

Notice of Privacy Practices for Substance Use Disorder Treatment Information Conway Regional Health System

This notice describes how health information related to Substance Use Disorder (SUD) treatment. This notice describes how health information related to SUD treatment by Conway Regional Health System (CRHS) may be used and disclosed, your rights with respect to your SUD treatment information and how to file a complaint concerning a violation of the privacy or security of your SUD treatment information, or of your rights concerning your SUD treatment information. You have a right to a copy of this notice, in paper or electronic form, and to discuss it with our Privacy Officer whose contact information is listed below if you have any questions.

This notice supplements the information in our HIPAA Notice of Privacy Practices and describes the additional protections for records related to SUD treatment information. We are required to provide patients with notice of our legal duties and privacy practices with respect to SUD records and to notify affected patients following a breach of unsecured SUD records.

This notice is applicable to SUD treatment information protected under 45 CFR Part 2 which is limited to SUD treatment programs and does not apply to information related to care provided outside these programs such as substance abuse screening that is performed in emergency rooms or by your primary care provider.

How We May Use and Share Your Information

The confidentiality of SUD patient records maintained by us is protected by Federal law and regulations. We will share your SUD treatment information amongst our staff as needed to provide care to you or to bill you for services. Generally, however, we may not say to a person outside the addiction medicine program that you are a patient of the program or disclose any information identifying you as a person with substance use disorder except in the circumstances described below.

Instances where we may share information without your consent:

- The disclosure is made to medical personnel in a medical emergency;
- The disclosure is made to qualified service organizations providing services on our behalf who agree in writing to protect the information in the same way that we are required to protect the information;
- The disclosure is made to law enforcement to report a crime you commit, or threaten to commit, in our facility or against our personnel;
- The disclosure is made to report suspected child abuse and neglect as required by state law;
- The disclosure is made to qualified personnel for research subject to ethics board approval and oversight;
- The disclosure is made to qualified personnel for audit or program evaluation who a) agree in writing to protect the information as required under our policies, b) represent federal, state, or local government agencies that are authorized by law to oversee our program, or c) provide financial assistance to the program or provide payment for health care;

- The disclosure is allowed by a court order and that order includes a subpoena or other legal mandate requiring that we share your information. In particular, note that records, or testimony about your records, cannot be shared in any civil, administrative, criminal, or legislative proceedings against you unless there is specific written consent or a court order. If there is a court order, we must let you know and provide you with an opportunity to object.

In all other circumstances, we will ask for your consent to release your information outside of our program. Instances where we may share information with your consent:

- When you ask us in writing to share your information;
- When you consent to allow us to share information about you outside of our program for all future treatment, payment, and healthcare operations purposes. If you consent to our sharing your information, you can change your mind and ask us not to at any time by letting us know in writing. If you change your mind, we will stop any future sharing of your information but will be unable to retrieve any information that has already been released.

Your Rights as a Patient in the Program

As a patient in a CRHS SUD treatment program you have certain rights with regard to your information in addition to those rights described in our HIPAA Notice of Privacy Practices:

- You have a right to request restrictions of disclosures made with your prior consent for purposes of treatment, payment, and health care operations. We will review your request but are not required to agree unless the request relates to sharing information with your insurance provider and your care has already been paid by another source. If we agree to your request, we may still share your information where needed for emergency care or where required by law.
- You have a right to an accounting of disclosures of electronic records of your care by the treatment program to people outside our program for the past 3 years. In addition, if you provided consent to share your information for treatment through a health information exchange, care management organization, or other intermediary, you have a right to a list of disclosures by an intermediary for the past 3 years.
- You have a right to obtain a paper or electronic copy of this notice as well as our HIPAA Privacy Notice upon request. You may also find this notice at <https://www.conwayregional.org/patients-visitors/patients/privacy-practices>.
- You have a right to elect not to receive fundraising communications.

Our Commitment to You

We respect the need to maintain the confidentiality of your care. We are required to follow the terms of the notice currently in effect. If we make changes to how we manage your records, we will change our notice and provide you with a new notice at your next visit if you are still receiving care. If you are no longer receiving care in this program, you may request an updated copy of our notice or you may find the most recent notice in effect on our website.

If you have a concern or question about this notice or your privacy you may contact the Privacy Officer at 501 329 3831 or compliance@conwayregional.org. In addition, you have a right to file a complaint to the Secretary of the Department of Health and Human Services. For directions on how to contact the Secretary, please contact the Privacy Officer. You will not be retaliated against for filing a complaint.

Patient Signature

By signing below, I acknowledge that I have read the consent form and understand that, as indicated on that form, my 42 CFR Part 2 -- Substance Use Disorder information may be shared.

Printed Name

Signature of Patient and Date

Legal Guardian, Parent, or Legally Authorized Representative Signature

By signing below, I acknowledge that I have the legal authority to consent to share the named individual's 42 CFR Part 2 -- Substance Use Disorder treatment information. I acknowledge that I have read this consent form and understand that as indicated on this form, the 42 CFR Part 2 - Substance Use Disorder information of the person on whose behalf I am signing may be shared.

Printed Name

Signature and Date