

NOTICE OF PRIVACY PRACTICES OF COLONIAL MANAGEMENT GROUP, LP

Effective Date of Notice: April 15, 2024

This Notice of Privacy Practices (the “Notice”) describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED;
- YOUR RIGHTS WITH RESPECT TO 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 OUR PRIVACY OFFICER AT 407.351.7080 EXT. 11140 OR bill.sutton@cmglp.com IF YOU HAVE ANY QUESTIONS.

SECTION I – YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Make corrections to your paper or electronic medical record
- Request confidential communication about your treatment
- Ask us to place restrictions on the information we share, including disclosures made with your prior consent for purposes of treatment, payment or healthcare operations
- Revoke any previous written consent that you gave for the use or disclosure of your health information
- Get a list of those with whom we’ve shared your health information for the past three years
- Get a copy of this Notice
- Discuss this Notice with a designated contact person from our organization
- Not receive any fundraising communications
- File a complaint if you believe your privacy rights have been violated

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

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 thirty (30) days of your request. We may charge a reasonable, cost-based fee to produce these records which may be determined by applicable state laws or regulations.

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 say “no” to your request, but we’ll explain to you why in writing within sixty (60) days of your request.

Request confidential communications

- You can ask us to contact you in a specific way (for example, by calling your home or cell phone) or to send mail to a different address.
- We will agree to all reasonable requests.

Ask us to limit what we use or share

- You have the right to ask us to restrict the use or disclosure of your health information for treatment, payment, or our operations. We are not required to agree to your request, particularly if your request will adversely impact your treatment or if your health information is needed to provide emergency medical treatment to you.
- If you give us your written consent to disclose your health information to another Part 2 addiction treatment program (as that term is defined in 42 C.F.R. § 2.11, a covered entity health care provider, or a business associate for treatment, payment or health care operations may be further disclosed by that Part 2 program, covered entity health care provider or business associate without your written consent **provided** that such disclosures are permitted by the Health Insurance Portability and Accountability Act (“HIPAA”) and HIPAA regulations.
- If you paid in full for a service or health care item out of your own pocket, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree to this restriction unless a law or contract provision with your health insurer requires us to share that information.

You have a right to list of those to whom we’ve disclosed your health information

- You have a right to ask for a list of all disclosures (an “accounting”) of your health information made with your consent in the three (3) years prior to the date of your request.
- You also have a right to ask for a list of all disclosures of your health information made by an intermediary (i.e., a covered entity health care provider or the covered entity’s business associate) who received your information with your consent in the three (3) years prior to the date of your request.

Get a copy of this 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. A copy of this Notice is also available on our website at www.newseason.com.

File a complaint if you feel your privacy rights were violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer at 407.351.7080 ext. 11140 or bill.sutton@cmglp.com.

- 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., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

SECTION II – YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Communicate with your other healthcare providers
- Communicate with your health insurance plan
- Speak with your family and friends about your treatment
- Create awareness in your community about opioid use disorder

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 attempt to follow your instructions.

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

- Share information with your other health care providers, their business associates or your health insurer
- Share information with your family, close friends, or others who are supporting you in your treatment
- Share information in a disaster relief situation

If you unable to tell us your preference if, for example, you are unconscious or require emergency medical care, we may choose to 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:

- Participating in community awareness activities
- Partnering with non-profit entities to provide additional services to our patients
- Disclosing the counseling notes created during the course of your treatment

In the case of fundraising:

- We may contact you as part of our fundraising efforts, but only if you give the right to do so. Before we contact you, you will be given the opportunity to tell us not to contact you for anything that concerns our fundraising efforts.

SECTION III – HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Providing treatment to you (“Treatment”)

We can use your health information and share it with other medical and behavioral health professionals who are treating you.

Example: The clinic’s medical doctor who is treating you speaks with your counselor about your overall health condition.

Running our organization (“Operations”)

We can use and share your health information to run our organizations, improve your care, and contact you when necessary.

Example: We use your health information to manage your treatment and services and keep your medical records up to date.

Billing for the services provided to you (“Payment”)

We can use and share your health information to bill and receive payment from health insurers, including Medicare, Medicaid and commercial health insurance plans.

Example: We give information about you to your health insurance plan so it will pay for the services we provide to you.

PLEASE NOTE THAT FOR TREATMENT, OPERATIONS AND PAYMENT PURPOSES ONLY, YOU MAY PROVIDE A SINGLE, ONE-TIME CONSENT FOR ALL USES AND DISCLOSURES OF YOUR INFORMATION.

How else can we use or share your health information?

Under federal law, there are a few limited instances where we can share your health information without your consent. These instances are:

- Disclosures to emergency medical personnel in response to a bona fide medical emergency
- Bona fide scientific research provided that the research entity meets all of the applicable requirements of the HIPAA regulations
- Management audits, financial audits and program evaluations by entities who are legally authorized to perform such audits and evaluations
- To report suspected incidents of child abuse and neglect
- To report crimes occurring on a clinic’s premises or against a clinic employee

Comply with the law

We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if that agency is assessing our compliance with federal privacy laws.

Responding to lawsuits and legal actions

Your health information or testimony about your health information will not be used or disclosed in any civil, criminal, administrative or legislative proceeding involving you without your written consent or a court order. Your health information shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you and us as required by 42 U.S. Code § 290dd-2 and 42 C.F.R. Part 2. Any court order authorizing the use of disclosure of your health information must be accompanied by a subpoena or other similar legal document requiring disclosure before your health information is used or disclosed.

PLEASE NOTE THAT FOR ANY OTHER USES AND DISCLOSURES OF YOUR INFORMATION THAT ARE NOT SPECIFICALLY MENTIONED OR OTHERWISE DESCRIBED IN THIS NOTICE, WE WILL NOT MAKE SUCH USES OR DISCLOSURES WITHOUT YOUR EXPRESS WRITTEN CONSENT.

SECTION IV – OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information, and to provide you with a notice of our legal duties and privacy practices with respect to your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We are required to abide by the terms of this Notice and provide you a copy of it upon request.
- We will not use or share your information other than as described in this Notice 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.

Changes to the Terms of this Notice

We reserve the right to make changes to the terms of this Notice, and the changes will apply to all health information we have about you. A new notice will be available to you upon request, at our centers, and on our web site at www.newseason.com.

Acknowledgment:

By signing below, I acknowledge that I have received this Notice of Privacy Practices and have been offered an opportunity to request restrictions on certain uses and disclosures of my protected health information.

Signature of patient or patient's representative

Date: _____

Printed name of patient or patient's representative