



Notice of Privacy Practices for Part 2 Substance Use Disorder Records

Federal Laws 42 CFR Part 2 and 42 USC §290dd-2 provide specific privacy and confidentiality protections of substance use disorder (SUD) protected health information (PHI) – henceforth identified as Part 2 PHI – created and maintained by Part 2 Programs and requires Part 2 Programs to notify patients of their privacy rights regarding their Part 2 PHI via Notice of Privacy Practices. Certain clinics within Valley Health Systems, Inc. offer SUD treatment for patients under a Part 2 Program and are therefore subject to adherence to such laws and regulations as well as Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Laws. This notice describes how Part 2 information about you may be used and disclosed, your rights with respect to your Part 2 information, and how to file a complaint concerning a violation of the privacy or security of your Part 2 health information or of your rights concerning your information.

Uses and Disclosures – Federal laws state your Part 2 PHI is unable to be used or disclosed without your written authorization, except as allowed by law. In instances where multiple regulations apply to the use or disclosure of your Part 2 PHI, the most restrictive regulation is applied. Any use or disclosure of Part 2 PHI not described in this Notice will require your written authorization.

- **Civil, Administrative, or Legislative Proceedings** – Your Part 2 records, or testimony regarding Part 2 records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceeding without your written authorization or appropriate court order. A court order may authorize disclosure only after you have received notice and an opportunity to be heard, consistent with Part 2 regulations, and a subpoena or similar legal mandate is provided with the court order compelling production before the records can be used or disclosed.
- **Prohibition on Discrimination** – Federal law prohibits the use or disclosure of your Part 2 PHI to investigate or prosecute you for a crime, or to conduct a civil or administrative investigation, without your written consent or a court order. Part 2 PHI may not be used to discriminate against you in employment, housing, child custody proceedings, access to courts, government benefits, education, or social services.
- **Disclosures Not Requiring Your Written Authorization** – Per Federal law, we may use and disclose your Part 2 PHI without your written authorization for the following reasons: **1. Emergency Treatment.** We may disclose your Part 2 PHI to medical personnel if you require emergency treatment and are unable to provide written authorization. **2. Federal Drug Administration (FDA) Product Dangers.** We may disclose your Part 2 PHI to FDA medical personnel if we suspect you may be exposed to an FDA product error. Such information will be used to notify patients or their providers. **3. Research.** We may disclose your Part 2 PHI to authorized researchers bound by HIPAA and Department of Health and Human Services (HHS) and/or FDA regulations regarding the protection of human subjects, with appropriate authorization, waiver, or IRB approval. Researchers may not redisclose Part 2 PHI, must report findings only in de-identified aggregate form, and must follow strict data linkage, security, retention, and destruction requirements. **4. Management and Financial Audits and Evaluations.** We may disclose your Part 2 PHI to auditors – government agencies, third-party payers, quality improvement organizations, accrediting bodies, or administrative oversight entities, including Medicare, Medicaid, and CHIP – if they agree in writing to confidentiality, security, retention, destruction, and redisclosure requirements. Copies of records may only be removed or shared electronically if additional safeguards are in place. **5. Public Health.** We may disclose your de-identified Part 2 PHI to public health authorities charged with preventing or controlling disease, injury, or disability, or charged with collecting public health data.
- **Disclosures Requiring Your Written Authorization** – We require your written authorization before using or disclosing your Part 2 PHI, unless otherwise permitted. This may include, but is not limited to, sharing information with your family, friends, employer, or school; providing Part 2 PHI to criminal justice personnel; in legal cases absent a court order; and receiving fundraising communications. Federal law allows you to sign one authorization allowing us to use and disclose your Part 2 PHI for all future treatment, payment, and operations (TPO) activities.



Notice of Redisclosure: Part 2 PHI that has been disclosed to a part 2 Program, covered entity, or business associate for TPO activities per your written authorization may be redisclosed by them without obtaining additional written authorization when the redisclosure is permitted by HIPAA, until you revoke your consent in writing.

Your Rights – 1. Right to Revoke Consent. You have the right to revoke your consent in writing at any time. The revocation will be effective from the date of receipt, except to the extent action has already been taken on the original consent. If you are participating in our Part 2 Program due to legal proceedings, revocation of consent will be outlined in the written consent form completed for the criminal justice system. **2. Right to Request Restriction.** You have a right to request restriction(s) of uses or disclosures of your Part 2 PHI for purposes of TPO in which you have given prior consent. **3. Right to Restrict Disclosure for Services Paid by You in Full.** You have the right to restrict the disclosure of your Part 2 information to a health plan if the PHI pertains to health care services for which you paid in full directly to us. **4. Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of electronic Part 2 PHI made by us during the 3 years prior to the date of your request. Requests for an accounting of disclosures for TPO may only include the 3 years prior to the date requested. You also have the right to request an accounting of disclosures of your Part 2 information by an intermediary during the 3 years prior to the date of your request. **5. Right to Receive a Copy of This Notice.** You have the right to receive a paper or electronic copy of this Notice upon request. **6. Right to Discuss This Notice.** You have the right to ask questions and discuss the notice with the Corporate Compliance Officer, whose address and phone number is provided at the end of this Notice. **7. Right to Deny Fundraising.** You have the right to choose not to receive fundraising communications. **8. Right to Request an Amendment.** You may request corrections to your Part 2 records.

Our Duties as a Part 2 Program – 1. Maintain Privacy and Security of Part 2 Information. We are required by applicable federal and state laws to protect the privacy and security of all patient information, including Part 2 PHI. **2. Provide a Copy of this Part 2 Notice.** Federal law requires us to provide you a copy of our Part 2 Notice of Privacy Practices and to inform you of your rights and our obligations concerning your PHI. We are required to follow the privacy practices described while this Notice is in effect. **3. Notice of Breach.** We will notify you if we become aware of a breach of your unsecured Part 2 PHI. **4. Provide Notification of Revised Part 2 Notice.** We reserve the right to revise or amend this Notice at any time. Any revision or amendment to our Notice will be effective for all Part 2 PHI that our organization has created or maintained in the past, and for any we may create or maintain in the future. Our organization will post a copy of our current Part 2 Notice in our offices in a visible location, and you may request a paper copy of our most current Notice at any time. This notice is also available on www.valleyhealth.org.

Complaints. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding the use, disclosure, or access to your Part 2 PHI, you may submit a complaint to us by contacting the Corporate Compliance Officer at the address and phone number at the end of this Notice. You may also submit a written complaint to U.S. Department of Health and Human Services, Office for Civil Rights. We will provide the address to file such a complaint upon request. We support your right to the privacy of your PHI and will not retaliate in any way if you choose to file a complaint with us or with HHS.

Please direct any of your questions or complaints to: Corporate Compliance Officer | Valley Health Systems, Inc.
Pea Ridge Business Center 4290 US Route 60 Huntington, WV 25705 | (304) 697-1396

This Notice is Effective: February 26, 2026