

NOTICE OF PRIVACY PRACTICES

ROARING BROOK RECOVERY is committed to protecting the privacy and confidentiality of your personal health information. We are required by federal and state law to maintain the privacy and confidentiality of information we have regarding your health, health care, and payment for our services related to your care that we create, receive or transmit (your protected health information or "PHI"), including PHI related to your application for and receipt of substance use disorder ("SUD") treatment services from us.

THIS NOTICE describes how you're the PHI in your health record at Roaring Brook Recovery may be used and disclosed by us, your legal rights and our legal duties with respect to your PHI. Federal law requires us to provide this Notice to you. Please review it carefully.

The privacy and confidentiality of your PHI is generally protected by the Health Insurance Portability and Accountability Act of 1996 (45 CFR Parts 160 and 164) whether you are requesting or receiving services from us for a substance use disorder ("SUD"). The privacy and confidentiality of your PHI in connection with your application for SUD treatment services from us, and any diagnosis, treatment or referral we provide to you for an SUD, is further protected by 42 CFR Part 2. Subject to certain exceptions listed in this Notice, 42 CFR Part 2 generally prohibits us from acknowledging to any person outside our organization that you have applied to participate or that you are participating in any of the SUD treatment programs we offer.

YOUR RIGHTS

When it comes to your PHI, you have certain rights. This section explains your rights and some of our legal responsibilities regarding your PHI. You have the Right to:

Inspect and receive a copy of your paper or electronic health record	<p>You can ask to see or receive an electronic or paper copy of your Roaring Brook Recovery health record. Your request must be made to us in writing and will ask you to complete and sign a form for this purpose.</p> <p>We will provide a copy or a summary of your health record to you, usually within 30 days of your request. If you request more than one copy, we may charge a reasonable fee for the cost of copying, mailing or related supplies.</p>
Amend your paper or electronic health record	<p>You can ask us to correct health information about you in your health record that you think is incorrect or incomplete. Your request for amendment must be provided to us in writing and state the reason for the amendment.</p> <p>We may say "no" to your request, but we'll tell you why in writing within 60 days of receiving your request.</p>
Request and receive confidential communications	<p>You can ask us to contact you in a specific way, for example, only at your home, work and/or cell phone number, or ask us to send mail to a different address than your home address.</p> <p>We will say "yes" to all reasonable requests.</p>
Ask us to restrict the PHI we use or share	<p>You can ask us not to use or share certain of your PHI for our treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if we think it will affect your treatment.</p> <p>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 plan. We will say "yes" unless a law requires us to share that information.</p>

<p>A list of those with whom we have shared your PHI</p>	<p>You may ask for a list (accounting) of the times we've shared your health information for 6 years prior to the date you ask, who with, and why. Your request must be in writing.</p> <p>We will include in the list all disclosures except those for treatment, payment, and health care operations, and certain other disclosures such as any you asked us to make. We'll provide one accounting of disclosures a year for free but will charge a reasonable, cost-based fee for more than one accounting within 12 months.</p>
<p>A copy of this Privacy Notice</p>	<p>You may ask us 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.</p>
<p>Chose another person to act for you</p>	<p>If you have given someone your healthcare power of attorney or if someone has been appointed by a court as your legal representative, that person may exercise your rights concerning your health information.</p> <p>We will make sure the person has the necessary legal authority to act for you before we take any action.</p>
<p>Revoke an authorization</p>	<p>If you (or your legal representative) have authorized us to use or disclose your PHI, you have the right to revoke that authorization at any time with respect to any future uses or disclosures. Roaring Brook will honor your verbal revocation of a previous authorization once we have verified your identity.</p>
<p>Notification of a HIPAA breach of your PHI</p>	<p>You are entitled under HIPAA to be notified in the event Roaring Brook or one of our HIPAA Business Associates discovers a breach (as defined by HIPAA) involving your unsecured PHI.</p>
<p>File a complaint if you feel your rights have been violated</p>	<p>You can complain if you feel your rights under this Notice have been violated by contacting our Privacy Officer whose name is at the end of this Notice.</p> <p>You may 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 www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.</p>
<p>YOUR CHOICES</p> <p><i>For certain PHI, 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, please tell us what you want us to do, and we will follow your instructions to the extent it is feasible for us to do so.</i></p>	
<p>You may authorize us in writing to share your PHI with:</p>	<ul style="list-style-type: none"> • Your family, close friends, or others involved in your treatment • Your legal representative • Other providers of yours • In a disaster relief situation to tell your family of your location and condition • A hospital for its patient directory <p>If you are unable to tell us your preference, for example if you are incapacitated, we may go ahead and share your PHI if we believe it is in your best interest.</p>

Without your written permission, we will not:

- Sell your PHI to anyone
- Use the psychotherapy notes of our therapists from your therapy sessions other than by those therapists to provide direct treatment to you or disclose those psychotherapy notes to any person except as permitted by HIPAA and 42 CFR Part 2.
- Disclose your SUD information with anyone outside Roaring Brook other than as permitted by 42 CFR Part 2
- Disclose your PHI for fundraising purposes

USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION

We may use or share your PHI, INCLUDING SUD TREATMENT INFORMATION subject to 42 CFR Part 2, in the following ways Without Your Authorization:

To Provide Treatment	<p>We can use your PHI to provide treatment to you and share it with other professionals who are treating you. Treatment includes assessment, diagnosis, treatment and other services.</p> <p><i>Examples: Our counselors may share your PHI with each other to arrange for, evaluate and coordinate your individual and group treatment sessions or to obtain information for you about treatment options and benefits available to you. Our qualified medical professionals may disclose PHI in the form of medication prescribed for you to the pharmacist of your choice to fill the prescription.</i></p>
To Manage Our Healthcare Operations	<p>We may use and share your PHI within our organization to manage Roaring Brook's services, staff and business operations, evaluate and improve the quality of our clinical staff, programs and services, to contact you when necessary, e.g., to remind you about appointments or invite you to a program related event or activity; to plan various activities and services for you and other participants, for internal quality audits, financial audits, to resolve complaints regarding your treatment, and to government and other health oversight agencies for our state licensure, accreditation, and state and federal regulatory compliance. However, our personnel may not identify you either directly or indirectly in quality or other audit reports.</p> <p>We may also disclose your PHI to anyone that provides services which support our operations under a business associate/qualified service organization agreement that satisfies HIPAA and 42 CFR Part 2.</p>
To Bill and Obtain Payment for Our Services	<p>We can use and share your health information to bill and obtain payment for the services we provide to you from government payers like Medicare or Medicaid, and from health insurance plans in which you participate.</p> <p><i>Examples: We will share your PHI with your health plan or government payer to verify your eligibility and obtain authorization to provide services to you. We will also share your PHI with our third party billing agent subject to our business associate/qualified service organization agreement with them to prepare and submit claims to payers for services we provide to you.</i></p>
In Medical Emergencies	<p>We may disclose your PHI to emergency and other medical personnel as necessary to provide treatment to you in the event of a bona fide medical emergency (as defined in 42 CFR Part 2). This PHI may include information regarding HIV or other communicable disease status</p>
To Report Child Abuse	<p>We can share your PHI to report suspected child abuse and neglect.</p>
For Marketing Communications	<p>From time to time, Roaring Brook may contact you to share information about our services and programs or activities related to those services that we think will be of interest or beneficial to you.</p>
To Perform Research	<p>We can use or share your information for health research subject to certain regulatory and policy exceptions.</p>
To Warn of a Specific Threat of Serious Harm	<p>If we learn that you have made a specific threat of serious physical harm against another person, group of persons or the general public, and we have a legal duty to warn of such threat, we may disclose your PHI to the extent necessary to satisfy our legal obligation.</p>

<p>Restricted Disclosure of Minor Participant's PHI</p>	<p>Pursuant to 42 CFR Part 2, if a participant is under age 18, without the minor's authorization we may disclose to his/her parent, legal guardian or other individual authorized by state law to act in the minor's behalf only those facts relevant to reducing a substantial threat to the life or physical well-being of the minor or another individual, when we have determined in our professional judgment that:</p> <ul style="list-style-type: none"> i. The minor lacks capacity because of extreme youth or mental or physical condition to make a rational decision on whether to consent to disclosure of their PHI to their parent, guardian, or other such legally authorized person; and ii. The minor's situation poses a substantial threat to his/her life or physical well-being or to that of another individual which may be reduced by communicating such relevant facts to the minor's parent, guardian, or other such legally authorized person.
<p>For Fundraising Communications</p>	<p>We may communicate with you to request tax-deductible contributions to non-profit tax exempt organizations that support activities important to our services, e.g., foundations that provide treatment scholarships or grants for indigent participants.</p>
<p>With a Medical Examiner or Funeral Director</p>	<p>We may disclose PHI to a medical examiner, coroner or other authorized person when required by state law for purposes of recording vital statistics or to determine the individual's cause of death.</p>
<p>To Legal Representative of Deceased or Incompetent Participant</p>	<p>We may share your PHI when authorized as provided in 42 CFR Part 2 by your court appointed legal representative if you have been adjudicated incompetent or by the legal representative of your estate if you have died.</p>
<p>Judicial and Administrative Proceedings</p>	<p>We can share your health information in response to a court or administrative order, or in response to a subpoena provided the court order satisfies the requirements of 42 CFR Part 2 regarding the confidentiality of SUD treatment records as well as HIPAA restrictions. If your records contain PHI but not PHI concerning SUD treatment, we can share the PHI in those records in response to a court or administrative order or subpoena only as permitted by HIPAA. Records of your participation in any program that is not an SUD or other healthcare program may not be protected disclosure pursuant to an order or subpoena by Part 2 or HIPAA.</p>
<p>Criminal Conduct</p>	<p>We may disclose your PHI to law enforcement officials in the event you commit a crime on Roaring Brook's premises or against a member of our Staff or one of our volunteers.</p>
<p><i>Roaring Brook is a substance use disorder outpatient treatment program. In the unlikely event you are not applying for or receiving SUD treatment from us, but have a health record with us, we may share your PHI Unrelated to an SUD in the following additional ways WITHOUT YOUR AUTHORIZATION:</i></p>	
<p>When Required by Law</p>	<ul style="list-style-type: none"> • We will use or share your PHI: • For workers' compensation claim you have made • For law enforcement purposes in response to a valid court order or warrant as permitted by HIPAA • For special government functions, e.g., military or national security • With the U.S. Department of Health and Human Services to demonstrate our compliance with federal privacy laws.

Public Health and Safety	<ul style="list-style-type: none"> • We may share your PHI with health oversight and public health agencies for activities authorized by law such as when we are required to collect, report or disclose information about certain diseases • With law enforcement or an authorized state agency investigating a report of abuse or neglect • To avert or lessen a serious threat of harm to you, others, or the public
Organ or Tissue Donation Requests	We may share your PHI with organ procurement organizations if you have agreed to be an organ donor.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information.

We will notify you promptly of a breach that may have compromised the privacy or security of your unsecured PHI.

We must follow the duties and privacy practices described in this Notice and offer you a copy of it.

We will not use or share your information other than with you and as we have described in this NOTICE without your prior written authorization. If you wish to authorize Roaring Brook to share your health information with any individual or entity not covered by this NOTICE, to ensure our compliance with state and federal law, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and 42 CFR Part 2, we require that you sign a Roaring Brook Recovery Patient Health Information Release in person at our office before the information will be released directly to the person/entity designated in the Release. We do not accept third party release authorizations, including from attorneys’ offices. Please also be advised that Roaring Brook Recovery separately maintains psychotherapy notes from a patient’s record. Disclosure of psychotherapy notes requires a separate signed authorization specifically for psychotherapy notes.

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.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

OUR HEALTH INFORMATION PRIVACY OFFICER:

Attention: Privacy Officer
 Roaring Brook Recovery
 600 Perimeter Drive, Suite 125
 Lexington, Kentucky 40517
 Telephone: 1-866-678-8123
 Facsimile: [REDACTED]
[\[REDACTED\]@roaringbrookrecovery.com](mailto:[REDACTED]@roaringbrookrecovery.com)