NOTICE OF PRIVACY PRACTICES

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.

YOUR RIGHTS

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information about you that we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

For more information on these rights and how to exercise them See Page 2

YOUR CHOICES

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

- Tell family and friends about your condition
- Participate in disaster relief efforts
- Publish a resident directory or other internal display that may include you
- Provide mental health care
- Market our services
- Engage in fundraising activities

For more information on these rights and how to exercise them See Page 3

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Engage in research-related activities
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement & other government requests
- Respond to lawsuits and legal actions

- To the extent that we have your substance use disorder patient records, subject to 42 CFR Part 2, we will not share that information for civil, criminal, administrative, or legislative proceedings against you without (1) your written consent or (2) a court order and a subpoena

For more information on these rights and how to exercise them See Page 3

Your Rights

This section explains your rights and some of our responsibilities to help you.

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. Ask us how to do this. • 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.
Ask us to correct your medical record	• You can ask us to correct health information that you think is incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home, or cell phone) or to send mail to a different address. • We will say "yes" to all reasonable requests.
Ask us to limit what we use or share	• You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no," for example, if it would affect your care. If we agree to your request, we may still share your health information if you need emergency treatment. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information, for the purpose of payment or our operations, with your health insurer. We will say "yes" unless a law requires us to share that information.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
Get a copy of this privacy 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.

File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us. Our contact information is provided below. • 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.

Your Choices

For certain health information, you can make some choices about what we use or share.

In these cases, you can talk to us to exercise your rights and make certain choices	• You have both the right and choice to tell us to share information with your family, close friends, or others involved in your care or payment for your care. • In case of a disaster, we may use or disclose your health information to disaster relief organizations to coordinate your care and to notify family or friends of your location and condition. Whenever possible, we will provide you with an opportunity to agree or object to this sharing. • We may include your information in a directory or other internal display, which may include your name and location in the Facility as well as your general condition (e.g., good, fair, etc.), unless you opt out. If you choose to opt out from being included in our directory, that opt-out will only apply during your current stay. You will need to opt out again for any future stays. • If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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 health information unless you give us written permission	• Marketing purposes • Sale of your information • Most sharing of psychotherapy notes
In the case of fundraising	• We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

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

Treat you	• We can use your health information and share it with other professionals who are treating you. • We can use your health information to plan and document your care and treatment.	***Example A: A doctor treating you for an injury asks another doctor about your overall health condition.*** ***Example B: Assist with your transition of care to persons arranging for or directly providing care to you following your discharge.***

Run our organization	• We can use and share your health information to run our organization, improve your care, and contact you when necessary.	***Example: We use health information about you to manage your treatment and services, including but not limited to contacting you to schedule appointments, provide treatment alternatives or to provide information regarding health-related benefits or services you may be interested in learning about.***
Bill for your services	• We can use and share your health information to bill and get payment from health plans or other entities.	***Example: We give information about you to your health insurance plan so it will pay for your services.***

How else can we share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health. We have to meet certain conditions in the law before we can share your information for these purposes. In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	We can share health information about you for certain situations such as: • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
Do Research	• We may disclose your health information to researchers for the purpose of conducting research when an Institutional Review Board (IRB) or Privacy Board has approved the research and in compliance with law governing research, or where you have provided your authorization. You may choose to participate in a research study that requires you to obtain related health care services. If you make this choice, we may share your health information with the researchers involved in the study who order the health care services as well as with your insurance plan so we may receive payment for those services that your plan agrees to cover. We may also use and share your health information with a researcher if certain parts of the information that would identify you are removed before we share it. This will only happen if the researcher agrees in writing that they will only use or share the information for permitted purposes, they will not try to contact you, and they will comply with other requirements set forth in the law.
Educate health professionals	• We can use or share your information for the education of other healthcare professionals.
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 it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests	• If you are an organ donor, we can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	We can use or share health information about you: • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services.
Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Business Associates	• In our organization, some services are provided through contracts with business associates. When we contract with a business associate to provide services, we may disclose your health information to them so they can perform the job we have contracted with them to perform. We require business associates to sign a written agreement requiring that they comply with applicable parts of HIPAA and that they protect and safeguard your information in the same manner as HIPAA requires of us.
Health Information Exchange	• If we participate in a Health Information Exchange (HIE), which is permitted under law, we may share your health information electronically with this exchange to provide faster access to information and improved coordination of care to assist providers and others in making more informed decisions.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- In the event that a breach occurs that compromises the privacy or security of your unsecured protected health information, we will provide you with notice in a timeframe and manner that complies with all applicable laws.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here 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.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Contact Information for Questions, Additional Information, or to Report a Problem

If you have questions or would like additional information regarding this Notice of Privacy Practices, you may contact the Compliance Officer by calling this phone number 833-266-7595 or by emailing contactus@suretycompliance.com.

Language Assistance Services

If you do not speak English or need help with English, we will provide language assistance services for you at no additional cost. To request language assistance services, please contact the Facility's Social Services Director. If you believe that the Facility has failed to provide these services, you can file a grievance with the Facility's Social Services Director.

Nondiscrimination Statement

The Facility complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or other legally protected status. If you believe that the Facility has discriminated against you, you can file a grievance with the Facility's Social Services Director.

Other State and Federal Laws

If the Facility is subject to state or federal laws that are more stringent with respect to the uses and disclosures described above, we will comply with the more stringent laws. Types of information that may be subject to more stringent state or federal laws include, but are not limited to, certain substance use disorder records and information and records related to certain reportable diseases or conditions.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date and Other Information

This notice is effective as of July 14, 2026. This notice replaces and updates the notice of privacy practices that was provided during the admissions process.