



NOTICE OF PRIVACY PRACTICES

Adopted: September 2021, revised March 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION INCLUDING SUBSTANCE USE DISORDER (SUD) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE PATIENT'S RIGHTS OFFICER AT (508) 324-3500 AND/OR THE HIPAA SECURITY OFFICER AT (508) 324-3517 IF YOU HAVE ANY QUESTIONS.

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests

- Respond to lawsuits and legal actions

Federal law and regulations, including 42 CFR Part 2 protects your health information in connection with alcohol and drug treatment services. If you are applying or receiving services, including diagnosis, treatment, or referral for treatment for substance use SSTAR may not acknowledge to anyone outside of SSTAR that you are a client of SSTAR except under certain circumstances. **For information specific to Substance Use Disorder Records (Alcohol/Drug records), see Part 2 Supplement below.**

PROTECTED HEALTH INFORMATION

Protected Health Information ("PHI") means any information about your past, present or future physical or mental health or condition, the provision of your health care, and payment for your health care services. PHI may include, but is not limited to, your health history, symptoms, examinations, test results, diagnoses, treatment, and any plans for future care or treatment.

SUBSTANCE USE DISORDER RECORDS

SUBSTANCE USE DISORDER RECORDS ("SUD RECORDS" OR "PART 2 RECORDS") means records relating to the diagnosis, treatment, or referral for treatment of a substance use disorder created by a program subject to federal confidentiality regulations under 42 C.F.R. Part 2.

SSTAR'S 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 in this notice 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.

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.

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, office, or cell phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

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,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- 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 someone has authority to act as your personal representative, such as if someone has your 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 <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- 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 or payment for your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

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.

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

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.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence

- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

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.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

In all cases, including those listed above, if we have Substance Use Disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena. see Part 2 Supplement below for more information.

Sensitive information requiring your written authorization

We will generally ask for your written consent or a judge's order before we share certain sensitive information about you unless it is for treatment or another law requires us to share the information. These categories include:

- Domestic Violence Counseling
- Sexual Assault / Rape Crisis Counseling
- HIV/AIDS test results or related information
- Sexually Transmitted Diseases
- Genetic Testing Results
- Family Planning Services
- Mental Health Records

NOTICE OF ADDITIONAL PROTECTIONS OF SUBSTANCE USE DISORDER RECORDS "PART 2 SUPPLEMENT"

Our Notice of Privacy Practices ("HIPAA NPP") applies to all SSTAR clients. If you receive treatment, diagnosis, or referral for treatment in one of our designated Substance Use Disorder Programs ("Part 2 Programs"), the confidentiality of your records in such programs ("Part 2 Records") is subject to further protections under 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2.

THIS SUPPLEMENT DESCRIBES: HOW YOUR PART 2 RECORDS MAY BE USED AND DISCLOSED; YOUR RIGHTS WITH RESPECT TO PART 2 RECORDS; AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR PART 2 RECORDS OR VIOLATION OF YOUR RIGHTS CONCERNING YOUR PART 2 RECORDS. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE AND TO DISCUSS IT WITH SSTAR'S COMPLIANCE OFFICER IF YOU HAVE ANY QUESTIONS.

Uses and Disclosures Without Your Consent

Our Part 2 Programs may use and disclose your Part 2 Records without your consent only in the following limited circumstances:

- Communication with other staff within the Part 2 Program who need the information for diagnosis, treatment, or referral, or persons with direct administrative control over the program
- To qualified service organizations providing services to us or on our behalf
- To law enforcement if you commit, or threaten to commit, a crime in our facilities or against our personnel
- To report suspected child abuse and neglect consistent with state laws
- To medical personnel in a medical emergency under certain conditions
- For research purposes if certain conditions are met
- To qualified personnel for management and financial audit or program evaluation who agree in writing to comply with use and redisclosure limitations
- To a public health authority if the information has been properly de-identified

Uses and Disclosures That Require Your Consent

For treatment, payment, and health care operations ("TPO"): Our Part 2 Programs will request that you provide a single written consent for all future uses or disclosures for TPO purposes.

You may provide consent for more limited purposes (for example, to only disclose information to another health care provider for your treatment); however, doing so may affect the services we can provide you or how you pay for services.

Redisclosure for TPO: Records disclosed to another Part 2 program, covered entity, or business associate pursuant to your

written consent for TPO may be further disclosed by that entity to the extent the HIPAA regulations permit — **except that your Part 2 Records may not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you** unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement).

With your consent, we may also use and share your information in the following ways:

- To whomever you name in a consent to share your information
- To prevent multiple enrollments in withdrawal management or maintenance treatment programs
- To report participation in treatment required by the criminal justice system
- To report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law

Other purposes: Our Part 2 Programs may make uses and disclosures not described above only with your written consent.

Fundraising: Our Part 2 Programs may use or disclose records for fundraising only if you are first provided with a clear and conspicuous opportunity to opt out of fundraising communications.

Your Right to Revoke Consent

You may revoke your written consent at any time by sending a request for revocation in writing to the address at the end of this notice. *We will no longer use or disclose your Part 2 Records after we receive your revocation, except to the extent we have already acted in reliance upon it.*

If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you signed a consent authorizing disclosures to elements of the criminal legal system, your right to revoke consent may be more limited and should be clearly explained on the consent you sign.

Uses or Disclosures in Legal Proceedings and Court Orders

We must follow certain procedures before using or sharing your information 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 health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.

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- 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.

Your Additional Rights for Part 2 Records

As a client in our Part 2 Programs, you have all the rights listed in the HIPAA NPP above, plus:

- The right to request restrictions on disclosures made with your consent for TPO purposes.
- The right to an accounting of disclosures of electronic Part 2 Records made with your consent for the past 3 years, including disclosures for TPO when made through an electronic health record.

Effective Date of this Notice: March 23, 2026

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ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received a copy of Stanley Street Treatment and Resource's ("SSTAR") Notice of Privacy Practices currently in effect. I have read and understand the terms of this Notice and I have had an opportunity to ask questions about the use or disclosure of my health information.

Check here to opt out of all future fundraising communications.

<i>Signature of Person Served / Personal Representative</i>	<i>Date</i>

<i>Print Name of Personal Representative (if applicable)</i>	<i>Relationship to Person Served</i>

SSTAR USE ONLY

Notice of Privacy Practices given to the individual on _____ [date] by:

In-person meeting Mailing Email Other: _____

Unable to obtain written consent and acknowledgment because:

Person Served / Legal Representative refused to sign Email receipt verification Other: _____

Staff Name and Title: _____

Staff Signature: _____

Date: _____