

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Effective: February 10, 2026**

Wasatch Forensic Nurses (WFN) is committed to protecting your medical information. Wasatch Forensic Nurses is required by law to maintain the privacy of your medical information, provide this notice to you, and abide by the terms of this notice.

### **HOW WE USE YOUR HEALTH INFORMATION**

When you receive services from WFN, protected health information (PHI) about those services is created. We may not release it to anyone without your written permission except in limited circumstances. We may use your health information for treating you, billing for services, and conducting our normal business known as "health care operations." Examples of how we use your information include:

- **Treatment** - We keep records of the care and services provided to you. Health care and service providers use these records to deliver quality care to meet your needs. An employee of WFN may share your information with other treatment providers who may assist in your treatment. Some health records, including confidential communications with a mental health professional, may have additional restrictions for use and disclosure under state and federal laws.
  
- **Payment** - We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment for your care from the Utah Office of Victims of Crime, the Utah Domestic Violence Coalition, local law enforcement agencies, out of state law enforcement agencies or reparations programs, or any other entity deemed necessary for invoicing and payment. We may disclose information about the services provided to you

**Health Care Operations** - We use health information to improve the quality of care, train staff and students, provide customer service, manage costs, conduct required business duties, and make plans to better serve the community. We may use your health information to evaluate the quality of treatment and services provided by our nurses and other employees in our treatment provider network.

### **YOUR INDIVIDUAL RIGHTS**

You have the right to:

- o Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction;
- o Request that we use a specific telephone number or address to communicate with you;
- o Inspect and copy your health information, including billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial\*;
- o Request corrections or additions to your health information\*;
- o Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to April 14, 2003. Except for the costs of photocopying, the first accounting is free but a fee will

- o apply if more than one request is made in a 12-month period\*;
- o Request a paper copy of this notice even if you agree to receive it electronically.

(Requests marked with a star (\*) must be made in writing. Contact WFN for the appropriate form for your request.)

### SHARING YOUR HEALTH INFORMATION

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations include activities necessary to administer the Medicaid program and the following:

- o For public health purposes such as reporting communicable diseases, work-related illnesses, reporting births and deaths;
- o To protect victims of abuse, neglect or domestic violence;
- o For health oversight activities such as investigations, audits, inspections and administrative actions;
- o For lawsuits and similar proceedings;
- o When otherwise required by law;
- o When requested by law enforcement as required by law or court order;
- o To coroners, medical examiners, and funeral directors;
- o For research approved by our review process under strict federal guidelines;
- o To reduce or prevent a serious threat to public health and safety;
- o For specialized government functions such as intelligence and national security;
- o All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement, except for authorized releases which have already been made. Releases to law enforcement and the courts cannot be revoked.

### OUR PRIVACY RESPONSIBILITIES

WFN is required by law to:

- o Maintain the privacy of your health information.
- o Provide the notice that describes the ways we may use and share your health information.
- o Follow the terms of the notice currently in effect.
- o Follow regulations included in the Omnibus Rule effective September 2013 which includes reporting data breaches that are not considered harmful.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. You may request a copy of any notice directly from the nurse conducting your exam or from the WFN offices.

### CONTACT US

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information please contact us at [wfn@wasatchfn.org](mailto:wfn@wasatchfn.org). We will investigate all complaints and will not retaliate against you for filing a complaint. Our mailing address is: 1245 E. Brickyard Road, Suite 110 Salt Lake City, UT 84106.

Program contact information.

You may also file a written complaint with the Office of Civil Rights at the below listed address.

U.S. Department of Health and  
Human Services  
200 Independence Avenue, S.W.

Room 509F, HHH Bldg.  
Washington, D.C. 20201

Effective      February 10, 2026