
**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

This notice describes Terros Health’s privacy practices. Terros Health is an integrated health care provider and considers your individually identifiable medical, behavioral health, and substance use disorder information as a single record, called your “**health record.**” “**You**” or “**your**” collectively refers to the patient who is the subject of the health record or the patient’s personal representative. A personal representative is a natural person who has the legal authority to make health care decisions for a patient. “**We,**” “**us,**” “**our**” and “**Terros Health**” refers to Terros Health, Inc.

OUR PLEDGE REGARDING YOUR HEALTH RECORD:

We create a health record of the care and services you receive from Terros Health to provide you with quality care and to comply with certain legal requirements. We are committed to protecting the confidentiality of your health record. This notice describes the ways in which we may use and disclose your health record. This notice also describes your rights and certain responsibilities we owe to you. For example, we are required by law to:

- Maintain the privacy and security of protected health information;
- Give you this notice of our legal duties and privacy practices with respect to protected health information and to abide by the terms of this notice;
- Notify you following a breach of your unsecured protected health information; and
- Not use or disclose your health record without your written permission, except as described in this notice.

WHO WILL FOLLOW THIS NOTICE:

Terros Health workforce members at all locations are required to follow the terms of this notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH RECORD:

We may use and disclose your health record with your written permission or as permitted or required by the laws that apply to Terros Health. This section explains how we may use and disclose information about you from your health record.

What laws apply to how we use and disclose your health record?

Federal, state and local privacy laws govern how we may use and disclose your health record. HIPAA is a federal privacy law that protects certain individually identifiable health information called protected health information (see 45 C.F.R. Parts 160 and 164). Additionally, information that identifies a person as having (or having had) a substance use disorder and that originates from a federally-assisted substance use disorder treatment provider (called a “**Part 2 program**”) is specially protected by a federal law and regulations that are more protective than HIPAA. That federal law is located at 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2 (collectively, called “**Part 2**”). Because different laws apply to different types of health information we maintain in your health record, we generally apply the most restrictive (protective) legal requirements to your entire health record. It is also not feasible for us to segment health information that is subject to more restrictive legal requirements from the less restrictive legal requirements. Because Terros Health operates Part 2 programs, we generally follow Part 2’s more restrictive privacy protections with respect to how we use and disclose your health record. This notice describes how we may use and disclose information about you from your health record under HIPAA and Part 2.

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NOTICE OF PRIVACY PRACTICES

Effective Date: 12/06/2023

How we may use your health information.

Under HIPAA and Part 2, we may use your health record in the following ways:

- **For Treatment.** We may use information from your health record to provide you with treatment and our services. For example, a Terros Health medication assisted treatment (MAT) provider may share your health information with a Terros Health counselor if your counselor needs to know about your MAT treatment to better coordinate your care at Terros Health.
- **For Payment.** We may use information from your health record for payment purposes. For example, workforce members from our billing department may access and use your contact information to contact you about a bill for services.
- **For Health Care Operations, including Audits and Evaluations.** We may use information from your health record to run our clinics, improve your care, and contact you. For example, we may use your information to review our treatment and services, to evaluate the performance of our workforce members who may be caring for you, to train our workforce members, and to send you appointment reminders or contact you about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also combine information from your health record with information from other patients to decide what additional services Terros Health should offer and whether certain treatments have been effective.
- **For Research.** Under certain circumstances, we may use your health record for research purposes, such as comparing the health and recovery of all patients who received one type of treatment to those who received another, for the same condition.
- **For Fundraising Activities.** We may use the information within your health record to contact you in an effort to raise money for the clinic and its operations; however, you have the opportunity to opt out of receiving fundraising communications.
- **For Other Permissible Uses.** We may also internally use your health record in other ways that are permitted or required by the laws that apply to Terros Health. For example, we may need to use information from your health record in connection with a legally permissible disclosure. We describe how we may disclose your health information in greater detail below.

How we may disclose your health information.

Terros Health generally follows Part 2's more restrictive privacy protections for the disclosure of your health record because it is not feasible for Terros Health to segment health information protected by Part 2 from the rest of the information in your health record. Because Terros Health operates Part 2 programs, we cannot say whether you are receiving services from such programs if doing so would reveal that you have (or had) a substance use disorder. Additionally, under Part 2, we cannot disclose information identifying you as having (or having had) a substance use disorder unless:

- You consent to the disclosure in writing or, if you have been adjudicated incompetent, your personal representative consents to the disclosure;
- The disclosure is allowed by court order;
- The disclosure is to medical personnel in a medical emergency where your prior consent cannot be obtained;
- The disclosure is to medical personnel of the Food and Drug Administration (FDA) for product recalls;
- The disclosure is to medical personnel when there is a temporary state of emergency declared as the result of a natural or major disaster (such as a wildfire or hurricane) and the Part 2 program is closed and unable to provide services or obtain your prior consent due to the emergency;
- The disclosure is to a third-party payer (such as your health plan) for payment purposes in circumstances where the Part 2 program director has consented on your behalf because your condition prevents you from knowing or taking effective action on your own behalf;
- The disclosure is to the Part 2 program's contractors who provide services to the Part 2 program and who agree to be bound by the privacy protections for substance use disorder information;

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- The disclosure is to organization(s) that have direct administrative control over the Part 2 program;
- The disclosure is to qualified personnel for research, audit or program evaluation purposes;
- The disclosure is for cause of death reporting or investigations permitted by state law; or
- The disclosure is for another purpose permitted by Part 2.

Please note that Part 2 does **not** protect any information about:

- A crime committed by a patient on the premises of the Part 2 program, against Part 2 program personnel, or about any threat to commit such a crime.
- Suspected child abuse or neglect that must or maybe reported under state law to appropriate state or local authorities.

If Part 2 does not apply to your health information and we are able to segment that health information from the rest of the information in your health record (or if one of the Part 2 disclosure exceptions described above overlaps with a HIPAA exception), we may disclose that health information under HIPAA without your written permission as follows:

- **For Treatment, Payment and Health Care Operations.** We may disclose information from your health record to people outside of Terros Health for our own treatment, payment and health care operation purposes. We may also disclose such information for treatment and payment activities of other health care providers or other HIPAA covered entities, such as your health plan. We may further disclose such information for another HIPAA covered entity's limited health care operations activities or for purposes of health care fraud and abuse detection or compliance, if they have (or had) a relationship with you and the information requested pertains to that relationship. For example, we may disclose information about your treatment to collect payment from your health plan, to work with your health plan on developing more effective treatments and identifying gaps in your care, and to coordinate your care with your other providers and social service agencies.
- **Facility Directory.** Unless you object, we may include information about you in our facility directory and this information may be disclosed to people who ask for you by name or as otherwise permitted by law.
- **With Individuals Involved in Your Care or Payment for Your Care and Disaster Situations.** Unless you object, we may release information about you from your health record to a friend, family member or other person who is involved in your care or payment for that care. In addition, we may disclose information about you from your health record to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- **For Research.** Under certain circumstances, we may disclose your health record for research purposes. All research projects, however, are subject to a special approval process to balance the research needs with a patient's need for privacy.
- **As Required by Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat, such as in the case of a healthcare emergency.

If Part 2 does not apply to your health information and we are able to segment that health information from the rest of the information in your health record (or if one of the Part 2 disclosure exceptions described above overlaps with a HIPAA exception), we may be allowed or required to share your information in other ways under HIPAA. We provide a summary of those other purposes below. ***But we have to meet many conditions in the law before we share your information for these purposes.*** If Part 2 applies, we may not be allowed to share information from your health record in these ways unless we get your written consent.

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- **Organ and Tissue Donation.** If you are an organ donor, we may release information from your health record to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority, consistent with federal law.
- **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report exploitation of vulnerable or incapacitated adults; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for review and quality control activities authorized by law. For example, these oversight activities may include audits, investigations, inspections, licensure or agency accreditation reviews, and information required by the FDA on reporting or tracking events such as drug recalls. These activities are necessary for the government to effectively monitor the health care system, government programs, and compliance with civil rights laws.
- **Legal Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose information from your health record in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful legal or judicial process initiated by someone else involved in the dispute.
- **Public Safety and Law Enforcement.** We may release health information about you if asked to do so by a law enforcement official: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the clinic; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information about you to a coroner or medical examiner. For example, this may be necessary to identify a deceased person or determine a cause of death. We may also release medical information about a patient to funeral directors as necessary to carry out their duties (*i.e.*, filing death certificates, *etc.*).
- **National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities, as authorized by law.
- **Protective Services for the President and Others.** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Security Clearances.** We may use or disclose health information about you in decisions regarding your medical suitability for a security clearance, security clearance related position within the government, or security clearance otherwise required for federal service abroad. We may also use and disclose your health suitability determination to officials of the Department of State who need access to that information for these purposes.

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- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or to a correctional law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Uses and disclosures that require written permission.

Under HIPAA and Part 2, we **never** disclose your health record unless you give us written permission in the following cases:

- For marketing purposes;
- For the sale of protected health information; and
- Most sharing of psychotherapy notes (that is, your mental health professional's impressions from your individual or group therapy sessions that are kept separate from the rest of your health record), except as permitted or required by law.

Health information with additional protections.

Certain types of health information may have additional protection under federal, state or local law. In those cases, we will follow the more restrictive (protective) requirements. Please also note that due to technical and administrative limitations, it may not be feasible for us to segment health information that is subject to the more restrictive legal requirements from the less restrictive legal requirements.

Other uses and disclosures of your health information

Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide Terros Health with permission to use or disclose health information about you, you may revoke that permission, in writing, at any time.

YOUR RIGHTS REGARDING YOUR HEALTH RECORD:

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

Right of Access. You have the right to inspect and copy health information that we maintain about you in a designated record set. This includes your health record, but does not include psychotherapy notes that are kept separate from your health record or information we may compile in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. To exercise your right of access, you must submit your request in writing to the HIMS Director. If permitted by the laws that apply to us, we may charge a fee for the costs of copying, mailing, or other supplies and/or services associated with your request. We may deny your access request in certain circumstances. In some circumstances, you may be eligible to seek further review of such a denial.

Right to Request an Amendment. If you feel that the health information we maintain about you in a designated record set is incorrect or incomplete, you may request that we change that information. To request an amendment, your request must be made in writing and submitted to the HIMS Director. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by Terros Health;
- Is not part of a designated record set maintained by Terros Health;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures of your health information when your health information is disclosed for certain purposes. To request

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this accounting of disclosures, you must submit your request in writing to the HIMS Director. Your request must state a time period for your request, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, Terros Health may elect to charge you for the costs of providing the list. If a charge is to be assessed, Terros Health will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the HIMS Director. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. *We are not required to agree to your request, and we may say “no” if it would affect your care.* However, if you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes,” unless a law requires us to share that information. To request restrictions, you must make your request in writing to the HIMS Director. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

Right to a Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice by contacting the HIMS Director. We will provide you with a paper copy promptly.

COMPLAINTS:

You can complain if you feel we have violated your rights by contacting the HIMS Director at the contact information listed on the last page of this notice. You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) at:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
Email: OCRComplaint@hhs.gov
Website: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

A violation of Part 2 by a Part 2 program is a crime. Suspected violations may be reported to the United States Attorney at:

The United States Attorney's Office District of Arizona
Two Renaissance Square
40 N. Central Avenue, Suite 1800
Phoenix, AZ 85004-4449
Phone: (602) 514-7500

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If the Part 2 violation involves an opioid treatment program, the Part 2 violation may also be reported to:

SAMHSA Center for Substance Abuse Treatment
5600 Fishers Lane
Rockville, MD 20857
Phone: 240-276-1660
Email: csat@samhsa.hhs.gov

You will not be penalized for filing a complaint. Terros Health maintains strict guidance with all of its workforce members to ensure that you will not be exposed to retaliation in any form should you wish to file a complaint.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for any of the health information we already have about you as well as any information we receive in the future. We will post a current copy of this notice at each physical location and on our website. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to Terros Health for treatment or health care services we will offer you a copy of the current notice in effect. We will abide by the terms of the notice currently in effect.

QUESTIONS ABOUT THIS NOTICE:

If you have any questions about this notice, please contact either:

Director of the Health Information
Management System (HIMS)
Department
[Insert mailing address]
Phone: 602-389-3585
Email: [insert email]

Privacy Officer
[Insert mailing address]
Phone: 602-685-6117.
Email: [insert email]

Effective 8/1/02

Reviewed / Revised 10-10-13; 5-20-15; 7-8-16; 11-16-17; TBD 2023