

**NOTICE OF PRIVACY PRACTICES**  
UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996  
Effective Date: May 5, 2010  
*Updated: May 5, 2021*

**Colonial Management Group, L.P. ("New Season")**  
**2500 Maitland Center Pkwy, Suite 250 – Maitland, FL 32751**  
<https://www.newseason.com/>

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO IT. PLEASE REVIEW IT CAREFULLY.

**Our Pledge Regarding Your Medical Information**

New Season believes that each patient is entitled to the delivery of the highest quality care in an environment that both promotes and respects the confidentiality of all patient-related information. As such, we pledge that we will continuously improve our policies, procedures and systems so that Protected Health Information (PHI) is properly protected from inadvertent disclosure and/or compromise. We will not release more than the minimum amount of information required to accomplish the stated purpose for the release, and will never release PHI without your written consent unless we are mandated by law to do so. We will work to fully comply at all times with local, state and federal laws and regulations regarding the confidentiality and protection of PHI.

**Our Legal Duties Regarding Your Medical Information**

With regard to PHI, New Season is committed to full compliance with Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended (hereinafter "HIPAA") as well as the procedures, limitations, exclusions and exceptions contained in Chapter 42, United States Code, Section 290 dd-2, and Title 42 Code of Federal Regulations Part 2 regarding the confidentiality of substance use disorder patient records (hereinafter "Part 2"). Accordingly, we will:

1. Maintain the security and privacy of your health information;
2. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
3. Abide by the terms of this notice until such time as our privacy practices or the law changes;
4. Notify you if we are unable to comply with a requested restriction;
5. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations; and
6. Inform you if we are unable to comply with any request you make regarding your PHI.

**Uses and Disclosures of Your Health Information**

Each time you receive services from New Season, clinical and/or medical entries are made in your records. This information is used to ensure that care is appropriate, consistent and clinically/medically justified. We will release PHI to persons or organizations when you direct us to do so, but only with your prior written consent. On occasion, your health insurer or other entity that pays for your health care may ask for your PHI pursuant to determine or fulfill their responsibility to provide coverage and benefits to you. Finally, we may use your health information to evaluate the quality of care that you receive, such as comparing patient data to improve treatment methods.

We may use or disclose identifiable health information about you without your authorization for several other reasons allowed by law or regulation. Subject to certain requirements contained in HIPAA and Part 2, we disclose your health information without your consent for public health purposes, abuse and neglect reporting, auditing purposes, judicial and administrative proceedings, research studies, funeral arrangements and organ donation, workers' compensation purposes, specialized government functions, and emergencies. We provide information when otherwise required by law, such as disclosures made to law enforcement officers under specific circumstances. We may also initiate face-to-face communication with you about goods and services related to your care. We may also contact you about appointment reminders or treatment alternatives.

Generally, and in other situations, we may ask for your written authorization before using or disclosing your PHI. If you choose to sign an authorization to disclose any of your PHI, you may later revoke that authorization at any time to stop any future uses and disclosures. Otherwise, that authorization will

remain in effect one year from the date of signature.

**Changes to Our Notice of Privacy Practices**

We may change our policies and this notice at any time. Before we make a significant change to our policies, we will change our notice and post the new notice in the waiting area of each treatment center and on our web site. You can also request a copy of our notice at any time. For more information about our privacy practices, contact person listed below.

**Your Rights Regarding Your Medical Information**

As a New Season patient, you have the following rights regarding your PHI:

1. The right to inspect and obtain a copy of PHI in your records;
2. The right to request amendment of any PHI that you feel is incorrect, inaccurate or incomplete; we may say "no" to your request, but we'll tell you why in writing within 60 days.
3. The right to request an accounting of all disclosures of your PHI;
4. The right to request an accounting of disclosures and specifically, the right to know who your health information was disclosed to, what information was disclosed and the purpose for the release;
5. The right to request restrictions or limits on the PHI we release about you including the type of information we release; we are not required to agree to your request, and we may say "no" if it would affect your care;
6. The right to request that we communicate with you confidentially regarding your PHI or the services we provide to you; 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; and
7. The right to obtain a paper copy of this notice.

To exercise any of the aforementioned rights, you must submit your request in writing to the Privacy Officer, c/o Colonial Management Group, LP, 2500 Maitland Center Parkway, Suite 250; Maitland, Florida 32751. We will respond in writing to your request and make every reasonable effort to accommodate your request within the framework of the Act, other applicable laws and regulations and accepted standards of clinical practice. 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.

**Complaints**

If you believe that New Season has failed to protect your PHI as required by law, or you disagree with a decision made about access to your records, you should contact New Season's Privacy Officer at the address listed above, via email to [compliance@cmglp.com](mailto:compliance@cmglp.com) or by phone at (407) 351-7080. If you are not satisfied with our response, you may also submit a written complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

**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 protect health information.

\_\_\_\_\_  
Signature of patient or patient's representative

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed name of patient or patient's representative