



# NOTICE OF PRIVACY PRACTICES

## YOUR RIGHTS

You have certain rights related to your health information. **Please review it carefully.**

This Notice of Privacy Practices describes:

- How your health information may be used and disclosed;
- Your rights with respect to your health information;
- How you can access your health information; and
- 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 A COMPANY REPRESENTATIVE VIA EMAIL AT [Communications@awarerecoverycare.com](mailto:Communications@awarerecoverycare.com) OR PHONE AT (203) 599-0260 IF YOU HAVE ANY QUESTIONS**

### I. Purpose and Applicability

This Privacy Notice describes the privacy practices (sometimes referred to herein collectively as the "Notice") of Aware Recovery Care and its subsidiary and affiliated entities (collectively referred to as, "Aware"), and is inclusive of all of Aware service offerings, individually and collectively.

### II. Privacy and Confidentiality Obligations of Aware

Aware is required by law to maintain the privacy and confidentiality of information about your health, health care, and payment for services related to your health (referred to in this notice as "protected health information" or "information" or "PHI") and to provide you with this Privacy Notice of Aware's legal obligations and privacy practices with respect to your protected health information. When Aware uses or discloses this information, Aware is required to do so in accordance with the terms of this Notice (or other notice in effect at the time of the use or disclosure). Aware will apply the most stringent, applicable privacy standards when using or disclosing of your PHI.

#### a. PHI involving substance use disorder services

If you are applying for or receiving services related to substance use disorder, including diagnosis, treatment, or referral, that is federally financially assisted, then your health information may also be protected by another federal law, 42 CFR Part 2 (may be referred to herein as "Part 2" or "42 CFR Part 2"). As such, Aware may not acknowledge to a person outside of Aware that you participate in or applied for an Aware program except under certain circumstances described in this notice. It is possible that you may be receiving services that are not covered by 42 CFR Part 2 even if you are receiving substance use disorder service, however, your information is still protected under HIPAA

(defined herein) and, likely, applicable state laws. Please see your patient handbook for any state law specifics.

#### b. PHI involving other health services, including certain substance use disorder services

The Health Insurance Portability and Accountability Act ("HIPAA") and related privacy regulations (45 CFR Parts 160 and 164) also protect your health information, regardless of whether are applying for or receiving services for substance use disorder. Generally, if you are not applying for or receiving services for substance use disorders that are federally financially assisted, the way Aware is may use and disclose information differs slightly, as described in this notice.

### III. Uses and Disclosures with Authorization (all PHI)

Generally, Aware may use or disclose your protected health information when you authorize us to do so in writing on a form that specifically meets the requirements of applicable state and federal laws and regulations. During this Notice, the terms "authorization" and "consent" will be utilized interchangeably. You, as the patient, have the full right to your record for any purpose. As it relates to 42 CFR Part 2, Aware will only make uses and disclosures not described in this notice only with your written consent. Examples of types of uses and disclosures that would require your consent include: personnel matters (such as disclosure of information or records to a family member or a friend), legal matters, disability paperwork, employment paperwork, attendance paperwork, or any other purposes specified by you in an authorization form.

**a. Exceptions.** There are some exceptions and special rules that allow for the use and disclosure of your protected health information without your consent (see Section IV and V).

**b. Right to Revoke.** You may revoke your authorization except to the extent that we have already taken action upon the authorization. If you are currently receiving care and wish to revoke your authorization, contact your Care Team. After you are discharged, you will need to contact the Aware Health Information Management Department (see the last page for contact information). To the extent that you are receiving services that are protected under 42 CFR Part 2, you may revoke any written consent as provided in Sections 2.31 and 2.35 of the regulations.

**c. Court Orders and Subpoenas.** Please be aware of the fact that a court with appropriate jurisdiction or other authorized third party could request or compel you to sign an authorization.

**d. No Sale of PHI.** Aware does not sell client protected health information.

**e. 42 CFR Part 2 – Single Consent for Treatment, Payment and Health Care Operations (substance use disorder services)**

For services that are subject to 42 CFR Part 2 (“part 2 program”), you will be asked to provide a single, written consent by Aware for all present and future uses and disclosures of treatment, payment, and health care operations purposes; and Aware shall rely upon said consent for all such purposes. You may revoke such consent at any time in writing; provided, however, that Aware shall rely on any active consents prior to such revocation. All other uses and disclosures will be subject to patient’s written consent unless otherwise provided by applicable law.

Records that are disclosed to Aware, another part 2 program, a covered entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without your written consent, to the extent the HIPAA regulations permit such disclosure. A part 2 program may use or disclose records to fundraise for the benefit of the part 2 program only if you first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.

**IV. Uses and Disclosure without Authorization (all PHI)**

Aware may use and disclose your information under the circumstances listed below, even when you have not given your written authorization.

**a. Treatment.** Aware may use or disclose your protected health information for treatment purposes. Treatment includes diagnosis, treatment and other services, including discharge planning. For example, your Care Team may disclose your health information to each other to coordinate treatment services, including alternative services or other health-related benefits and services that are necessary or may be of interest to you.

**b. Health Care Operations.** Aware may use or disclose your protected health information for health care operations

purposes, which include internal administration, planning, and various activities that improve the quality and effectiveness of care. For example, we may use information about your care to evaluate the quality and competence of our staff. Aware may disclose information to qualified personnel for outcome evaluation, management audits, financial audits, or program evaluation; however, such personnel may not identify, directly or indirectly, any individual client in any report of such audit or evaluation, or otherwise disclose client identities in any manner. Aware may disclose your information as needed within Aware to resolve any complaints or issues that arise regarding your care. Aware may also disclose your protected health information to an agent or agency that provides services to Aware under a qualified service organization agreement and/or business associate agreement, in which the service provider agrees to abide by applicable federal law and related regulations (42 CFR Part 2 and HIPAA). Health care operations may also include use of your protected health information for programs offered by Aware, such as sending you invitations to alumni events and workshops sponsored by Aware. This list of examples is for illustration only and is not an exclusive list of all the potential uses and disclosures that may be made for health care operations.

**c. Uses and Disclosures without Authorization (aside from treatment and health care operations)**

- *Appointment Reminders.* Aware may contact you to send you reminder notices of future appointments for your treatment.
- *Medical Emergencies.* Aware may disclose your protected health information to medical personnel to the extent necessary to meet a bona fide medical emergency (as defined by 42 CFR Part 2); this information might include HIV status, if applicable.
- *Minors.* Aware may disclose to a parent or guardian or other person authorized under state law to act on behalf of a minor, including facts about a minor which are relevant to reducing a threat to the life or physical well-being of the minor or any other individual, if the Agency Director or other clinical leader determines that the minor applicant lacks capacity to make a rational decision and the minor’s situation poses a substantial threat to the life or physical well-being of the minor or any other individual which may be reduced by communicating relevant facts to such person.
- *Incompetent and Deceased Clients.* In the case of clients who have been deemed incompetent by a court of law or are deceased, authorization of a personal representative, guardian or other person authorized by applicable state law may be given in accordance with 42 CFR Part 2.
- *Decedents.* Aware may disclose protected health information to a coroner, medical examiner or other authorized person under applicable law who require the

collection of death or other vital statistics, or to permit inquiry into the cause of death.

- **Judicial and Administrative Proceedings.** Aware may disclose your protected health information in response to a court order that meets the requirements of federal regulations, 42 CFR Part 2. If you are involved in a legal issue where Aware is not a party, Aware may disclose your information with your authorization or court order for situations involving family matters, worker's compensation, civil actions, or other legal issues. Note also that if your records are not actually "patient records" within the meaning of 42 CFR Part 2, your records may not be subject to the protections of 42 CFR Part 2.
- **Commission of a Crime on Premises or Against Aware Personnel.** Aware may disclose your protected health information to law enforcement officials if you commit a crime on the premises or against program personnel or threaten to commit such a crime.
- **Child Abuse.** Aware may disclose your protected health information for the purpose of reporting child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports.
- **Duty to Warn.** If Aware learns that a client has made a specific threat of serious physical harm to another specific person or the public, and disclosure is otherwise required under statute and/or common law, Aware will carefully consider appropriate options that would permit disclosure.
- **Audit and Evaluation Activities.** Aware may disclose protected health information to persons or entities who perform audit or evaluation activities for certain health oversight agencies, such as state licensure or certification agencies, the Joint Commission on Accreditation of Healthcare Organizations, licensing agencies, Secretary for HHS, or other oversight agencies which oversees the health care system and ensures compliance with regulations and standards, or those providing financial assistance to Aware.
- **Research.** Aware may use or disclose protected health information without your consent or authorization if our research privacy board approves a waiver of authorization for disclosure.
- **Marketing Communications.** Aware may contact you with information about Aware health-related services and products that may be beneficial to you. Such communications are a part of Health care operations, and examples of these communications are invitations to continuing care programs, alumni events and catalogs of recovery and self-help materials such as books, videotapes and other items. If you do not want to receive marketing communications, send an email to [Communications@awarerecoverycare.com](mailto:Communications@awarerecoverycare.com).
- **Public Health.** We may disclose your PHI for public health activities to a public health authority authorized by law to collect or receive such information for the purpose of

preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority. In certain limited circumstances, we may also may be compelled to disclose your PHI to a person that may have been exposed to a communicable disease or may otherwise be at risk of spreading or contracting such disease, if such disease is authorized by law. For example, we may disclose PHI regarding the fact that you have contracted a certain communicable disease to a public health authority authorized by law to collect or receive such information.

- **Legal.** We may disclose your PHI to respond to lawsuits and legal actions where Aware, its subsidiaries, affiliates, employees or contractors are named as parties.

#### **V. Uses and Disclosures without Authorization (Non-substance use disorder diagnosis, treatment, or referral PHI)**

If you are not applying for or receiving services for substance use disorder, the rules governing the use and disclosure of protected health information are different from and less restrictive than the rules governing information involving substance use disorder diagnosis, treatment and referral. The next section lists the additional allowable disclosures that may be made without your authorization if you are not applying for or receiving services for substance use disorder. (This list does NOT apply to those persons applying for or receiving services for substance use disorder):

- Allowable disclosure when required by law.** Aware may disclose your protected health information as required by state or federal law.
- Allowable disclosure for health and safety.** Aware may disclose your protected health information to avert or lessen a serious threat of harm to you, to others, or to the public.
- Expanded allowable abuse reporting/investigation of abuse.** Aware may disclose protected health information to a person legally authorized to investigate a report of abuse or neglect.
- Expanded allowable public health and health oversight activities.** Aware may disclose your protected health information for public health purposes and health oversight purposes including licensing, auditing or accrediting agencies authorized or allowed by law to collect such information, including, for example, when Aware is required to collect, report or disclose information about disease, injury, vital statistics for public health purposes or other information for investigation, audit or other health oversight purposes.
- Expanded allowable disclosure for law enforcement activities.** Aware may disclose protected health information to law enforcement officials in response to a valid court order or warrant or as otherwise required or permitted by law.

**f. Expanded allowable disclosure to legally authorized representatives.** Aware may disclose your health information to a person appointed by a court to represent or administer your interests.

**g. Expanded allowable disclosure in judicial and administrative proceedings.** Aware may disclose your health information pursuant to a valid court or administrative order, or in some cases, in response to a valid subpoena or discovery request.

**h. Allowable disclosure to the Secretary of Health and Human Services.** Aware must disclose your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.

#### **VI. 42 CFR Part 2 Records – Civil, Administrative, Criminal or Legislative Proceedings**

As it relates to any of your information that is protected by 42 CFR Part 2, in the event that such records maintained by Aware, or testimony relying on the content of such records, shall not be used or discussed by Aware in any civil, administrative, criminal, or legal proceedings against you unless it is based upon your specific consent or a court order. Further, records shall only be used or disclosed based upon a court order after notice and opportunity to be heard it provided to you or the holder of the record, where required by 42 U.S.C. 290dd-2; and a court order authorizing use and disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

#### **VII. Your Individual Rights**

**a. Right to Receive Confidential Communications.** Aware will most often communicate with you using the phone number, mailing or email address you provide. You may request, and Aware may accommodate, reasonable requests for you to receive your protected health information by alternative methods of communication or at alternative addresses.

**b. Right to Request Restrictions.** You may request additional restrictions on our use and disclosure of protected health information for treatment, payment and health care operations. While Aware will consider requests for additional restrictions carefully, Aware is not required to agree to a requested restriction. If you have not yet started services, then all requests for restrictions should be submitted in writing to the Admissions Team for review prior to a decision on admission. If you wish to request additional restrictions and you are currently receiving services, please contact your Care Team. Once you are no longer receiving services, contact the Health Information Management Department in writing. Aware will send you a written response. At your request, Aware will not disclose health information to your health plan if the disclosure is for payment of a health care

item or service has been paid in full (no outstanding balance remains or is anticipated for pending services).

**c. Right to Inspect and Copy your Health Information.** You may request access to your medical record maintained by Aware to inspect and request copies of the records. Under limited circumstances, Aware may deny you access to a portion of your records. If you desire access to your records and you are currently receiving services, please ask your Care Team for the records. Once you are no longer receiving services, contact the Health Information Management Department.

**d. Right to Amend your Records.** You have the right to request that Aware amend protected health information maintained in your clinical file or billing records. If you desire to amend your records and you are currently receiving services, please contact your Care Team. Once you are no longer receiving services, contact the Health Information Management Department. Under certain circumstances, Aware has the right to deny your request to amend your records and will notify you of this denial as provided in the HIPAA regulations. If your requested amendment to your records is accepted, a copy of your amendment will become a permanent part of the medical record. When Aware "amends" a record, Aware may append information to the original record, as opposed to physically removing or changing the original record. If your requested amendment is denied, you will be informed of your right to have a brief statement of disagreement placed in your medical record.

**e. Right to Receive an Accounting of Disclosures.** Upon request, you may obtain a list of individuals or entities Aware has disclose your protected health information to, other than instances in which when you gave written authorization OR those related to your treatment and payment for services, or our health care operations. The accounting will apply only to covered disclosures prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, there will be a charge. You will be told the cost prior to the request being filled. Right to a list of disclosures by an intermediary for the past three years.

**f. Right to Receive Notification of Breach.** You will be notified in the event Aware discovers that breach has occurred to the extent that your protected health information may have been compromised. A risk analysis will be conducted to determine the probability that protected health information has been compromised. Notification will be made no later than 60 days after the discovery of the breach, unless it is determined by a law enforcement agency that the notification should be delayed.

**g. Right to Receive a Paper or Electronic Copy of this Notice.** Upon request, you may obtain a paper or electronic copy of this notice.





**h. Right to File a Complaint.** If you desire additional information about your privacy and confidentiality rights, or if you wish to file a complaint, you may contact the Aware Recovery Care at 203-599-0260 or [Communications@awarerecoverycare.com](mailto:Communications@awarerecoverycare.com). You may email or call if you are concerned that Aware has violated your privacy rights, if you disagree with a decision that Aware made about access to your protected health information, or if you wish to complain about our breach notification process.

You may also file a written complaint with the Secretary of the United States Department of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling 202.619.0257. Aware will not retaliate against you if you file a complaint. Additionally, information on your state law rights are available in your patient handbook.

### VIII. 42 CFR Part 2 – Part 2 Program Duties

**a.** Any Aware part 2 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;

**b.** Any Aware part 2 program is required to abide by the terms of the Notice currently in effect;

**c.** Any Aware part 2 program is required to make this Notice available up your request; and

**d.** Any Aware part 2 program to apply a change in a privacy practice that is described in the Notice to records that the part 2 program created or received prior to issuing a revised Notice, it reserves the right to change the terms of this Notice and to make the new Notice provisions effective for records that it maintains. Aware will make available a revised Notice of Privacy Practices by posting a copy on our website: [www.awarerecoverycare.com](http://www.awarerecoverycare.com), sending a copy to you in the mail upon request, or providing one to you at your next appointment.

### IX. Effective Date and Duration of this Notice

**a. Effective Date.** This notice is effective May 2, 2024.

**b. Right to Change Notice Terms.** Aware may change the terms of this notice at any time. If Aware changes this notice, Aware may make the new notice terms effective to all protected health information that Aware maintains, including any information created or received prior to issuing the new notice. If Aware changes this notice, Aware will post the new notice in public access areas at our service sites and on our Internet site at [www.awarerecoverycare.com](http://www.awarerecoverycare.com). You may also obtain any new notice by contacting the Aware Care Team or the Company at the Contact Information below.

### X. Contact Information.

**a.** If you have questions about this Notice, you may contact the Company by mail, email, or fax as follows:

Aware Recovery Care, Inc.  
Attn: Communications Office  
35 Thorpe Avenue, Suite 104  
Wallingford, Connecticut 06492  
Telephone: 203-599-0260  
Facsimile: 203-774-3155

Email: [Communications@awarerecoverycare.com](mailto:Communications@awarerecoverycare.com)

**b. Health Information Management Department.** You may contact the Health Information Management Department by mail, email, or fax, as follows:

Aware Recovery Care, Inc.  
Attn: Health Information Management Department  
35 Thorpe Avenue, Suite 104  
Wallingford, Connecticut 06492  
Telephone: 203-599-0260  
Facsimile: 203-774-3155

Email: [MedicalRecords@awarerecoverycare.com](mailto:MedicalRecords@awarerecoverycare.com)

*Effective date: Revised v2 09/04/2024; v.1 05/02/2024*