

HIPAA – Uses and Disclosure of Health Information

No Longer Bound, Inc. (the “**Program**”) understands that your personal information needs to be kept private. Protecting your health information is important. No information will be sent to your employer, family members, friends, or anyone else unless it is discussed ahead of time and written permission is obtained by you.

This notice describes how we protect the information contained in your individual record (your “Protected Information”) and how The Program may use and disclose this information. This notice also describes your rights with respect to your Protected Information and how you can exercise those rights.

I. General Statement of Confidentiality

The confidentiality of alcohol and drug abuse residential records maintained by the Program is governed and protected by Federal law and regulations - in particular, the Alcohol and Other Drug Confidentiality Law, 42 C.F.R. Part 2. Generally, the Program will not say to a person outside the Program that an individual attends the Program or disclose information identifying an individual as an alcohol or drug abuser unless:

- (1) The individual consents in writing;
- (2) The disclosure is authorized by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by the Program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by an individual either at the Program or against any person who works for the Program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Legal Citation: 42 C.F.R. § 2.22(d); See also 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.

II. Uses and Disclosures Requiring Your Authorization

Generally, the Program may use or disclose the contents (or the applicable portion thereof) of your individual record when you give your authorization to do so in writing on a form that specifically meets the requirements of laws and regulations that apply.

There are some exceptions and special rules that allow for uses and disclosures without your authorization or consent. They are listed in Section III below.

You may revoke your authorization, except to the extent that the Program has already acted upon the authorization. If you are currently receiving care and wish to revoke your authorization, you will need to do so in writing.

III. Specific Uses and Disclosures That May Be Made Without Your Authorization

- A. Internal Communications: Your Protected Information will be shared between and among Program staff who have a need for the information in connection with our duty to diagnose, treat, or refer you for substance abuse treatment. This means your information may be shared between personnel for treatment or diagnosis purposes. For example, Program nurses, physicians, or other care providers may share your information to determine the best course of treatment, or to discuss alternative service providers who may be able to help you. Your information may also be used internally to discuss payment options and the Program's operations, including the quality and effectiveness of the Program's treatments. Information that is used for these purposes will be limited to the Program personnel who require access to the information to carry out their job responsibilities. Your Protected Information will not be redisclosed by Program personnel, except as is otherwise permitted herein.
- B. Qualified Service Organizations: Some or all your Protected Information may be subject to disclosure because of contracts for services with qualified service organizations that assist our Program in providing treatment and other professional services. Examples of qualified service organizations include billing companies, data processing companies, or companies that provide administrative or specialty services. To protect your Protected Information, we require these qualified service organizations to follow the same standards held by this Program through terms detailed in a written agreement.
- C. Medical Emergency: Your Protected Information may be disclosed to medical personnel in a medical emergency, when there is an immediate threat to your health and when immediate medical attention is, in our professional judgment, required.
- D. To Researchers: Under certain circumstances, the Program may use and disclose your Protected Information for research purposes. For example, a research project may involve comparing the health and recovery of all residents who received one test or treatment to those who received another, for the same condition. However, the Program will not release your information in this context unless it determines that the research entity/individual:
 - (i) is qualified to conduct the research, and
 - (ii) has a protocol in place that ensures that your information will be maintained in a secure environment and will not be redisclosed to a third party, except as permitted under Federal law. In addition, the Program will not disclose your

Protected Information to a researcher until it receives independent confirmation that the protocol is adequately protected.

- E. To Auditors and Evaluators: The Program may disclose protected patient information to regulatory agencies, funders, third-party payers, and peer review organizations that monitor alcohol and drug programs to ensure that the Program is complying with regulatory mandates and is properly accounting for, and disbursing funds received.
- F. Authorizing Court Order: The Program may disclose your Protected Information pursuant to an authorizing court order issued under Subpart E of Title 42 Part 2 of the Code of Federal Regulations. This is a unique kind of court order in which certain application procedures have been taken to protect your identity, and in which the court makes certain specific determinations as outlined in the Federal regulations and limits the scope of the disclosure.
- G. Crime on Program Premises or Against Program Personnel: This Program may disclose a limited amount of your Protected Information to law enforcement if you commit or threaten to commit a crime on the Program's premises or against Program personnel.
- H. Reporting Suspected Child Abuse and Neglect: This Program will report suspected child abuse or neglect, as mandated by state law.
- I. As Required by State Law: This Program will disclose your Protected Information as required by State law in a manner otherwise permitted by federal privacy and confidentiality regulations.
- J. Appointment Reminders: This Program reserves the right to contact you, in a manner permitted by law, with appointment reminders or information about treatment alternatives and other health-related benefits that may be appropriate for you.
- K. Additional Grounds for Disclosure: There are additional situations wherein the Program is permitted or required to disclose your Protected Information without your authorization. These situations include, but are not limited to, the following:
 - (i) as required during an investigation by law enforcement agencies;
 - (ii) to avert a serious threat to public health or safety;
 - (iii) as required by armed forces authorities for their medical records;
 - (iv) to your decedents, a coroner or medical examiner for identification of a body;
 - (v) to prevent multiple enrollments in a treatment program; or
 - (vi) to elements of the criminal justice system which have made participation in the Program a condition of the disposition of any criminal proceedings against you.
- L. Other Uses and Disclosure of Protected Health Information: Other uses and disclosures of protected information not covered by this notice will be made only with your written authorization or that of your legal representative. If you or your legal representative authorize(s) the Program to use or disclose your Protected Information, you or your legal representative may revoke that authorization at any time, except to the extent that the Program has already acted relying on the authorization.

IV. Your Individual Rights Regarding Confidentiality

- A. Right to Inspect and Copy: In most cases, you have the right to inspect and obtain a copy of your individual records. To inspect and copy your patient records, you must submit

your request in writing to the Program. To receive a copy of your patient records, you may be charged a fee for the photocopying, mailing, or other costs associated with your request.

- B. Right to File a Complaint: If you desire further information about your privacy and confidentiality rights, you may email info@nolongerbound.com. Contact us if you are concerned that the Program has violated your privacy rights, if you disagree with a decision that the Program has made about access to your patient records, or if you wish to complain about the Program breach notification process. If you believe that the Program has violated any of the regulations governing the Program's disclosure of your Protected Information, you may report such violation to the United States Attorney for the Northern District of Georgia or, if the alleged violation is with respect to methadone treatment, it may be reported directly to the Regional Office of the Food and Drug Administration. The Program will not retaliate against you if you file a complaint.

I. Program Responsibilities

The Program is required to:

- Maintain the privacy of your treatment information by law;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this Notice.

No Longer Bound reserves the right to change our practices and to make the new provisions effective for all confidential information we maintain.

Last Modified: July 27, 2022