NOTICE OF PRIVACY PRACTICES OF RECOVERY CENTERS OF AMERICA

Your Information. Your Rights. Our Responsibilities.

This notice describes how Recovery Centers of America and its affiliates1 ("We," "Us," "Our") may use and disclose medical information about you and how you can get access to this information. **Please review it carefully.**

In this notice, you will learn:

- 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 the Privacy Officer at 1-800-RECOVERY and privacy@recoverycoa.com if you have any questions.

https://recoverycentersofamerica.com/affiliated-covered-entities-under-hipaa/

How do we use or share your health information?

How we use and share your health information may depend on the type of treatment you receive. Information relating to substance use treatment is protected by specific federal regulations in addition to HIPAA which are known as 42 CFR Part 2. These regulations protect the confidentiality of information relating to the identity, diagnosis, prognosis, or treatment of any patient in a drug or alcohol treatment program. We do not disclose records relating to treatment without your written authorization, except in narrowly limited circumstances described in this notice.

We may use and disclose your health information for treatment, payment, and health care operations as permitted or required by law. In addition, for records relating to substance use disorder treatment that are subject to special federal confidentiality protections, you may provide a single consent authorizing future uses and disclosures for treatment, payment, and health care operations. Examples of these uses and disclosures include:

To treat you

> We can use your health information and share it with other professionals who are treating you. This includes physicians, nurses, medical students, pharmacies, and other health care professionals involved in coordination of your care. We only will share information relating to treatment for substance use disorder with such other professionals with your written authorization.

To run our organization

We can use and share your health information to run our operations, improve your care, and contact you when necessary. For example, we may use or share your information to evaluate the quality of services, for accreditation functions and for our operation and management purposes.

To bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. We only will share information to obtain payment for substance use disorder treatment with your written authorization.

To send appointment reminders and new service alerts

We may use and disclose PHI to send a reminder regarding an appointment with us, including text reminders and phone calls. We also may use and disclose PHI to tell you about health-related benefits and services that may be of interest to you. For example, we may contact you about new healthcare services and screenings.

How else might we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. These conditions include specific requirements for substance use treatment records when applicable. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html and https://www.hhs.gov/hipaa/part-2/index.html.

Help with public health and safety issues

We can share specific, limited health information about you without your written authorization for certain situations such as:

- Preventing disease – including reporting the results of tests for communicable diseases to government health agencies such as the CDC and state departments of health
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected child abuse or neglect
- Reporting domestic violence in certain states
- Preventing or reducing a serious threat to anyone's health or safety

For research

We may use or share your information for research purposes pursuant to a valid authorization from you or when an institutional review board or privacy board has waived the authorization requirement. Under certain circumstances, your information may also be disclosed without your authorization to researchers preparing to conduct a research project or for research on decedents or to researchers pursuant to a written data use agreement. We may communicate with you

directly regarding opportunities to participate in clinical studies and we may receive remuneration for sharing information with you about these opportunities.

Health Information Exchanges (HIE)

We may participate in health information exchanges for the purpose of securely exchanging your health information for your treatment, payment, or health care operations or other purposes permitted or required under law. Any exchange of information through an HIE will conform to the above explanation of how we use and share your information.

Complying with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law. Your authorization may not be required in these circumstances.

Responding to organ and tissue donation requests

We can share health information about you with organ procurement organizations. Authorization may be required for substance use treatment information.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies. Your authorization may not be required in these circumstances

Addressing law enforcement, court orders, and other government requests

We can use or share health information about you without your prior authorization:

- For law enforcement purposes or with a law enforcement official, such as if a patient commits or threatens to commit a crime within our program or against our staff, subject to additional protections for substance use treatment information
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your authorization or a court order, subject to the exception noted above for crimes on the premises or against our staff
- A court order authorizing use or disclosure must accompany a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed

To respond to medical emergencies

We may use or disclose your health information, including substance use treatment information when permitted by applicable law, when necessary to address a bona fide medical emergency or

a serious threat to the health or safety of you or another person. Your authorization may not be required in these circumstances, and we will document such disclosures as required by law.

To facilitate audits, evaluations, and oversight activities

We may disclose your health information, including substance use treatment information, without your authorization to individuals or organizations that perform audits, evaluations, quality assurance reviews, accreditation activities, compliance reviews, or other oversight functions authorized by law. These persons or entities must protect the confidentiality of your information and may use it only for the purposes permitted by law.

Special protections for reproductive health care information

In some situations, federal law gives extra privacy protection to information related to reproductive health care. When those protections apply:

- We will not use or disclose your health information to investigate or identify you for seeking or receiving lawful reproductive health care.
- In some cases, we will obtain written confirmation from the person asking for the information that the information is not being requested for a prohibited purpose.

To respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena, subject to additional protections for substance use treatment information.

What happens after we share your information?

Once information is shared outside of our organization at your request or as required by law, it may no longer be protected by HIPAA and 42 CFR Part 2. In some cases, the person or organization that receives your information may be allowed or required by law to share it with others. In addition, if you consent to the disclosure of your substance use treatment records for treatment, payment, or health care operations, the recipient may further use or disclose that information as permitted by HIPAA. **Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement)**.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may ask for you to put your request in writing and to provide a reason to support your request.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operation, even if you previously consents to disclosures for this purpose. With respect to records other than substance use treatment records, we are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share the information for the purpose of payment or our operations with your health insurer.
- We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures required by law to be accounted for.
- We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- You may request to discuss this noticed with our Privacy Officer, or their designee, using the contact information at the bottom of this notice.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

Revoke, restrict, or change an authorization or consent

- You can change your mind at any time about an authorization or consent you previously provided for us to use or disclose your health information. Ask us how to do this.
- Your request must be made in writing.
- We will stop using or disclosing your information under that authorization or consent after we receive your request, except to the extent that we have already acted in reliance on it.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the contact information below.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, by emailing OCRComplaint@hhs.gov, or online at www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

  If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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

Updated 2026

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and be made available to you on our web site.

Please direct any questions about the use or disclosure of your health information to our Privacy Officer at the email and phone numbers below.

- privacy@recoverycoa.com or 1-800-RECOVERY

Updated 2026