



Notice of Privacy Practices

Effective Date: [05/28/2025]

Our Commitment to Protecting Your Privacy

At WoundSite, we are committed to protecting your health information. We follow strict federal privacy laws (HIPAA) and applicable state laws, applying whichever is more protective of your privacy. WoundSite was founded on the principle that trust is at the heart of healing. We maintain a culture of confidentiality modeled after the highest standards of health care. Every staff member is trained to safeguard your information, and we continuously update our security practices to meet or exceed HIPAA standards.

How We May Use and Share Your Information

We may use or disclose your health information for treatment, payment, and health care operations. This includes providing and coordinating care, billing insurance, and improving quality of services.

Other Situations Permitted by Law

We may also share information when required or permitted by law, including public health reporting, oversight, court orders, law enforcement, coroner/funeral services, organ/tissue donation, worker's compensation, serious threats to health or safety, and specialized government functions.

Uses and Disclosures That Require Your Permission

Certain uses require your written authorization, including psychotherapy notes, marketing or fundraising communications, and the sale of health information. You may revoke authorization at any time in writing.

Your Choices (Patient Opt-Out Controls)

You may choose to limit how we share your information:

- Family and Friends – Unless you object, we may share relevant information with family/friends involved in your care.
- Directory Information – If admitted, your name and condition may appear in a directory;

you may opt out.

- Communication by Text, Email, or Phone – We may contact you with reminders or billing information.

Important: Standard email and text are not always encrypted, which carries some risk of unauthorized access. You may request secure methods or specific ways to be contacted.

Your Rights

You have the right to:

- Access your record
- Request corrections
- Request a list of disclosures
- Request restrictions
- Ask for confidential communications
- Receive a copy of this Notice
- File a complaint without retaliation

Our Responsibilities

We are required by law to protect your health information, limit disclosures to the minimum necessary, train staff regularly on privacy and security, notify you if a breach occurs, and update this Notice when necessary.

Contact Information

If you have questions, want to exercise your rights, or file a complaint, please contact:

WoundSite Privacy Officer: Kisean Hutson

Phone: (800) 764-2989 option 3

Email: privacy@woundsite.org

Mailing Address: 101 S. Reid St, Ste 307, Sioux Falls, SD 57103

You may also file a complaint directly with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR):

200 Independence Avenue, S.W., Washington, D.C. 20201

Toll-Free: 1-877-696-6775

Acknowledgement of Receipt

I acknowledge that I have received a copy of WoundSite's Notice of Privacy Practices.

Patient Name: _____

Signature: _____ Date: ____/____/____