

THRIVE ALABAMA

NOTICE OF PRIVACY PRACTICES

HIPAA Privacy Rule | 42 CFR Part 2 (Substance Use Disorder Records)

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.

SECTION 1 — OUR LEGAL DUTY

Thrive Alabama is required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices. We are bound by two federal privacy laws that work together to protect your information:

| HIPAA Privacy Rule 45 CFR Parts 160 & 164 | 42 CFR Part 2 Substance Use Disorder (SUD) Records |
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| Applies to all medical records and health information held by Thrive Alabama. Sets baseline privacy protection for all patients. | Provides ADDITIONAL, stronger protection specifically for records relating to substance use disorder treatment. Applies when you receive SUD-related services at our facility. |

IMPORTANT: 42 CFR PART 2 — 2024 AMENDMENTS NOW IN EFFECT

Substance use disorder treatment records received from programs subject to 42 CFR part 2, or testimony relating the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

SECTION 2 — INFORMATION WE COLLECT AND PROTECT

We collect and maintain health information to provide you with quality care. This includes:

- Medical and dental records, diagnoses, treatment plans, and clinical notes
- Substance use disorder (SUD) treatment records, including information about alcohol or drug use, counseling, and medication-assisted treatment (MAT) these receive the STRONGEST protections under this Notice
- Behavioral health and mental health records
- Laboratory results, prescriptions, and medication records
- Billing, insurance, and financial information
- Demographic information (name, date of birth, address, contact information)

SECTION 3 — HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

3A. Uses and Disclosures for Which No Authorization Is Required (HIPAA)

For your general health information (not SUD records), we may use and disclose your information for the following purposes without your specific authorization:

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| <p>Treatment: We may use and disclose protected health information in the provision, coordination, or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.</p> <p>Payment: We may use and disclose protected health information to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities.</p> <p>Regular Healthcare Operations: We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities.</p> <p>Appointment Reminders: We may use and disclose protected health information to contact you to provide appointment reminders.</p> <p>Treatment Alternatives: We may use and disclose protected health information to tell you about or recommend possible treatment alternatives or other health related benefits and services that may be of interest to you</p> <p>Health-Related Benefits and Services: We may use and disclose protected health information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.</p> <p>Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your protected health information to your family or friends, or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.</p> <p>Business Associates: There may be some services provided in our organization through contracts with Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.</p> <p>Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.</p> <p>Worker's Compensation: We may release protected health information about you for programs that provide benefits for work related injuries or illness.</p> <p>Communicable Diseases: We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.</p> | <p>Health Oversight Activities: We may disclose protected health information to federal or state agencies that oversee our activities.</p> <p>Law Enforcement: We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.</p> <p>Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.</p> <p>Lawsuits and Disputes: We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.</p> <p>Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.</p> <p>Abuse or Neglect: We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.</p> <p>Fund raising: Unless you notify us you object, we may contact you as part of a fund-raising effort for our practice. You may opt out of receiving fundraising materials by notifying the practice's privacy officer at any time at the telephone number or at the address at the end of this document</p> <p>Coroners, Medical Examiners, and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.</p> <p>Public Health Risks: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for purposes such as controlling disease, injury or disability.</p> <p>Serious Threats: As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.</p> <p>Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.</p> <p>Research (inpatient): We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.</p> |
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3B. SPECIAL RULES FOR SUBSTANCE USE DISORDER (SUD) RECORDS — 42 CFR PART 2

42 CFR PART 2: STRONGER PROTECTIONS FOR SUD RECORDS

If you receive substance use disorder (SUD) services at Thrive Alabama — including evaluation, counseling, medication-assisted treatment, or referral — your SUD records receive ADDITIONAL protections beyond standard HIPAA.

Effective April 16, 2024, under the updated 42 CFR Part 2 rule: SUD records may NOT be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order meeting strict standards.

Under 42 CFR Part 2, we MAY disclose your SUD records WITHOUT your written authorization ONLY in the following limited circumstances:

| Permitted Disclosure | Conditions and Limitations |
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| Medical Emergency | Disclosure to medical personnel only; we must attempt to notify you afterward. Does NOT permit disclosure to law enforcement. |
| Research | Only to qualified researchers under an IRB-approved protocol with strict confidentiality protections. No patient-identifying information may be used for law enforcement. |
| Audit and Evaluation | To government agencies or third-party payers for program audits only; records may not be re-disclosed or used for law enforcement. |
| Court Order | Only with a court order issued under 42 CFR §2.64 or §2.65, which requires a higher legal standard than a standard subpoena. A subpoena alone is NOT sufficient. |
| Crime on Premises or Threat to Staff | Limited to: reporting crime on premises or threat to staff — only the crime itself, not SUD treatment history. Effective April 16, 2024 (new under 2024 rule). |
| Public Health Authority (NEW 2024) | Under the 2024 amendments, disclosures to public health authorities are now permitted to the same extent allowed under HIPAA, but SUD records still may NOT be used against you in criminal proceedings. |
| Diagnosis — No SUD Identified | If a patient presents for evaluation and no SUD diagnosis is made, the fact of that evaluation may be disclosed. |

SECTION 4: AUTHORIZATION

For most uses of your SUD records — and for certain uses of general health information — we must obtain your written authorization (consent) before disclosing your information. This includes:

- Disclosure of SUD records to family members, friends, or your employer (unless you provide written consent)
- Marketing communications or sale of your health information
- Psychotherapy notes (separate authorization required)
- Most disclosures not described in Section 3 of this Notice

For SUD records, effective April 16, 2024, a SINGLE written consent may cover disclosures for Treatment, Payment, and Health Care Operations (TPO) to identified entities — you no longer need to sign a new form for every disclosure within those categories.

Your authorization must include:

- A specific description of the information to be disclosed
- The name(s) of the person(s) or organization(s) authorized to make and receive the disclosure
- A description of the purpose of the disclosure
- An expiration date or event
- A statement that you may revoke the authorization at any time (except where we have already acted in reliance on it)

You have the right to revoke any authorization in writing at any time. Contact our Privacy Officer to revoke an authorization.

SECTION 5 — YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding health information we maintain about you. To exercise any of these rights, please submit a written request to our Privacy Officer.

Right to Access Your Records

You have the right to inspect and obtain a copy of your health information (including SUD records), with limited exceptions. Under the 21st Century Cures Act and HIPAA, you also have the right to access your records electronically through our patient portal at no charge for electronic copies.

- We must respond to your request within 30 days (one 30-day extension permitted with notice)
- We may charge a reasonable, cost-based fee for paper copies
- We may deny access to certain psychotherapy notes or records compiled for legal proceedings, with the right to appeal

Right to Request an Amendment

If you believe that information in your record is incorrect or incomplete, you may request an amendment. We may deny your request if the information was not created by us, is not part of the designated record set, or is accurate and complete. You will receive written notice of our decision.

Right to an Accounting of Disclosures

You have the right to request a list (accounting) of disclosures we have made of your health information for purposes other than treatment, payment, and operations for the six years prior to the date of your request. This right applies to both HIPAA-covered and Part 2 disclosures.

Right to Request Restrictions

You may request that we restrict how we use or disclose your health information. We are not required to agree to all requests, except:

- We MUST agree to restrict disclosure to a health plan for services you paid for entirely out of pocket
- For SUD records, we must honor written restrictions on TPO disclosures you identify in your consent form

Right to Confidential Communications

You may request that we communicate with you about your health matters in a certain way or at a certain location (e.g., contact you only at your work phone, or send mail to a P.O. Box). We will accommodate reasonable requests.

Right to a Paper Copy of This Notice

You have the right to receive a paper copy of this Notice at any time, even if you agreed to receive it electronically. Contact our front desk or Privacy Officer.

Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with:

- Thrive Alabama Privacy Officer (contact information in Section 7), OR
- U.S. Department of Health and Human Services, Office for Civil Rights
 - Online: www.hhs.gov/ocr/privacy/hipaa/complaints
 - Phone: 1-800-368-1019 | TDD: 1-800-537-7697

SECTION 7 — CONTACT INFORMATION & PRIVACY OFFICER

For questions about this Notice, to exercise your privacy rights, or to file a complaint, please contact:

| Thrive Alabama — Privacy Officer Contact | |
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| Organization | Thrive Alabama |
| Address | 3500 Memorial Pkwy SW, Huntsville, AL 35801 |
| Phone | (256) 536-4700 |
| Website | www.thrivealabama.org |
| Privacy Officer | Compliance Officer |
| Privacy Officer Email | compliance@thrivealabama.org |

SECTION 8 — PATIENT ACKNOWLEDGMENT

Please sign below to acknowledge that you have received a copy of this Notice of Privacy Practices. You are not required to sign this form to receive treatment.

Patient/Representative Signature

Date

Printed Name

Relationship to Patient (if signing as representative)

If the patient/representative declines to sign, document the refusal below:

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| Staff Signature: _____ | Date: _____ | Note: _____ |
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