

DEPARTMENT: Behavioral Health	POLICY DESCRIPTION: Standards for Confidentiality of Substance Use Disorder Patient Records
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EFFECTIVE DATE: July 1, 2025	REFERENCE NUMBER: BEH.001
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: This policy applies to HCA Healthcare, Inc. (the “Company”) and all of its Affiliates operating in the United States (“HCA Affiliates”).

Other capitalized terms used in this Policy and not otherwise defined have the meaning given to them below in the Definitions section.

PURPOSE: To establish the requirements for HCA Affiliate Covered Programs to meet confidentiality standards and utilize patient authorizations to use or disclose Covered Information as required by the Standards for Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2). The Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated in connection therewith (HIPAA) establish certain minimum standards for protection of patient health information, but 42 U.S.C. § 290dd-2, 42 U.S.C. § 290ee-3 and regulations under 42 CFR Part 2 apply additional requirements for use and disclosure of records relating to substance use disorders for Covered Programs. The purpose of this Policy is to set forth certain special terms that apply to the use and disclosure of Covered Information (as described below) relating to individuals that have a substance use disorder.

POLICY: Records of the identity, diagnosis, prognosis, or treatment of any Covered Patient relating to a substance use disorder which are maintained in connection with a Covered Program, or which are received from a Covered Program will be confidential and may be disclosed only as expressly permitted pursuant to this Policy. Notwithstanding any provision in the Company’s policies to the contrary, for records maintained by or received from a Covered Program identifying Covered Patients as having a substance use disorder, the records may only be disclosed to the extent specifically permitted pursuant to 42 CFR Part 2.

PROCEDURE:

1. Notice to Patients. At the time of admission to a Covered Program or, in the case that a patient does not have capacity upon admission to understand his or her medical status, as soon thereafter as the patient attains such capacity, each Covered Program shall (a) communicate to each patient that federal law and regulations protect the confidentiality of Substance Use Disorder patient records; and (b) give to each patient a summary in writing of the Covered Program’s legal duties and privacy practices. Refer to Attachment A, Sample Notice of Confidentiality of Substance Use Disorder Patient Records.
2. Identifying Patients. The presence of an identified patient in a health care facility or component of a health care facility that is publicly identified as a place where only Substance Use Disorder Diagnosis, Treatment, or referral for Treatment is provided may be acknowledged only if the patient’s written consent is obtained or if an authorizing court order is entered. Acknowledgment of the presence of an identified patient in a health care facility is permitted without patient consent if the acknowledgement is permitted under other Company policies provided the health care facility is not publicly identified as only a

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Substance Use Disorder Diagnosis, Treatment, or referral for Treatment facility, and if the acknowledgment does not reveal that the patient has a Substance Use Disorder. Otherwise, Company Affiliates and their respective departments will acknowledge the presence of an identified patient in a facility or component of a facility which is publicly identified as a "Covered Program" only if the patient's written authorization is obtained or if an authorizing court order is entered, or other specific terms of this Policy permit a Disclosure of the information. Except as set forth below and in Sections 24 and 25, the patient's written authorization must be obtained on the Authorization Form located on the last page of the Company policy Authorization for Uses and Disclosures of Protected Health Information, IP.PRI.010. Special terms apply to authorizations for disclosures to Intermediaries (as described in Section 23(d) below) to reference the recipients of Patient Identifying Information.

3. Communications within a Program or Between a Program and an Entity Having Direct Administrative Control over That Program. Covered Programs may Disclose Covered Information between or among personnel having a need for the information in connection with their duties that arise out of the Diagnosis, Treatment, or referral for Treatment of Substance Use Disorders, if communications are (a) within the Treatment program, or (b) between a Covered Program and an entity that has direct administrative management of the Covered Program.
4. Responding to Requests. In any case where Company Affiliates or their respective departments receive a request for Disclosure of Covered Information but where this Policy does not allow Disclosure, any Disclosure must be made in a way that will not affirmatively reveal that an identified individual has been, or is being, diagnosed or treated for a Substance Use Disorder. An inquiring party may be referred to 42 CFR Part 2 and advised that the regulations restrict the Disclosure of Substance Use Disorder patient records, but may not be told affirmatively that the regulations restrict the Disclosure of the records of an identified patient. Upon receipt of a request for Covered Information that is not permitted under this Policy, refer to Attachment A, Sample Notice of Confidentiality of Substance Use Disorder Patient Records, and either read or provide a copy of the Notice to the requestor.
5. Qualified Service Organizations. Covered Programs may Disclose Covered Information to a Qualified Service Organization as necessary for the Qualified Service Organization to provide services to or on behalf of the Covered Program.
6. FDA Standards. Covered Programs may Disclose Covered Information to medical personnel of the Food and Drug Administration (FDA) who assert a reason to believe that the health of any individual may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers. The Privacy Official shall be consulted prior to any Disclosure of information pursuant to this provision. Immediately following any Disclosure pursuant to this provision, the Covered

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Program shall document the Disclosure in the patient's records, setting forth in writing: (1) the name of the medical personnel to whom Disclosure was made and their affiliation with the FDA; (2) the name of the individual making the Disclosure; (3) the date and time of the Disclosure; and (4) The nature of the error.

7. Crime on Premises/Against Personnel. In the event of a crime or a threat to commit a crime on the premises of a Company Affiliate or its respective departments, or against personnel of the Covered Program, Disclosure of Covered Information to law enforcement is permitted to the extent the information: (a) is directly related to a patient's commission of a crime on the premises of the Covered Program or against personnel of the Covered Program or to a threat to commit such a crime; and (b) is limited to the circumstances of the incident, including the patient status of the individual committing or threatening to commit the crime, that individual's name and address, and that individual's last known whereabouts. The Privacy Official shall be consulted prior to any Disclosure of information pursuant to this provision.
8. Child Abuse. Covered Programs may report incidents of suspected child abuse and neglect as required by and in accordance with state law. To the extent that state law mandates that a Covered Program provide relevant Covered Information to state or local governmental authorities, Covered Information may be provided. However, the restrictions under 42 CFR Part 2 continue to apply to the original patient records maintained by the Covered Program including their Disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect. Accordingly, if, after a report is filed with relevant Covered Information, a subpoena for Covered Information is subsequently issued in connection with civil or criminal proceedings which arise from the report of suspected child abuse and neglect, the subpoena should be addressed in accordance with Section 16 of this Policy. The Privacy Official shall be consulted prior to any Disclosure of information pursuant to this provision. Questions regarding state law and the extent of Covered Information subject to Disclosure under state law relating to suspected child abuse and neglect shall be referred to the Privacy Official, who may consult with the Facility's assigned Operations Counsel.
9. Medical Emergency. Covered Programs may Disclose Covered Information to medical personnel to the extent necessary to meet a bona fide medical emergency in which the patient's prior informed consent cannot be obtained. Immediately following Disclosure, the Disclosure must be documented in writing in the patient's records, setting forth (a) the name of the medical personnel to whom Disclosure was made and their affiliation with any health care facility, (b) the name of the individual or entity making the Disclosure, (c) the date and time of Disclosure, and (d) the nature of the emergency.
10. Research. Company Affiliates or their respective departments may Disclose Covered Information to qualified personnel for the purpose of conducting scientific research, if the Program Director (in consultation with the Privacy Official) makes a determination that:

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- (a) The recipient is a HIPAA-covered entity or business associate, and has obtained and documented authorization from the patient, or a waiver or alteration of authorization, consistent with the HIPAA Privacy Rule at 45 CFR 164.508 or 164.512(i), as applicable; or
- (b) The recipient is subject to the HHS regulations regarding the protection of human subjects (45 CFR part 46), and has either provided documentation that the researcher is in compliance with the requirements of the HHS regulations, including the requirements related to informed consent, or a has provided a waiver of consent (45 CFR 46.111 and 46.116) or that the research qualifies for exemption under the HHS regulations (45 CFR 46.101(b) and any successor regulations; or
- (c) If the recipient is both a HIPAA covered entity or business associate and is subject to the HHS regulations regarding the protection of human subjects, the recipient must meet the requirements of subsection (a) and (b) above.

For any Disclosures pursuant to this Section 10, the recipient (i) is fully bound by the regulations under 42 CFR Part 2 and, if necessary, must resist in judicial proceedings any efforts to obtain access to patient records except as permitted by the regulations in this part; (ii) must not re-disclose Patient Identifying Information except back to the individual or entity from whom that Patient Identifying Information was obtained or as otherwise permitted by law; (iii) may include Covered Information in research reports only in aggregate form in which Patient Identifying Information has been rendered non-identifiable such that the information cannot be re-identified and serve as an unauthorized means to identify a patient, directly or indirectly, as having or having had a Substance Use Disorder; (iv) must maintain and destroy Patient Identifying Information in accordance with the security policies and procedures established by the recipient in accordance with 42 CFR § 2.16; and (v) must retain records in compliance with applicable federal, state, and local record retention laws.

Because a limited data set (as described under 45 CFR §164.514(e)) may include Patient Identifying Information, unless otherwise directed by the Privacy Official, limited data sets with Covered Information will not be disclosed for research purposes unless the requirements of this Section 10 are satisfied.

Any individual or entity conducting scientific research using Patient Identifying Information obtained under this Section 10 that requests linkages to data sets from data repositories holding Patient Identifying Information must:

- (a) Have the request reviewed and approved by an Institutional Review Board (IRB) registered with the Department of Health and Human Services, Office for Human Research Protections in accordance with 45 CFR part 46 to ensure that patient privacy is considered and the need for identifiable data is justified. Upon request, the

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researcher may be required to provide evidence of the IRB approval of the research project that contains the data linkage component.

- (b) Ensure that Patient Identifying Information obtained under this Section 10 is not provided to law enforcement agencies or officials.
- (c) Ensure that Patient Identifying Information obtained pursuant to this Section 10 is not redisclosed for data linkage purposes except as otherwise permitted under this Section 10.

In addition to the foregoing, any Disclosures of Covered Information for research purposes must meet all requirements of other Company policies relating to the Disclosure of protected health information for research, and must meet all applicable requirements of other Company policies relating to the conduct of or participation in research. The Privacy Official shall be consulted prior to any Disclosure of information pursuant to this provision.

11. Management. Company Affiliates or their respective departments may Disclose Covered Information to qualified personnel for the purpose of conducting management audits, financial audits, or Covered Program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such audit or evaluation, or otherwise Disclose patient identities in any manner. The Privacy Official shall be consulted prior to any Disclosure of information pursuant to this provision. Uses and Disclosures of Covered Information for audit and evaluation activities described under Section 12 or 13 of this Policy shall comply with the standards described in Section 12 or 13 below, as applicable.
12. Special Audit and Evaluation Activities/No Records Copied or Removed. If Covered Information is neither downloaded, copied or removed from the premises of the Covered Program nor forwarded electronically to another electronic system or device, Covered Information may be Disclosed in the course of a review of records on the premises of a Covered Program to any Special A/E Personnel. Special A/E Personnel receiving the Covered Information under this provision must agree in writing not to Disclose any Covered Information to any third party, except as described in Section 14 below, and must agree to use the Covered Information only to carry out the audit or evaluation purpose or to investigate or prosecute criminal or other activities, as authorized by an appropriate court order. The Privacy Official shall be consulted prior to any Disclosure of information pursuant to this provision.
13. Special Audit and Evaluation Activities/Copies or Records Removed. Records containing Covered Information may be copied or removed from the premises of the Covered Program, or downloaded or forwarded to another electronic system or device from the Covered Program's electronic records by Special A/E Personnel (meeting the criteria of subsection (a) of the definition of Special A/E Personnel above) who agree in writing to:

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(a) maintain and destroy the Patient Identifying Information a manner consistent with the policies and procedures established under 42 CFR §2.16, which policies and procedures must address: (i) paper records, including standards for: transferring and removing such records; destroying such records, including sanitizing the hard copy media associated with the paper printouts, to render the Patient Identifying Information non-retrievable; maintaining such records in a secure room, locked file cabinet, safe, or other similar container, or storage facility when not in use; using and accessing workstations, secure rooms, locked file cabinets, safes, or other similar containers, and storage facilities that use or store such information; and rendering Patient Identifying Information non-identifiable in a manner that creates a very low risk of re-identification (e.g., removing direct identifiers); and (ii) electronic records, including standards for: creating, receiving, maintaining, and transmitting such records; destroying such records, including sanitizing the electronic media on which such records are stored, to render the Patient Identifying Information non-retrievable; using and accessing electronic records or other electronic media containing Patient Identifying Information; and rendering the Patient Identifying Information non-identifiable in a manner that creates a very low risk of re-identification (e.g., removing direct identifiers).

(b) retain records in compliance with applicable federal, state and local retention laws;

(c) not Disclose any Covered Information to any third party except as described in Section 14 below; and

(d) use the Covered Information only to carry out the audit or evaluation purpose or to investigate or prosecute criminal or other activities, as authorized by an appropriate court order.

The Privacy Official shall be consulted prior to any Disclosure of information pursuant to this provision.

14. Medicare, Medicaid and CHIP Audits and Evaluations. Patient identifying information may be Disclosed to any individual or entity for the purpose of conducting a Medicare, Medicaid, or Children's Health Insurance Program (CHIP) audit or evaluation, including an audit or evaluation necessary to meet the requirements for a Centers for Medicare & Medicaid Services (CMS)-regulated accountable care organization (CMS-regulated ACO) or similar CMS-regulated organization (including a CMS- regulated Qualified Entity (QE)), if the individual or entity agrees in writing to comply with the following:

(a) Maintain and destroy the Patient Identifying Information in a manner consistent with the policies and procedures established by the recipient consistent with 42 CFR § 2.16;

(b) Retain records in compliance with applicable federal, state, and local record retention laws; and

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(c) Except as provided under 42 CFR § 2.53(c), Disclose Patient Identifying Information only back to the Covered Program from which it was obtained, and use such Patient Identifying Information only to carry out an audit or evaluation purpose or to investigate or prosecute criminal or other activities, as authorized by a court order entered under 42 CFR § 2.66.

A Medicare, Medicaid, or CHIP audit or evaluation under this section includes a civil or administrative investigation of a Covered Program by any federal, state, or local government agency with oversight responsibilities for Medicare, Medicaid, or CHIP and includes administrative enforcement, against the Covered Program by the government agency, of any remedy authorized by law to be imposed as a result of the findings of the investigation.

If a Disclosure to an individual or entity is authorized under this section for a Medicare, Medicaid, or CHIP audit or evaluation, including a civil investigation or administrative remedy, then a quality improvement organization which obtains the information pursuant to Section 12 or 13 of this Policy may Disclose the information to that individual or entity but only for the purpose of conducting a Medicare, Medicaid, or CHIP audit or evaluation.

15. Disclosures for Health Care Operations. With respect to Audit and Evaluation activities described in Section 13 or 14, a Covered Program, covered entity, or business associate may disclose Covered Information in accordance with a consent that includes Health Care Operations, and the recipient may redisclose such records as permitted under the HIPAA regulations if the recipient is a covered entity or business associate.

16. Court Orders. Company Affiliates or their respective departments may Disclose Covered Information if authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor. Information covered by this Policy may not be Disclosed based upon a subpoena alone. Where a subpoena is received that would otherwise require Disclosure identifying an individual as a Covered Patient, the recipient will, consistent with Company policies, provide a timely written response by referring the relevant party to 42 CFR Part 2, and providing any other records that may be lawfully provided without violation of 42 CFR Part 2. As noted above, a party requesting information pursuant to a subpoena may be referred to 42 CFR Part 2, but may not be told affirmatively that the regulations restrict the Disclosure of the records of an identified patient. The Privacy Official shall be consulted prior to any Disclosure of information pursuant to this provision.

17. Third Party Payers. For information covered by this Policy, written authorization must be obtained prior to release of information to third party payers. For any period for which the Program Director determines that a patient, other than a Minor or one who has been adjudicated as lacking capacity to make health care decisions, suffers from a medical condition that prevents knowing or effective action on his or her own behalf, the Program Director may exercise the right of the patient to consent to a Disclosure for the sole

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purpose of obtaining payment for services from a third party payer. At the time of admission or as soon thereafter as possible, each Covered Program should seek to obtain written consent/authorization for Disclosures for billing and payment purposes. Disclosures to agents of Third Party Payers (which may include agents engaged by Third Party Payers for audit purposes) may be permitted where Attachment B, Consent for Disclosure of Information for Treatment and Billing/Payment, has been executed, but the Third Party Payer should provide written documentation of the agency relationship in advance of sharing of Covered Information. Refer to Attachment B, Consent for Disclosure of Information for Treatment and Billing/Payment.

18. Multiple Enrollments. Company Affiliates or their respective departments may make certain Disclosures of Covered Information for purposes of preventing multiple enrollments in Withdrawal Management and Maintenance Treatment programs, and may make certain Disclosures to the criminal justice system where the patient was required to obtain Treatment at the facility/department as a condition of the patient's disposition in a criminal proceeding, parole or release from custody. The Privacy Official shall be consulted prior to any Disclosure of information pursuant to this provision.
19. Minors. Pursuant to 42 CFR Part 2, where a Minor acting alone has the legal capacity under state law to apply for and obtain Substance Use Disorder Treatment, any written consent/authorization for Disclosure of Covered Information may be given only by the Minor patient. This restriction includes, but is not limited to, any Disclosure of Patient Identifying Information to the parent or guardian of a Minor patient for the purpose of obtaining financial reimbursement. Where state law requires consent of a parent, guardian, or other person for a Minor to obtain Substance Use Disorder Treatment, any written consent/authorization for Disclosure of Covered Information must be given by both the Minor and his or her parent, guardian, or other person authorized under state law to act in the Minor's behalf. Where state law requires parental consent to Treatment the fact of a Minor's application for Treatment may be communicated to the Minor's parent, guardian, or other person authorized under state law to act in the Minor's behalf only if: (a) the Minor has given written consent/authorization to the Disclosure or (b) the Minor lacks the capacity to make a rational choice regarding such consent as judged by the Program Director (after consultation with the Privacy Official).

Facts relevant to reducing a substantial threat to the life or physical wellbeing of the applicant or any other individual may be Disclosed to the parent, guardian, or other person authorized under state law to act in the Minor's behalf if the Program Director (after consultation with the Privacy Official) determines that:

- (i) a Minor lacks capacity because of extreme youth or mental or physical condition to make a rational decision on whether to consent to a Disclosure to his or her parent, guardian, or other person authorized under state law to act in the Minor's behalf, and

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- (ii) the Minor's situation poses a substantial threat to the life or physical wellbeing of the Minor or any other individual which may be reduced by communicating relevant facts to the Minor's parent, guardian, or other person authorized under state law to act in the Minor's behalf.

Questions regarding state law standards for consent to Treatment and the authority of individuals to act on behalf of a Minor under state law should be referred to the facility's assigned Operations Counsel.

20. Incompetent Adult Patients. In the case of a patient who has been determined by a court to lack the capacity, for any reason other than insufficient age, to make their own health care decisions, any consent/authorization which is required under this Policy may be given by the guardian or other person authorized under state law to act in the patient's behalf with respect to medical decisions. Questions regarding the status of guardians and/or other persons authorized under state law to act should be referred to the facility's assigned Operations Counsel.
21. Deceased Patients. Company Affiliates or their respective departments may Disclose Covered Information relating to the cause of death of a patient to the extent required by laws relating to the collection of death statistics/information or other vital statistics or permitting inquiry into the cause of death. Any other Disclosure of information identifying a deceased patient as having a Substance Use Disorder is subject to this Policy and if a written authorization to the Disclosure is required, that authorization may be given by an the Personal Representative of the decedent. Questions regarding the status or authority of a Personal Representative should be referred to the facility's assigned Operations Counsel.
22. Notice to Accompany Disclosure. Each Disclosure made with the patient's written consent must be accompanied by one of the following written statements, as well as either a copy of the consent or a clear explanation of the scope of the consent provided:
- This record which has been disclosed to you is protected by Federal confidentiality rules (42 CFR part 2). These rules prohibit you from using or disclosing this record, or testimony that describes the information contained in this record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against the patient, unless authorized by the consent of the patient, except as provided at 42 CFR 2.12(c)(5) or as authorized by a court in accordance with 42 CFR 2.64 or 2.65. In addition, the Federal rules prohibit you from making any other use or disclosure of this record unless at least one of the following applies: (i) Further use or disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or as otherwise permitted by 42 CFR part 2. (ii) You are a covered entity or business associate and have received the record for treatment, payment, or health care operations, or (iii) You have received the record from a covered entity or business associate as permitted by 45 CFR part 164, subparts A and E. A general authorization for*

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the release of medical or other information is NOT sufficient to meet the required elements of written consent to further use or redisclose the record (see 42 CFR 2.31).

Or

42 CFR part 2 prohibits unauthorized use or disclosure of these records.

23. Consent/Authorization. Except as set forth above, Disclosures of Covered Information require appropriate written consent/authorization. A written consent/authorization to a Disclosure under this Policy may be paper or electronic and must include:

- (a) The name of the patient.
- (b) The name or other specific identification of the person(s), or class of persons, authorized to make the Disclosure.
- (c) A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion
- (d) The name(s) of the person(s), or class of persons, to which a disclosure is to be made. For a single consent for all future uses and disclosures for Treatment, Payment, and Health Care Operations, this description may list “my treating providers, health plans, third-party payers, and people helping to operate this program” or a similar statement. Notwithstanding the foregoing, if the recipient entity is an Intermediary, a written consent must include the name(s) of the intermediary(ies) and
 - (i) The name(s) of the member participants of the Intermediary; or
 - (ii) A general designation of a participant(s) or class of participants, which must be limited to a participant(s) who has a treating provider relationship with the patient whose information is being used or disclosed. If the recipient is a covered entity or business associate (as defined under HIPAA and associated regulations) to whom Covered Information is disclosed for purposes of Treatment, Payment, or Health Care Operations, a written consent must include the statement that the patient’s Covered Information may be redisclosed in accordance with the permissions contained in the HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legal proceedings against the patient.
- (e) A description of each purpose of the requested Disclosure. The statement “at the request of the patient” is a sufficient description of the purpose when a patient initiates the consent and does not, or elects not to, provide a statement of the purpose. The statement, “for treatment, payment, and health care operations” is a sufficient description of the purpose when a patient provides consent once for all such future uses or disclosures for those purposes.
- (f) A statement that the patient may revoke the consent/authorization in writing, except to the extent that the Covered Program or other lawful holder of Patient Identifying Information that is permitted to make the Disclosure has already acted in reliance on

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it, and a statement of how the patient may revoke consent. Acting in reliance includes the provision of Treatment services in reliance on a valid consent to Disclose information to a third- party payer.

- (g) An expiration date or an expiration event that relates to the individual patient or the purpose of the use or disclosure. The statement “end of the treatment,” “none,” or similar language is sufficient if the consent is for a use or disclosure for Treatment, Payment, or Health Care Operations. The statement “end of the research study” or similar language is sufficient if the consent is for a use or disclosure for research, including for the creation and maintenance of a research database or research repository.
- (h) The signature of the patient and, when required for a patient who is a Minor, the signature of an individual authorized to sign the consent/authorization as described above; or, when required for a patient who has been adjudicated as lacking the capacity to make their own health care decisions or is deceased, the signature of an individual authorized to sign for the patient as described above. Electronic signatures are permitted to the extent that they are not prohibited by any applicable law.
- (i) The date on which the consent is signed.

A patient’s written consent to use or disclose Covered Information for Treatment, Payment, or Health Care Operations must include all of the following statements: (i) The potential for the records used or disclosed pursuant to the consent to be subject to redisclosure by the recipient and no longer protected by this part, and (ii) The consequences to the patient of a refusal to sign the consent.

For uses and Disclosures that require authorization under HIPAA, the consent/authorization must also meet all requirements for a valid authorization under the Company’s HIPAA policies and procedures.

24. Consent for Disclosures for Treatment, Payment and Health Care Operations. While the regulations under 42 CFR Part 2 include provisions addressing uses of Covered Information within a Covered Program and Disclosures in medical emergencies, as outlined above, many Disclosures of Covered Information outside of the Covered Program, even for Treatment, Payment and Health Care Operations purposes, will require appropriate consent. At the time of admission or as soon thereafter as possible, each Covered Program should seek to obtain written consent/authorization for Disclosures for Treatment, Payment and Health Care Operations purposes. Refer to Attachment B, Consent for Use and Disclosure of Information for Treatment, Billing/Payment and Health Care Operations.
25. Family Members/Friends/Others Involved in Patient’s Care. The regulations under 42 CFR Part 2 do not include any exceptions specifically for Disclosures of Covered Information to family members, close friends or others identified by the Covered Patient.

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Accordingly, unless otherwise expressly permitted by this Policy, Covered Information should not be Disclosed to family members, friends or others who might otherwise be considered involved in a patient's care. For example, even if a Covered Patient has provided a password or has provided verbal consent to a Disclosure to a spouse, except as otherwise expressly permitted by this Policy (e.g., provisions relating to incapacitated adult patients, deceased patients, etc.), Covered Information should not be Disclosed to the spouse unless an appropriate consent/authorization meeting the standards set forth below has been executed naming the spouse. As family members, friends and/or others identified by the Covered Patient may be involved in therapy sessions and planning for post-discharge care, among other activities, at the time of admission or as soon thereafter as possible, each Covered Program should seek to obtain written consent/authorization for Disclosures to appropriate family members, friends and/or others identified by the Covered Patient who may need Covered Information in connection with care. Refer to Attachment C, Consent For Disclosure to Family/Friends.

26. Consent for use and disclosure of records in civil, criminal, administrative, or legislative proceedings. Patient consent for use and Disclosure of Covered Information in a civil, criminal, administrative, or legislative investigation or proceeding cannot be combined with a consent to use and Disclose Covered Information for any other purpose.
27. Substance Use Disorder Counseling Notes. Written consent/authorization is required for any use or disclosure of Substance Use Disorder Counseling Notes, except: (a) To carry out the following treatment, payment, or health care operations: (i) Use by the originator of the notes for Treatment; (ii) use or Disclosure by the Covered Program for its own training programs in which students, trainees, or practitioners in Substance Use Disorder Treatment or mental health learn under supervision to practice or improve their skills in group, joint, family, or individual Substance Use Disorder counseling; or (iii) Use or Disclosure by the Covered Program to defend itself in a legal action or other proceeding brought by the patient; (b) A use or disclosure that is required by 42 CFR § 2.2(b) (relating to investigations to determine a person's compliance with 42 CFR Part 2) or permitted by 42 CFR § 2.15(b) (relating to reports of the cause of death of a patient under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death); 42 CFR § 2.53 with respect to the oversight of the originator of the Substance Use Disorder Counseling Notes; (c) pursuant to an appropriate court order under 42 CFR § 2.63(a) or 42 CFR § 2.64. A written consent for a use or Disclosure of Substance Use Disorder Counseling Notes may only be combined with another written consent for a use or disclosure of Substance Use Disorder Counseling Notes. A Covered Program may not condition the provision to a patient of treatment, payment, enrollment in a health plan, or eligibility for benefits on the provision of a written consent for a use or Disclosure of Substance Use Disorder Counseling Notes.
28. Additional Disclosures With Consent. If a patient consents to a use or Disclosure of their Covered Information, the following uses and disclosures are permitted, as applicable: (a)

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a Covered Program may use and disclose those records in accordance with that consent to any person or category of persons identified or generally designated in the consent, except that disclosures to central registries and in connection with criminal justice referrals must meet the requirements of 42 CFR §§ 2.34 and 2.35, respectively; and (b) when the consent provided is a single consent for all future uses and disclosures for Treatment, Payment, and Health Care Operations, a Covered Program, covered entity, or business associate (as defined under HIPAA) may use and disclose those records for Treatment, Payment, and Health Care Operations as permitted by the HIPAA regulations, until such time as the patient revokes such consent in writing. If a patient consents to a use or disclosure of their Covered Information, the recipient may further disclose such Covered Information as otherwise permitted under this Policy and as follows: (x) when disclosed for Treatment, Payment, and Health Care Operations activities to a covered entity or business associate, such recipient may further disclose the Covered Information in accordance with the HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against the patient; (y) when disclosed with consent given once for all future Treatment, Payment, and Health Care Operations activities to a Covered Program that is not a covered entity or business associate, the recipient may further disclose those records consistent with the consent; (z) when disclosed for Payment or Health Care Operations activities to a Lawful Holder that is not a covered entity or business associate, the recipient may further disclose those records as may be necessary for its contractors, subcontractors, or legal representatives to carry out the Payment or Health Care Operations specified in the consent on behalf of such lawful holders.

29. List of General Designation Disclosures. Upon request, Covered Patients who have consented to Disclose their Patient Identifying Information using a general designation (as described under Section 23(d) of this Policy) must be provided a list of entities to which their information has been Disclosed pursuant to the general designation. Patient requests for lists of General Designation Disclosures under this Section 29: (a) must be made in writing; and (b) are limited to General Designation Disclosures made within the past three years prior to the request. If a request for a list of General Designation Disclosures is received, Covered Programs will: (i) respond in 30 or fewer days of receipt of the written request; and (ii) for each General Designation Disclosure made within the three years prior to the request, provide the name(s) of the entity(ies) to which the General Designation Disclosure was made, the date of the General Designation Disclosure, and a brief description of the Patient Identifying Information Disclosed.

Requests for lists of General Designation Disclosures pursuant to this Section 29 should be forwarded promptly to the Privacy Official. The Privacy Official will coordinate with the Health Information Management department to obtain and provide the list of General Designation Disclosures. Only General Designation Disclosures must be identified on the list under this Section 29 and other Disclosures need not be listed. The rights of a

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Covered Patient under this Section 29 are in addition to any rights to an accounting of Disclosures under HIPAA and under Section 30 of this Policy.

30. A Covered Program must provide to a Covered Patient, upon request, an accounting of all Disclosures made with consent in the 3 years prior to the date of the request (or a shorter time period chosen by the Covered Patient). The accounting of Disclosures must meet the requirements of 45 CFR 164.528(a)(2) and (b) through (d), consistent with Company Policy IP.PRI.009 (Accounting of Disclosures). The accounting under this provision must include disclosures of Covered Information for treatment, payment, and health care operations only where such Disclosures are made through an electronic health record.
31. Security Precautions. Appropriate security will be maintained with respect to Covered Information, consistent with the security standards, policies and procedures of the Company. Security measures will reasonably protect against unauthorized uses and Disclosures of Patient Identifying Information and protect against reasonably anticipated threats or hazards to the security of Patient Identifying Information. These formal policies and procedures address:
 - (a) Paper records, including:
 - i. Transferring and removing such records;
 - ii. Destroying such records, including sanitizing the hard copy media associated with the paper printouts, to render the Patient Identifying Information non-retrievable;
 - iii. Maintaining such records in a secure room, locked file cabinet, safe, or other similar container, or storage facility when not in use;
 - iv. Using and accessing workstations, secure rooms, locked file cabinets, safes, or other similar containers, and storage facilities that use or store such information; and
 - v. Rendering Patient Identifying Information non-identifiable in a manner that creates a very low risk of re-identification (e.g., removing direct identifiers).
 - (b) Electronic records, including:
 - i. Creating, receiving, maintaining, and transmitting such records;
 - ii. Destroying such records, including sanitizing the electronic media on which such records are stored, to render the Patient Identifying Information non-retrievable;
 - iii. Using and accessing electronic records or other electronic media containing Patient Identifying Information; and
 - iv. Rendering the Patient Identifying Information non-identifiable in a manner that creates a very low risk of re-identification (e.g., removing direct identifiers).
32. Breach of Unsecured Covered Information. Any potential Breach of Unsecured Covered Information will be assessed and managed in accordance with Company Policy IP.PRI.011 (Protected Health Information Breach Risk Assessment and Notification).

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33. Right to Request Privacy Protection. Covered Information constitutes protected health information and Covered Patients have a right to request restriction of certain uses and disclosures of their protected health information, including, but not limited to Covered Information. Requests for special privacy protections will be assessed and managed in accordance with Company Policy IP.PRI.006 (Patients' Right to Request Privacy Restrictions).

34. Disposition of Records by Discontinued Covered Programs. If a Covered Program discontinues operations, or if taken over or acquired by another Covered Program, records containing Patient Identifying Information will be managed in accordance with 42 CFR § 2.19. The Privacy Official shall be consulted prior to any disposition of record by a discontinued Covered Program.

State Law. In the event that state law is more protective of the Patient Identifying Information than this policy, then state law will control. Questions regarding this Policy should be directed to the [Corp Substance Use Records Help](#) mailbox and/or to the facility's assigned Operations Counsel, and questions about state law impacts on this policy should be directed to the facility's assigned Operations Counsel.

DEFINITIONS:

Affiliate means any person or entity Controlling, Controlled by or under common Control with another person or entity.

Breach means the acquisition, access, use, or disclosure of Unsecured Covered Information in a manner not permitted under this Policy which compromises the security or privacy of the Covered Information.

Control means the direct or indirect power to govern the management and policies of an entity; or the power or authority through a management agreement or otherwise to approve an entity's transactions (includes Controlled, Controlling).

Covered Information means any information, whether recorded or not, created by, received, or acquired by a Covered Program relating to a Covered Patient (e.g., Diagnosis, Treatment and referral for Treatment information, billing information, emails, voice mails, and texts). For the purpose of this Policy, Covered Information includes both paper and electronic records. Information conveyed orally by a Covered Program to a provider who is not subject to 42 CFR Part 2 for Treatment purposes with the consent of the patient is not Covered Information while in the possession of the provider who is not subject to 42 CFR Part 2 (a "Non-Covered Provider") merely because that information is reduced to writing by that Non-Covered Provider. Covered Information otherwise transmitted by a Covered Program to a Non-Covered Provider remains Covered Information in the hands of Non-Covered Provider, but may be segregated by that provider.

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Covered Patient(s) means any individual who has applied for or been given Diagnosis, Treatment, or referral for Treatment for a Substance Use Disorder at a Covered Program. The term Covered Patient includes any individual who, after arrest on a criminal charge, is identified as an individual with a Substance Use Disorder in order to determine that individual's eligibility to participate in a Covered Program. This definition includes both current and former patients. The special restrictions of this Policy apply to the use and Disclosure of information identifying an individual as a Covered Patient.

Covered Program means and includes: (a) an individual or entity (other than a general medical facility) who holds itself out as providing, and provides, Substance Use Disorder Diagnosis, Treatment, or referral for Treatment; or (b) an identified unit within a general medical facility that holds itself out as providing, and provides, Substance Use Disorder Diagnosis, Treatment, or referral for Treatment; or (c) medical personnel or other staff in a general medical facility whose primary function is the provision of Substance Use Disorder Diagnosis, Treatment, or referral for Treatment and who are identified as such providers. Covered Programs include, but are not limited to, those Treatment or rehabilitation programs, employee assistance programs, programs within general hospitals, and private practitioners who hold themselves out as providing, and provide Substance Use Disorder Diagnosis, Treatment, or referral for Treatment who are treated as receiving direct or indirect federal assistance through Medicare participation, tax-exemption or other criteria as set forth in 42 CFR § 2.12.

Diagnosis means any reference to an individual's Substance Use Disorder or to a condition which is identified as having been caused by that Substance Use Disorder which is made for the purpose of Treatment or referral for Treatment.

Disclose or Disclosure means to communicate any information identifying a patient as being or having been diagnosed with a Substance Use Disorder, having or having had a Substance Use Disorder, or being or having been referred for Treatment of a Substance Use Disorder either directly, by reference to publicly available information, or through verification of such identification by another person.

General Designation Disclosure means a Disclosure made pursuant to a consent or authorization for Disclosure to an Intermediary, where the consent or authorization identifies the recipient of the Covered Information with a general designation, rather than by the name of the entity or individual receiving the Covered Information. Disclosures to Qualified Service Organizations generally will not be considered General Designation Disclosures. Disclosures made to an entity or individual specifically identified by name on a consent for Disclosure are not considered General Designation Disclosures.

Health Care Operations means any of the following activities: (1) Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; patient safety activities (as defined in 42

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CFR 3.20); population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment; (2) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities; (3) Except as prohibited under §164.502(a)(5)(i), underwriting, enrollment, premium rating, and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance), provided that the requirements of §164.514(g) are met, if applicable; (4) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs; (5) Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and (6) Business management and general administrative activities of the entity, including, but not limited to: (i) Management activities relating to implementation of and compliance with the requirements of HIPAA; (ii) Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer; (iii) Resolution of internal grievances; (iv) The sale, transfer, merger, or consolidation of all or part of the covered entity with another covered entity, or an entity that following such activity will become a covered entity and due diligence related to such activity; and (v) Consistent with the applicable requirements of 45 CFR § 164.514, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity.

Intermediary means a person, other than a Covered Program, covered entity, or business associate (as such terms are defined under HIPAA), who has received Covered Information under a general designation in a written patient consent to be disclosed to one or more of its member participant(s) who has a Treating Provider Relationship with the patient.

Lawful holder means an individual or entity who is bound by 42 CFR Part 2 because of receipt of Covered Information as the result of one of the following: (a) Written consent of the patient authorizing a Covered Program to Disclose the Covered Information, with an accompanying notice of disclosure; or (b) an exception to the written consent requirements in 42 U.S.C. 290dd-2 or 42 CFR Part 2.

Maintenance Treatment means long-term pharmacotherapy for individuals with Substance Use Disorders that reduces the pathological pursuit of reward and/or relief and supports remission of Substance Use Disorder-related symptoms.

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Minor means a minor as defined by state law.

Patient Identifying Information means the name, address, social security number, fingerprints, photograph, or similar information by which the identity of a Covered Patient can be determined with reasonable accuracy either directly or by reference to other information. The term does not include a number assigned to a Covered Patient by a Covered Program, for internal use only by the Covered Program, if that number does not consist of or contain numbers (such as a social security, or driver's license number) that could be used to identify a Covered Patient with reasonable accuracy from sources external to the Covered Program.

Payment means: (1) The activities undertaken by: (i) Except as prohibited under HIPAA, a health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan; or (ii) A health care provider or health plan to obtain or provide reimbursement for the provision of health care; and (2) The activities in paragraph (1) of this definition relate to the individual to whom health care is provided and include, but are not limited to: (i) Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims; (ii) Risk adjusting amounts due based on enrollee health status and demographic characteristics; (iii) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related health care data processing; (iv) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; (v) Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and (vi) Disclosure to consumer reporting agencies of any of the following protected health information relating to collection of premiums or reimbursement: (A) Name and address; (B) Date of birth; (C) Social security number; (D) Payment history; (E) Account number; and (F) Name and address of the health care provider and/or health plan.

Personal Representative means a person who has authority under applicable law to act on behalf of a patient who is an adult or an emancipated Minor in making decisions related to health care. A personal representative has authority only with respect to Covered Information relevant to such personal representation.

Program Director means the individual designated as the "Program Director" for the relevant Covered Program. For purposes of this policy, a Program Director may be the Chief Executive Officer of a free-standing behavioral health hospital, a Director of an inpatient behavioral health unit, or a Director or Manager of an outpatient behavioral health program.

Qualified Service Organization means an individual or entity who: (a) provides services to a Covered Program, such as data processing, bill collecting, dosage preparation, laboratory analyses, or legal, accounting, population health management, medical staffing, or other professional services, or services to prevent or treat child abuse or neglect, including training on nutrition and child care and individual and group therapy, and (b) has entered into a written

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agreement with a Covered Program under which that individual or entity: (i) acknowledges that in receiving, storing, processing, or otherwise dealing with any patient records from the Covered Program, it is fully bound by the regulations in this part; and (ii) if necessary, will resist in judicial proceedings any efforts to obtain access to Patient Identifying Information related to Substance Use Disorder Diagnosis, Treatment, or referral for Treatment except as permitted by 42 CFR Part 2. A business associate agreement that includes the terms referenced above through execution of the Substance Use Disorder Patient Information Addendum or other written agreement approved by the Privacy Official may satisfy the requirements of subsection (b) above with respect to Qualified Service Organizations.

Special A/E Personnel means a person who: (a) performs an audit or evaluation on behalf of: (i) any federal, state, or local government agency which provides financial assistance (including, without limitation, Medicare reimbursement or other financial assistance) to the Covered Program or is authorized by law to regulate its activities; or (ii) any individual or entity who provides financial assistance to the Covered Program, which is a third party payer covering patients in the Covered Program, or which is a quality improvement organization performing a utilization or quality control review; or (b) is determined by the Program Director (in consultation with the Privacy Official) to be qualified to conduct the audit or evaluation.

Substance Use Disorder means a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems such as impaired control, social impairment, risky use, and pharmacological tolerance and withdrawal. For the purposes of this Policy, Substance Use Disorder does not include tobacco or caffeine use.

Substance Use Disorder Counseling Notes means notes recorded (in any medium) by Covered Program or professionals within the Covered Program documenting or analyzing the contents of conversation during a private Substance Use Disorder counseling session or group, joint, or family counseling session and that are separated from the rest of the patient's medical record and Substance Use Disorder record. Substance Use Disorder Counseling Notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Third-party Payer means an individual or entity who pays and/or agrees to pay for Diagnosis or Treatment furnished to a patient on the basis of a contractual relationship with the patient or a member of the patient's family or on the basis of the patient's eligibility for federal, state, or local governmental benefits.

Treating Provider Relationship means that, regardless of whether there has been an actual in-person encounter: (a) a patient is, agrees to, or is legally required to be diagnosed, evaluated, and/or treated, or agrees to accept consultation, for any condition by an individual

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or entity, and; (b) the individual or entity undertakes or agrees to undertake Diagnosis, evaluation, and/or Treatment of the patient, or consultation with the patient, for any condition.

Treatment means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

Unsecured Covered Information is Covered Information that is not rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology under applicable guidelines established by the U.S. Department of Health and Human Services (e.g. encryption).

Withdrawal Management means the use of pharmacotherapies to treat or attenuate the problematic signs and symptoms arising when heavy and/or prolonged substance use is reduced or discontinued.

REFERENCES:

1. Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2
2. Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164)
3. Patients' Right to Request Privacy Restrictions Policy, IP.PRI.006
4. Accounting of Disclosures Policy, IP.PRI.009
5. Authorization for Uses and Disclosures of Protected Health Information Policy, IP.PRI.010
6. Protected Health Information Breach Risk Assessment and Notification Policy, IP.PRI.011 Attachment A: Confidentiality of Substance Use Disorder Patient Records
7. Attachment B: Consent for Disclosure of Information for Treatment and Billing/Payment
8. Attachment C: Consent for Disclosure to Family/Friend

Attachment A

NOTE: THIS FORM ADDRESSES SUBSTANCE USE DISORDER INFORMATION ONLY. IT SUPPLEMENTS BUT DOES NOT REPLACE THE GENERAL NOTICE OF PRIVACY PRACTICES FOR NON-SUBSTANCE USE PROTECTED HEALTH INFORMATION.

Effective Date: _____

**Notice of Privacy Practices of [Name of
Part 2 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 [ENTER NAME OR TITLE] AT [PHONE AND EMAIL] IF YOU HAVE ANY QUESTIONS.

This notice relates to records maintained by the program identifying an individual as having a substance use disorder ("Covered Information"). This notice supplements the Notice of Privacy Practices of _____ (the "Facility NPP"), which applies generally to patient information other than Covered Information.

Confidentiality of Substance Use Disorder Patient Records

The confidentiality of Substance Use Disorder patient records maintained by this program is protected by federal law and regulations. Generally, except as outlined below, the program may not use or disclose records identifying a patient as having a substance use disorder ("Covered Information") unless:

- (1) The patient or an authorized representative consents in writing; or
- (2) The disclosure is allowed by a court order.

Additional circumstances allowing use and/or disclosure of Covered Information without consent include the following:

1. The program may disclose Covered Information between or among personnel having a need for the information in connection with their duties that arise out of the diagnosis, treatment, or referral for treatment of substance use disorders, if communications are within the program, or between a program and an entity that has direct administrative management of the program.
2. The program may disclose Covered Information to a qualified service organization as necessary for the organization to provide services to or on behalf of the program.
3. We may disclose Covered Information to medical personnel of the Food and Drug Administration (FDA).
4. In the event of a crime or a threat to commit a crime on the premises of the program, or against program personnel, we may disclose Covered Information to law enforcement.

5. We may report incidents of suspected child abuse and neglect as required by and in accordance with state law.
6. We may disclose Covered Information to medical personnel to the extent necessary to meet a bona fide medical emergency.
7. Subject to certain standards, we may disclose Covered Information to qualified personnel for the purpose of conducting scientific research, as determined appropriate by the program director.
8. We may disclose Covered Information to qualified personnel for the purpose of conducting management audits, financial audits, or program evaluation.
9. Subject to certain standards, we may disclose Covered Information to audit and evaluation personnel.
10. We may disclose Covered Information for the purpose of conducting a Medicare, Medicaid, or Children's Health Insurance Program (CHIP) audit or evaluation, including an audit or evaluation necessary to meet the requirements for a Centers for Medicare & Medicaid Services (CMS)-regulated accountable care organization (CMS-regulated ACO) or similar CMS-regulated organization (including a CMS-regulated Qualified Entity (QE)).
11. For any period for which the program director determines that a patient, other than a minor or a patient who has been adjudicated as lacking capacity to make health care decisions, suffers from a medical condition that prevents knowing or effective action on his or her own behalf, the program director may exercise the right of the patient to consent to a Disclosure for the sole purpose of obtaining payment for services from a third party payer.
12. We may make certain disclosures of Covered Information for purposes of preventing multiple enrollments in withdrawal management and maintenance treatment programs, and may make certain disclosures to the criminal justice system where the patient was required to obtain treatment at the facility/department as a condition of the patient's disposition in a criminal proceeding, parole or release from custody.
13. Under certain circumstances, we may disclose facts relevant to reducing a substantial threat to the life or physical wellbeing of a minor patient to the parent, guardian, or other person authorized under state law to act in the minor's behalf.
14. We may disclose Covered Information relating to the cause of death of a patient to the extent required by laws relating to the collection of death statistics/information or other vital statistics or permitting inquiry into the cause of death.

With the written consent of the patient and/or the patient's authorized representative, we may use and disclose Covered Information as follows:

1. We may use and disclose information in accordance with that consent to any person or category of persons identified or generally designated in the consent, except that disclosures to central registries and in connection with criminal justice referrals must meet the special requirements below. For example, if you authorize disclosure to treating physicians, we may disclose Covered Information to any physician that may provide treatment to you.
2. If a single consent is signed for all future uses and disclosures for treatment, payment, and health care operations, the program and any covered entity, or business associate may use and disclose the records for treatment, payment, and health care operations as permitted by the HIPAA regulations, until such time as the patient revokes such consent in writing. For example, if you are admitted to a hospital after discharge from the program, this consent would allow the program to disclose Covered Information to

that hospital for your future treatment. This consent would also allow that hospital, for example, to disclose Covered Information to physicians providing you care during that hospital admission and to your primary care physician and others, consistent with HIPAA, but the hospital would not be permitted to disclose those records for civil, criminal, administrative, and legislative proceedings against the patient. If the recipient of the Covered Information is not a covered entity or business associate under HIPAA, the recipient may further disclose those records consistent with the consent. Additional examples of uses and disclosures for treatment, payment and health care operations are set forth in the Facility NPP and we refer you to those examples.

3. With written consent, the program may disclose Covered Information to a central registry or to any withdrawal management or maintenance treatment program not more than 200 miles away for the purpose of preventing multiple enrollments. For example, with written consent, we may disclose Covered Information to a central database identified in the consent that is established to avoid circumstances where the patient is enrolled in multiple withdrawal programs. These disclosures are intended to avoid risks of overdose and similar risks that can arise where a patient is enrolled in multiple programs.
4. With written consent, we may disclose information from a record to those persons within the criminal justice system who have made participation in the program a condition of the disposition of any criminal proceedings against the patient or of the patient's parole or other release from custody. For example, if the patient agreed to enroll in the program and consents to disclosure of Covered Information as part of an agreement with the criminal justice system to consent to parole rather than imprisonment, and the patient consents to the disclosure, the program may disclose information consistent with that consent.
5. With written consent, the program and other lawful holders of Covered Information may report any substance use disorder medication prescribed or dispensed by the program to the applicable state prescription drug monitoring program if required by applicable state law. State prescription drug monitoring programs are designed to facilitate coordination of care and to avoid risks of overdose and inappropriate use of narcotics.

A patient may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. The program will make uses and disclosures of Covered Information not described in this notice only with the written consent of the patient or the patient's authorized representative. A patient may revoke consent in writing, except to the extent that the program or other lawful holder of patient identifying information that is permitted to make the disclosure has already acted in reliance on it. If you wish to revoke consent, you must **notify the Facility NPP Ethics and Compliancy Officer (ECO)** in writing.

Records, or testimony relaying Covered Information maintained by the program shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against the patient unless based on specific written consent or a court order. Program records with Covered Information shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to the patient or the holder of the record, where required by 42 U.S.C. 290dd-2 and 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before a program record containing Covered Information is used or disclosed.

Program records that are disclosed to another substance use disorder program, covered entity, or business associate pursuant to the patient's written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.

You have a right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations. You have a right to request and obtain restrictions of disclosures of program records with Covered Information to your health plan in accordance with the Facility NPP. You have a right to request an accounting in accordance with the Facility NPP including an accounting of disclosures of the program's electronic records with Covered Information for the past 3 years. You have a right to a list of disclosures by an intermediary for the past 3 years (for example, a health information exchange if you have consented to the program disclosing Covered Information to the health information exchange). You have a right to obtain a paper or electronic copy of this notice from the program upon request. You have a right to discuss this notice with a .

The program is required by law to maintain the privacy of records, to provide patients with notice of its legal duties and privacy practices with respect to records, and to notify affected patients following a breach of unsecured records. The program is required to abide by the terms of the notice currently in effect. The program reserves the right to change the terms of this notice and to make the new notice provisions effective for records that it maintains. The current notice will be posted at the program offices and on our website and include the effective date. In addition, each time you register at or are admitted to the program for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

If you believe your privacy rights have been violated, you may file a complaint with the program by following the process outlined in the facility's Patient Rights documentation. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Attachment B
CONSENT FOR DISCLOSURE OF INFORMATION FOR TREATMENT, PAYMENT AND
HEALTH CARE OPERATIONS

Patient Name _____

Date of Birth _____

I, the undersigned, hereby agree as follows:

1. I have received from _____ (the "Program") notice that federal law and regulations protect the confidentiality of substance use disorder patient records, and have received a written summary of the federal law and regulations protecting those records;
2. I hereby consent and agree that the Program may use and disclose the Records described below for future treatment, payment and health care operations. The Program may disclose the Records described below to my treating providers, health plans, third-party payers, and people helping to operate the Program for treatment, payment, and health care operations. I understand that Records (or information contained in the Records) may be redisclosed in accordance with the permissions contained in the HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against the patient.
3. Records authorized for use and disclosure will include all records maintained by the Program relating to the Patient, including all admission forms and information, medication information, medical history information, physician orders, clinical testing information, billing information and other information, excluding only the following:

(list any items in your records with the Program that you do not wish to have shared for treatment, payment and health care operations, or write "NONE" if you consent to all of the Patient's records with the Program being shared as described above;
4. This consent will expire on the following date, event or condition if not revoked before then:
NONE;
5. Where this consent references disclosure of information by the Program, I consent to disclosure by all employees, agents and representatives of the Program. Where this consent references disclosure of information to a potential entity or group, I consent to disclosure by all employees, agents and representatives of the entity or group who may request or require the relevant information for the purposes permitted above;
6. I understand the potential for the Records used or disclosed pursuant to this consent to be subject to redisclosure by the recipient and no longer protected by 42 CFR Part 2.
7. This consent is subject to revocation at any time except to the extent that the Program has already acted in reliance on it.

NOTE: If you do not sign this consent, the Program may not be able to bill your insurance company and you will be personally responsible for the full amount of all charges for treatment. Further, if you do not sign this consent, the Program may not be able to disclose the Records for treatment, and treatment may be delayed or the

quality of treatment may be adversely impacted due to lack of information by treating providers, as well as other adverse impacts on treatment and the Programs' operations.

Signature of Patient/Patient's Representative

Date: _____

Print Name of Patient's Representative (if applicable)

Relationship to Patient

Attachment C
CONSENT FOR DISCLOSURE TO FAMILY/FRIENDS

Patient Name _____ Date of Birth _____

I, the undersigned, hereby agree as follows:

1. I have received from _____ (the "Program") notice that federal law and regulations protect the confidentiality of substance use disorder patient records, and have received a written summary of the federal law and regulations protecting those records;
2. For purposes of facilitating treatment and care of the Patient, including, without limitation, for purposes of therapy sessions, post-discharge care and other reasonable purposes, I consent to the Program disclosing the Covered Information (as hereinafter described) to the following individual(s) (the "Identified Person(s)"): _____

3. "Covered Information" will include all records and information maintained by the Program relating to the Patient, including, without limitation, admission information, medication information, medical history information, physician orders, clinical testing information and other information, excluding only the following:

(list any items in your records with the Program that you do not wish to have shared with the Identified Person(s), or write "NONE" if you consent to all of the Patient's records with the Program being shared with the Identified Person(s) as determined by the Program to be appropriate);
4. This consent will expire on the following date, event or condition if not revoked before then: _____ (list the date, event or condition upon which you wish for this consent to expire; if no date, event or condition is listed, this consent will expire on the earlier of (i) ten (10) years from the date of signature below, or (ii) the last date on which the Covered Information is reasonably necessary for facilitating the Patient's treatment and medical care);
5. This consent is subject to revocation at any time except to the extent that the Program has already acted in reliance on it.
6. I understand the potential for the Records used or disclosed pursuant to this consent to be subject to redisclosure by the recipient and no longer protected by 42 CFR Part 2.
7. I acknowledge that I may be required to sign another authorization form in future related to the disclosure of copies of medical records to the Identified Persons.

NOTE: If you do not sign this consent, the Program may not be able to disclose information to the individuals identified above who may otherwise be involved in your treatment, and treatment may be delayed or the quality of treatment may be adversely impacted due to lack of information.

Signature of Patient/Patient's Representative

Date: _____

Print Name of Patient's Representative (if applicable)

Relationship to Patient