

# Your Information. Your Rights. Our Responsibilities.

## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

### Special Notice for Substance Use Disorder (SUD) Records

If you receive services related to substance use disorder treatment at this organization, your SUD records are protected by additional federal law (42 CFR Part 2) on top of the standard HIPAA protections below. Throughout this notice, items marked **Part 2 (SUD Records)** describe those heightened protections. The most important difference: we generally need your written consent before sharing SUD records, even for treatment, payment, or operations.

Your Rights	Your Choices	Our Uses & Disclosures
<p><b>You have the right to:</b></p> <ul style="list-style-type: none"> <li>• Get a copy of your medical record</li> <li>• Correct your medical record</li> <li>• Request confidential communication</li> <li>• Ask us to limit the information we share</li> <li>• Get a list of those with whom we've shared your information</li> <li>• Get a copy of this privacy notice</li> <li>• Choose someone to act for you</li> <li>• File a complaint if you believe your privacy rights have been violated</li> <li>• Consent to most uses of your SUD records (Part 2)</li> <li>• Choose in advance about fundraising communications (Part 2)</li> </ul> <p>▶ See page 2 for details</p>	<p><b>You have choices in how we share your information as we:</b></p> <ul style="list-style-type: none"> <li>• Tell family and friends about your condition</li> <li>• Provide disaster relief</li> <li>• Market our services and sell your information</li> <li>• Raise funds</li> <li>• With your consent: treat you, bill for services, run our organization (Part 2)</li> <li>• Prevent multiple SUD program enrollments (Part 2)</li> <li>• Report court-referred SUD treatment (Part 2)</li> </ul> <p>▶ See page 3 for details</p>	<p><b>We may use and share your information as we:</b></p> <ul style="list-style-type: none"> <li>• Treat you</li> <li>• Run our organization</li> <li>• Bill for your services</li> <li>• Help with public health and safety issues</li> <li>• Do research</li> <li>• Comply with the law</li> <li>• Respond to organ and tissue donation requests</li> <li>• Address workers' compensation, law enforcement, and other government requests</li> <li>• Respond to lawsuits and legal actions</li> </ul> <p>▶ See pages 3-4 for details</p>

### 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.

Your Rights in Detail	
<p><b>Get an electronic or paper copy of your medical record</b></p>	<p>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 will provide a copy or a summary usually within 30 days of your request. We may charge a reasonable, cost-based fee.</p>

<p><b>Ask us to correct your medical record</b></p>	<p>You can ask us to correct health information about you that you think is incorrect or incomplete.</p> <p>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</p>
<p><b>Request confidential communications</b></p>	<p>You can ask us to contact you in a specific way or to send mail to a different address.</p> <p>We will say “yes” to all reasonable requests.</p>
<p><b>Ask us to limit what we use or share</b></p>	<p>You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree, and we may say “no” if it would affect your care.</p> <p>If you pay for a service out-of-pocket in full, you can ask us not to share that information with your health insurer for payment purposes. We will say “yes” unless a law requires us to share it.</p> <p><b>Part 2 (SUD Records):</b> If you have provided consent for all treatment and payment purposes, you may still ask us to limit specific uses or disclosures. If we agree and you later need emergency treatment, we may share information even if you asked us to limit it.</p>
<p><b>Get a list of those with whom we’ve shared information</b></p>	<p>You can ask for an accounting of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.</p> <p>We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures. We’ll provide one accounting a year for free; we may charge a fee if you ask for another within 12 months.</p> <p><b>Part 2 (SUD Records):</b> You also have the right to a list of health care providers who received your SUD records through certain third parties such as a health information network.</p>
<p><b>Get a copy of this privacy notice</b></p>	<p>You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide a paper copy promptly.</p>
<p><b>Choose someone to act for you</b></p>	<p>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.</p> <p>We will confirm the person has this authority before we take any action.</p>
<p><b>Consent to uses and disclosures of your SUD records</b></p>	<p><b>Part 2 (SUD Records) only.</b> You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations. You may also provide consent for more limited purposes; however, doing so may affect the services we can provide or how you pay for services.</p>
<p><b>Choose in advance about fundraising</b></p>	<p><b>Part 2 (SUD Records) only.</b> You have the right to a clear notice in advance of, and a choice about whether to receive, fundraising communications from our program.</p>
<p><b>File a complaint if you feel your rights are violated</b></p>	<p>You can complain if you feel we have violated your rights by contacting us using the information on page 1.</p> <p>You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights: 200 Independence Ave., S.W.,</p>

Washington, D.C. 20201 • 1-877-696-6775 •  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](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 preferences about what we share. Talk to us and tell us what you want us to do, and we will follow your instructions.

- **Choices Where You Have Both the Right and the Choice:** In these situations, tell us your preference. If you are unable to tell us (for example, if you are unconscious), we may share information if we believe it is in your best interest, or when needed to reduce a serious and imminent threat to health or safety.
  - 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
- **Situations Where We Never Share Without Your Written Permission**
  - Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes
- **Fundraising:** We may contact you for fundraising efforts, but you can tell us not to contact you again.
  - **Part 2 (SUD Records):** You have the right to a clear notice in advance, and a choice about whether to receive fundraising communications.
- **Part 2 (SUD Records): — Additional Consent-Based Sharing:** With your written consent, we may also use and share your SUD records to:
  - Prevent multiple enrollments in withdrawal management or maintenance treatment programs
  - Report participation in treatment required by the criminal justice system
  - Report prescribed SUD treatment medications to a state prescription drug monitoring program when required by law
  - Share with whomever you name in a specific consent to share your information

## Our Uses and Disclosures

We typically use or share your health information in the following ways.

Uses and Disclosures in Detail	
<b>Treat You</b>	<p>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.</p> <p><b>Part 2 (SUD Records):</b> We need your written consent before sharing SUD records, even for treatment. Example: A doctor at our program may share medication information with another treating provider only with your consent, to avoid complications.</p>
<b>Run Our Organization</b>	<p>We can use and share your health information to run our practice, improve your care, and contact you when necessary.</p> <p><b>Part 2 (SUD Records):</b> Your written consent is required. We can share within our program, with the organization that has administrative control over our program, and with contractors who help us run our program.</p>

<b>Bill for Your Services</b>	<p>We can use and share your health information to bill and get payment from health plans or other entities.</p> <p><b>Part 2 (SUD Records):</b> Your written consent is required for billing and payment activities involving SUD records. We are allowed or required to share your information in other ways, usually in ways that contribute to the public good. We have to meet many conditions in the law before we can share your information for these purposes.</p>
<b>Help with Public Health and Safety Issues</b>	<p>We can share health information for situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse or neglect or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.</p> <p><b>Part 2 (SUD Records):</b> We can share de-identified information for public health purposes such as preventing disease and reporting adverse reactions. We can also share identifying information to assist the FDA in notifying you or your doctor about unsafe products.</p>
<b>Do Research</b>	<p>We can use or share your information for health research.</p> <p><b>Part 2 (SUD Records):</b> Researchers cannot include any patient identifying information in their reports about the research.</p>
<b>Comply with the Law</b>	<p>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.</p>
<b>Respond to Organ and Tissue Donation Requests</b>	<p>We can share health information about you with organ procurement organizations.</p>
<b>Work with a Medical Examiner or Funeral Director</b>	<p>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</p> <p><b>Part 2 (SUD Records):</b> We can share patient identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death.</p>
<b>Address Workers' Compensation, Law Enforcement, and Other Government Requests</b>	<p>We can use or share health information about you: for workers' compensation claims, for law enforcement purposes, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.</p>
<b>Report Suspected Child Abuse and Neglect</b>	<p><b>Part 2 (SUD Records):</b> We will report suspected child abuse or neglect as required by law, sharing only the information required.</p>
<b>Prevent or Reduce Crime in Our Program</b>	<p><b>Part 2 (SUD Records):</b> We may report to law enforcement when a patient commits or threatens to commit a crime within our program or against our staff.</p>
<b>Respond to Audits and Program Evaluations</b>	<p><b>Part 2 (SUD Records):</b> We can use or share your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies authorized by law, as long as those who view or receive the information agree to destroy or return it when finished and agree not to use it against you.</p>
<b>Respond to Lawsuits and Legal Actions</b>	<p>We can share health information in response to a court or administrative order, or in response to a subpoena.</p>

## Redisclosure According to HIPAA (SUD Records)

**Part 2 (SUD Records):** When you consent to uses and disclosures for all future treatment and payment purposes, we may share your information with other health care providers and businesses for those activities. If those recipients are subject to HIPAA, they may further use and share your information without your consent for purposes HIPAA allows. However, your SUD information cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order accompanied by a subpoena or similar legal requirement.

## Legal Proceedings and Court Orders

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**This section applies specifically to Substance Use Disorder (Part 2) records.**

We must follow certain procedures before using or sharing your SUD records for investigations and legal proceedings.

- We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
- We will only respond to a court order to use or share your SUD records if it is accompanied by a subpoena or other similar legal mandate.
- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard, or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our program based on a court order, and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

## Our Responsibilities

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- 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.
- **Part 2 (SUD Records):** We are required to obtain your written consent for most uses and sharing of your SUD records.
- For more information, visit: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## Changes to the Terms of This Notice

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- 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 website.
- **Part 2 (SUD Records):** We are required to follow the terms of this notice that are currently in effect.

## Effective Date & Privacy Officer

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**Effective Date:** February 15, 2026

**Privacy Officer:** Beth Davenport, DSW, LCSW, MBA, Chief Operating Officer  
bdavenport@thecentersd.org | (619) 692-2077 ext. 125

## **Acknowledgement of Receipt of The Center's Notice of Privacy Practices**

By signing below, I acknowledge that I have received a copy of this Notice of Privacy Practices and had an opportunity to ask questions about how my health information may be used and shared.

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Client Printed Name

Client Signature

Date

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Staff Printed Name

Staff Signature

Date