

# NOTICE OF PRIVACY PRACTICES

Effective Date: 02/16/2026

## Changes to the Terms of This Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

## Part 2 Records

Some of your health information may relate to substance use disorder treatment. These records (“Part 2 Records”) are protected by a federal law called 42 CFR Part 2 (“Part 2”), which provides additional privacy protections beyond HIPAA. Additional information with respect to Part 2 Records is contained at the end of this notice.

---



### Your Information. Your Rights.

#### Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

**Please review it carefully.**

## Your Rights

**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 an electronic or paper 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. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.



## Your Rights *continued*

### Ask us to limit what we use or share

- 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.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

---

### Get a list of those with whom we’ve shared information

- 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.

---

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

---

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

---

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>
- We will not retaliate against you for filing a complaint.



## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

---

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

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

---

**In these cases, we *never* share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

---

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

---

**Treat you**

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

---

**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

---

**Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

---



**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

---

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"><li>• We can share health information about you for certain situations such as:<ul style="list-style-type: none"><li>• Preventing disease</li><li>• Helping with product recalls</li><li>• Reporting adverse reactions to medications</li><li>• Reporting suspected abuse, neglect, or domestic violence</li><li>• Preventing or reducing a serious threat to anyone's health or safety</li></ul></li></ul>
<b>Do research</b>	<ul style="list-style-type: none"><li>• We can use or share your information for health research.</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li></ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"><li>• We can share health information about you with organ procurement organizations.</li></ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"><li>• We can use or share health information about you:<ul style="list-style-type: none"><li>• For workers' compensation claims</li><li>• For law enforcement purposes or with a law enforcement official</li><li>• With health oversight agencies for activities authorized by law</li><li>• For special government functions such as military, national security, and presidential protective services</li></ul></li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li></ul>

## 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 must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)



## NOTICE OF PRIVACY PRACTICES WITH RESPECT TO PART 2 RECORDS

Where a federal law, such as a Part 2, or state law provides more stringent protections than HIPAA, we only will use or disclose your records to which such laws are applicable consistent with those more stringent protections. The specific ways we will use or disclose your Part 2 Records and your rights related thereto are described in this section. This section of the notice further describes your right with respect to your Part 2 Records and how to file a complaint concerning a violation of the privacy or security of your Part 2 Records, or of your rights concerning Part 2 Records. You have a right to a copy of this notice (in paper or electronic form) and to discuss it with our Privacy Officer at [HIPAAPrivacy@ihcrc.org](mailto:HIPAAPrivacy@ihcrc.org) if you have any questions.

### Consent to Use or Disclose Part 2 Records

- Except in limited circumstances permitted by law, we will not use or disclose your Part 2 Records without your written consent.
- We may ask you to sign a single consent allowing us to use your Part 2 Records for
  - Treatment;
  - Payment; and
  - Health Care Operations.

If you provide such consent, recipients of the information may further use or disclose your Part 2 Records as permitted by HIPAA. You can revoke your consent in writing by contacting the Privacy Officer, except to the extent that we or a third party have already acted in reliance on it.

- “SUD Counseling Notes” are maintained separately from the medical record and generally require your specific written consent before they may be used or disclosed.

### Use of Part 2 Records Without Your Consent

- We may use or disclose your Part 2 Records without your consent only in limited situations allowed by law, including:
  - Medical Emergencies;
  - Public Health Activities (if your Part 2 Records have been de-identified under HIPAA)
  - Audits or Program Evaluation;
  - Research; and
  - Disclosures to Qualified Service Organizations.

### Your Choices with Respect to Part 2 Records

- You have the right to:
  - Request restrictions on certain uses and disclosures of your Part 2 Records.
  - Request an accounting of disclosures of your Part 2 Records for the past 3 years.
  - File a complaint (as discussed above) if you believe your rights have been violated.
- Federal law prohibits the use of Part 2 Records to investigate or prosecute a patient in a criminal proceeding or to deny employment, housing, access to courts, or other benefits.
- We will not use or share your Part 2 Records for fundraising unless we have first given you a chance to choose not to receive fundraising communications.
- We may not use or disclose your Part 2 Records in any civil, administrative, criminal, or legislative proceeding unless you consent in writing or the disclosure is specifically allowed by a court order issued in compliance with applicable law.