

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

This Notice of Privacy Practices is NOT an authorization. It describes how we; our Business Associates and their subcontractors may use and disclose your Protected Health Information to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. “Protected Health information” is information that identifies you individually, including demographic information that relates to your past, present, or future physical or mental health condition and related health care services.

Information regarding your healthcare, including alcohol and drug abuse patient records, is protected by state and federal law: the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. §1320d *et seq.*, 45 C.F.R. Parts 160 & 164, the Confidentiality Law, 42 U.S.C. §290dd-2, 42 C.F.R. Part 2. Under these laws, we must maintain the privacy and confidentiality of your protected health information and provide you with notice of our legal duties and privacy practices with respect to your protected health information (hereinafter referred to as “medical information” or “health information”). We must also notify you if there is a breach of your unsecured health information.

Your right to confidentiality regarding your substance abuse treatment is greater than the rules regarding your general health information. Federal law requires that your identity as a person seeking and receiving treatment for substance abuse be protected, except for limited circumstances, including your written authorization to disclose. We must obtain your written authorization before we can disclose information about your payment purposes. For example, we must obtain your written authorization before it can be disclosed information to your health insurer to be paid for services. Generally, you must also sign a written authorization before we can share information for treatment purposes or for health care operations.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Federal law permits us to use and disclose information without your written authorization in the following situations:

1. Amongst staff members for the purposes of treating you;
2. Pursuant to an agreement with a qualified service organization or business associate;
3. For research, audit or evaluation purposes;
4. To report a crime committed on our premises or against staff;
5. To medical personnel in a medical emergency;
6. To appropriate authorities to report suspected child abuse or neglect;
7. Coroners and Medical Examiners to assist in the fulfillment of their work and responsibilities and investigations;

8. Ownership changes sale or merge with another entity, your PHI will become the property of the new owner;
9. Breach notification purposes are to notify you of the breach, as required by law. In addition, your PHI may be disclosed as a part of the reporting process;
10. As allowed by a court order issued in compliance with 42 C.F.R. Part 2;
11. To comply with certain federal and state laws.

For example, we can disclose information without your written authorization to obtain legal or financial services, or to clinical laboratory, as long as there is a business associates' agreement in place.

Your Health Information Rights

- Subject to 42 C.F.R. Part 2, we may contact you for its fundraising purposes, but you have the right to opt out of receiving such communications.
- Unless otherwise permitted or required by law, other uses or disclosures of your medical information will be made only with your written authorization, including but by no means limited to: (a) use or disclosure of your psychotherapy notes, subject to certain limitations; (b) use or disclosure of health information for marketing purposes, subject to certain expectations; or (c) disclosure of health information which is a sale of such health information.
- You have the right to revoke or cancel your written authorization at any time, preferably in writing.
- You may request restrictions on certain uses and disclosures of your health information. We may not be required to agree to the restriction requested. However, we must agree if you request that we restrict disclosure of your health information to a health plan if: (a) the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law; and (b) the health information pertains solely to a health care item or service for which you or a person on your behalf (other than the health plan) has paid us in full.
- You have the right to inspect and copy your health information. This right may be limited by the days or hours of access. If your request for information or copying is denied, you will receive a written explanation, and a right to have any denial of access reviewed in accordance with our internal procedures, in addition to any other legal rights you may have related thereto.
- You have a right to request that we amend, by correcting or supplementing your health information, where your medical information is incomplete or inaccurate. You must state your reason for requesting an amendment in writing. We are not required to amend your health information (a) if the information was not created by us, (b) is not part of the medical information you have a legal right to see a copy, or (c) such information is already accurate and complete. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.

- You have the right to receive confidential communications regarding your medical information. You have a right to request that we communicate with you through alternate means or at an alternate location.
- You have a right to receive an accounting of certain disclosure of your health information made by us.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request. A copy of this Notice of Privacy Practices will be posted on our website and posted in our clinic waiting rooms.

Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future and will make the new provisions effective for all information that it maintains. Any such amended Notice of Privacy Practices will be posted on our website, posted in our clinic waiting rooms, and available upon request. Until such amendment is made, we are required by law to comply with the terms of this Notice of Privacy Practices.

Complaints

Violation of Confidentiality Law by a program is a crime and suspected violations may be reported to the appropriate authorities in accordance with 42 C.F.R. Part 2. You may complain to the clinic and the Secretary of the United States Department of Health Services if you believe that your privacy rights have been violated under HIPAA. You will not be retaliated against for filing such a complaint.

Complaints to the Department of Health and Human Services should be directed to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHS Building
Washington, DC 20201
www.hhs.gov

If you have any questions regarding this Notice of Privacy Practices, please contact our corporate offices.