

NOTICE OF PRIVACY PRACTICES

[PRACTICE NAME]

Effective Date: [INSERT DATE - Must be by February 16, 2026]

**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.**

We are committed to protecting your privacy. This notice explains how we may use and disclose your health information for treatment, payment, and healthcare operations. It also describes your rights to access, amend, and restrict certain uses and disclosures of your health information, and outlines the process for filing a complaint if you believe your privacy rights have been violated.

OUR PRIVACY COMMITMENT & HOW WE USE YOUR INFORMATION

We are committed to protecting the privacy of your health information. We are required by law to:

Keep your health information private and secure

Give you this notice of our legal duties and privacy practices

Follow the terms of this notice that is currently in effect

Notify you if we are unable to agree to a requested restriction

Notify you if there is a breach of your unsecured health information

How We Use and Disclose Your Information

We may use and disclose your health information for various purposes related to your care and our operations, including:

Treatment

We may use and disclose your health information to provide, coordinate, and manage your healthcare and any related services. This includes sharing information with other healthcare providers involved in your treatment, such as specialists, hospitals, or pharmacies, to ensure you receive comprehensive care.

Payment

We may use and disclose your health information to obtain payment for the healthcare services we provide. This includes billing and collection activities, such as submitting claims to your insurance company, determining eligibility or coverage for benefits, and managing claims and appeals.

Healthcare Operations

We may use and disclose your health information for our healthcare operations. These activities include quality assessment and improvement activities, professional peer review, business management and general administrative activities, and training of medical students or staff. This allows us to improve the quality of care we provide and manage our practice effectively.

Business Associates

We may share your health information with third-party business associates who perform various services on our behalf, such as billing companies, transcription services, or IT support. These business associates are required by contract and by law to protect the privacy and security of your information.

ADDITIONAL USES & DISCLOSURES

Special Protections for Substance Use Disorder (SUD) Records

Records from substance use disorder treatment programs (Part 2 programs) are subject to additional federal confidentiality protections under 42 CFR Part 2. These records:

- Cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your prior written consent or a court order that provides you with notice.
- Will only be used or disclosed with your written consent or as otherwise permitted by law.
- Cannot be re-disclosed by us except as permitted by Part 2 regulations.

Fundraising

If we intend to use SUD treatment records from Part 2 programs for fundraising purposes, we will provide you with a clear and conspicuous opportunity to opt out of receiving any fundraising communications.

Other Permitted Uses and Disclosures

Public Health Activities

We may disclose your health information to public health authorities for activities such as preventing disease, reporting births and deaths, and tracking product adverse events.

Health Oversight Activities

We may disclose your health information to health oversight agencies for audits, investigations, inspections, and licensure.

Judicial and Administrative Proceedings

We may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Law Enforcement Purposes

We may disclose your health information to law enforcement officials in response to a court order, subpoena, warrant, or similar process, or for identification and location purposes.

Research

We may use and disclose your health information for research purposes when the research has been approved by an Institutional Review Board and strict privacy safeguards are in place.

YOUR RIGHTS

You have the following rights regarding your health information:



Right to Access Your Health Information

You can inspect and obtain a copy of your health information. Submit a written request to [PRIVACY OFFICER NAME/TITLE] at [ADDRESS].



Right to an Accounting of Disclosures

You can request a list of certain disclosures we have made of your health information. Submit a written request to [PRIVACY OFFICER NAME/TITLE] at [ADDRESS].



Right to Confidential Communications

You can request to receive communications of your health information by alternative means or at alternative locations. Submit a written request to [PRIVACY OFFICER NAME/TITLE] at [ADDRESS].



Right to Amend

If you believe your health information is incorrect or incomplete, you can request an amendment. Submit a written request to [PRIVACY OFFICER NAME/TITLE] at [ADDRESS].



Right to Request Restrictions

You can ask us to restrict how your health information is used or disclosed. Submit a written request to [PRIVACY OFFICER NAME/TITLE] at [ADDRESS].



Right to a Paper Copy

You have the right to receive a paper copy of this notice at any time.

CHANGES, COMPLAINTS & CONTACT

We reserve the right to change this notice. We reserve the right to make the revised notice effective for health information we already have about you as well as any information we receive in the future.

We will post a copy of the current notice in our office and on our website (if applicable). The notice will contain the effective date on the first page.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services.

To file a complaint with us, please contact [PRIVACY OFFICER NAME/TITLE] at [ADDRESS]. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

To file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, you can do so by mail, email, or online. The address is U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. For more information, visit the HHS website.

Contact Information

If you have any questions about this notice, please contact [PRIVACY OFFICER NAME/TITLE] at [PHONE NUMBER] or [EMAIL ADDRESS].

You will be asked to sign an acknowledgment of receipt of this notice.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received a copy of this Notice of Privacy Practices.

Patient Name (Print): _____

Patient Signature: _____

Date: _____

If patient is unable to sign, please indicate reason:

For Office Use Only:

- Patient received notice and signed acknowledgment
- Patient refused to sign (good faith effort made)
- Unable to obtain acknowledgment due to emergency

Staff Initials: _____ Date: _____