



## NOTICE OF PRIVACY PRACTICES OF TRIHEALTH ALCOHOL AND DRUG TREATMENT PROGRAM

This notice describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH TRIHEALTH'S PRIVACY OFFICE AT [Compliance@TriHealth.com](mailto:Compliance@TriHealth.com) or (513) 569-6507 IF YOU HAVE ANY QUESTIONS.

This notice supplements the information in TriHealth's Joint Notice of Privacy Practices and explains extra protections for records about substance use disorder treatment ("SUD records") from TriHealth's Alcohol and Drug Treatment Program ("Program"). These SUD records are protected by federal law (42 U.S.C. §290dd-2 and 42 C.F.R. Part 2). The law only applies to your SUD treatment records from this program—not to other care you receive at TriHealth, like screenings in the ER or visits with your primary care doctor. The Program will only use or share your SUD records as described in this Notice of Privacy practices ("Notice").

### Your Rights

You have certain rights when it comes to your protected health information ("PHI") contained in your SUD records. This section explains those rights and some of our responsibilities.

#### You have the right to:

**Look at or get a copy of your SUD record on paper or electronically.** *You can submit your request in writing to our medical records department. Your copy of your medical record may not include certain things like Psychotherapy Notes or SUD counseling notes. We may charge a reasonable, cost-based fee.*

**Ask us to limit what we use or share for treatment, payment, or operations.** *We are not required to agree to your request, and we will respond to your request per our Patient Privacy Rights policies.*

*For example, if at the time of your appointment you paid out-of-pocket in full, you may ask us not to share that information with your health insurance company.*

*In addition, if you need emergency care and your restricted SUD record is required, we can share it with the health care provider treating you. We will also ask that provider not to share or use the information for anything else.*

**Get a list of who we have given your information to.** *You have the right to ask for a list of every time your electronic SUD records were shared in the past 3 years with your consent. However, if the sharing was for treatment, payment, or health care operations, you can only request this list when those disclosures happened through an electronic health record. For all other types of disclosures made with your consent, you have the right to a list that follows the HIPAA rules. We may charge a reasonable, cost-based fee.*

**Get a list of disclosures by an intermediary.** *You can ask for a list of who has received your health records from an organization that helps share information (called an “intermediary”). This list will cover the past 3 years. To get it, you’ll need to make your request in writing.*

**Get a copy of this Notice.** *Even if you have agreed to receive this Notice electronically, you can ask for a paper copy of this Notice at any time. You can also find a copy of this Notice of Privacy Practices on our Program’s webpage [www.trihealth.com/services/alcohol-and-drug-treatment](http://www.trihealth.com/services/alcohol-and-drug-treatment).*

**File a complaint if you feel your privacy rights are violated.** *If you feel your privacy rights have been violated, you may contact TriHealth’s Privacy Office or 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 1-800-368-1019, TTD Number 1-800-537-7697, or visiting [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html) . To Contact TriHealth’s Privacy Office, you may email [Compliance@TriHealth.com](mailto:Compliance@TriHealth.com) or call 1- 800-467-0989 or 513-569-6507. We will not retaliate against you for filing a complaint.*

## **How We Typically Use/Share Your SUD Records Without Consent**

Generally, TriHealth may only use or disclose your SUD records with your written permission. However, the Program is permitted by law to disclose your SUD records without your written permission in certain situations, which are listed below.

**To respond to a medical emergency.** *We may use or disclose your SUD records to other health care providers if there is a true medical emergency and we cannot get your written consent in time, if we are closed during a declared emergency (like a natural disaster) and cannot provide services or get your consent until we reopen, or if your health could be at risk because of a serious problem with a product (such as a medication) that is under Food and Drug Administration (“FDA”) control.*

**To respond to a court order.** *We may share your SUD records if we receive a court order that meets federal requirements (42 CFR Part 2) and is accompanied by a subpoena or similar legal document that requires us to provide the information.*

**To do research.** *Under certain circumstances, we may use and disclose your SUD records without your consent for research purposes. Research projects go through a strict approval process to help balance research needs with your need for privacy.*

**To check and evaluate how management and financial programs are working.** *We may use or share your SUD records to check how well the Program is doing financially and in managing its activities. For example, we may share your information with government agencies that give money to the Program or*

*oversee its activities. We may also share your information with people who are qualified to check or evaluate the Program on behalf of those who provide financial support, your health insurance, or organizations that work to improve quality. However, these people cannot reveal your identity in any reports or in any other way.*

**To help with public health/safety issues.** *We might share your SUD records with a public health authority for health purposes. However, the information from your SUD records will be de-identified according to HIPAA rules, so it can't reasonably be used to identify you.*

**To report a crime.** *We might share your SUD records with law enforcement if they are related to a crime you committed on our property, against our employee or another member of our workforce, or if you threatened to do so. The information we share will be limited to the details of the incident, your name, address, and last known location.*

**To report child abuse/neglect.** *We may disclose your SUD records when it is necessary to report incidents of suspected child abuse or neglect to the appropriate state or local authorities. However, we won't share your SUD records in any civil or criminal case against you that comes from any report of suspected child abuse or neglect.*

**For fundraising activities.** *We may contact you to raise money for our Program. For example, our related charitable foundations may reach out to you for donations in order to buy new equipment. We may only use or share your SUD records to fundraise if we first give you a clear opportunity to choose not to receive any fundraising communications. You have the right to opt out of being contacted for raising funds.*

## **How We May Use/Share Your SUD records With Consent**

We may use or disclose your SUD records with your written permission for the purposes described below:

**To a specific person or organization.** *We can share your SUD records with anyone you give us permission to, like your spouse or a healthcare provider. We'll follow the instructions you give us in your written consent.*

**For treatment, payment or healthcare operations.** *We may also use and disclose your SUD Records when the consent provided is a single consent for all future uses and disclosures for treatment, payment, and healthcare operations, as permitted by the HIPAA regulations, until such time you revoke your consent in writing.*

**For legal proceedings.** *With your permission or in complying with a court order, we may use and/or disclose your SUD records in connection with any legal case (civil, criminal, administrative). This permission cannot be combined with any other consent. We will only use or share your records if a court order is given, and you or the record holder are notified and given a chance to object. The court order*

*must be accompanied by a subpoena or similar legal document before we can use or share your SUD records.*

## **Other Ways We May Use/Share Your Health Information**

**To release SUD counseling notes.** *When you talk to a SUD counselor, they take notes on the content of your conversations. These notes can be from private conversations, group sessions, or family meetings. These notes are kept separate from your main medical record. Typically, we need your written permission to use or share these notes, except in a few cases: to help with your treatment, to train students or professionals in SUD or mental health counseling, to defend ourselves in a legal case you may bring against us, or if a court orders us to share them. Consent for the use or disclosure of your SUD counseling notes may only be combined with another written consent for the same purpose. Your treatment, payment, health plan enrollment, or benefits will not depend on whether you agree to share your SUD counseling notes.*

**To coordinate care with other programs.** *With your written permission, we can share your SUD records with a central registry or any withdrawal management or treatment program. This helps prevent you from being enrolled in multiple programs at the same time. For example, if you agree to join a drug treatment program, we can share your information with that program to coordinate your care and avoid signing you up for the same program more than once.*

**To update the criminal justice system.** *We may share information from your SUD records with people in the criminal justice system if your participation in the SUD program is part of a legal agreement or sentencing conditions. Your written consent must say when it can be revoked, either after a certain time or event. This revocation time cannot be later than the final decision of your legal case. For example, if you agree, we can inform a court-appointed officer about your treatment status as part of your legal agreement or sentencing conditions.*

**To help prescription drug monitoring programs.** *We may report any medication we prescribe or give to you to the state prescription drug monitoring program, if state law requires it. We will get your permission before sharing your SUD records with this program.*

## **Our Responsibilities**

**We will not use or share your Program information in ways other than outlined in this Notice unless you tell us we can in writing, including the use or sharing of psychotherapy or SUD counseling notes. You may revoke your permission in writing at any time and we will no longer use or share that information, but we are unable to undo any sharing of your information that happened before you revoked your permission.** We are required by law to maintain the privacy and security of your SUD records. We must provide you a copy of this Notice and follow the legal duties and privacy practices described in it. If a breach that may have compromised the privacy or security of your unsecured records occurs, we will promptly notify you.

We are required to follow the terms of the Notice currently in effect. We can change the terms of this Notice, and any changes will apply to all information we have about you. The new Notice will be distributed to patients at the first service delivery after the Notice is revised, and the new Notice of Privacy Practices will be posted in our facilities and on our website at [www.trihealth.com/services/alcohol-and-drug-treatment](http://www.trihealth.com/services/alcohol-and-drug-treatment).