the number listed above. You may also review physician quality activity participation here: https://www.medicare.gov/physiciancompare/

LLC (BayCare); our patient rights and responsibilities; how we may use and disclose your healthcare information, as well as how you can obtain access to your healthcare information, in addition to how we maintain website and internet privacy; and how you may obtain pricing and quality information.

a. These notices inform individuals about nondiscrimination and accessibility requirements followed by BayCare Clinic, LLP and BayCare Health Systems,

b. These notices are prepared in accordance with Section 1557 of the Affordable Care Act, the Health Insurance Portability and Accountability Act 45 C.F.R. 164.520 and applicable Wisconsin healthcare privacy laws, and WI § 146.903.

c. Scan QR code to view and read all patient rights.

It is not a guaranteed price, as individual patients may experience fewer or additional needs.

