

COMBINED NOTICE OF PRIVACY PRACTICES

NOTICE EFFECTIVE DATE: NOVEMBER 1, 2025

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

*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!***

ABOUT THIS COMBINED NOTICE

This Notice explains how Haven Health Management and its affiliated facilities protect, use, and share your health information. It applies to all **Protected Health Information (PHI)** we create or maintain about you — whether it is written, spoken, or stored electronically.

You will receive a copy of this Notice when you begin services, and you will be asked to sign an acknowledgment confirming that you received it. Copies of this Notice are also available in facility common areas, included in the Client Handbook, and posted on our website. You may request another copy at any time.

UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION

Each time you receive care or services, your provider documents information about your visit. This documentation, called your Protected Health Information (PHI) or medical record, includes details about your diagnosis, treatment, and care. Your medical record serves several important purposes:

- It helps plan and coordinate your treatment and care.
- It allows communication among your healthcare providers.
- It provides a legal record of the care you received.
- It supports billing and payment for services.

Understanding how your health information is used helps you make informed decisions about your privacy and about when and how your information may be shared with others. We will only use or share your information as described in this Notice or as required by law. Any other use or disclosure will require your written

authorization. When your health information is shared, we follow the “**minimum necessary**” **standard**, meaning we only share the smallest amount of information needed to fulfill the purpose, and nothing more.

OTHER USES OF YOUR HEALTH INFORMATION

Other uses and disclosures of your Protected Health Information that are not covered in this notice will be made only with your written authorization. If you provide us with your written authorization, you may revoke that authorization at any time in writing and we will no longer use or share any of your health information subject to the authorization. However, the revocation will not apply to disclosures previously made with your permission.

PARTICULARLY SENSITIVE CONDITIONS

Some types of health information receive extra protection under certain state and federal laws. For example, records related to mental health treatment, HIV/AIDS status, or genetic testing may be handled differently from other health information. When these additional laws apply, Haven Health Management will obtain your written permission before sharing this information, except in situations where disclosure is required or allowed by law.

CONFIDENTIALITY OF SUBSTANCE USE DISORDER TREATMENT RECORDS

The “Notice of Privacy Practices for Substance Use Disorder Treatment,” supplements this HIPAA Notice and provides details on our privacy practices required by federal law (42 C.F.R. Part 2). Federal law protects your health information in two ways:

- The HIPAA Privacy Rule protects all of your medical records.

- 42 CFR Part 2 gives extra protection to information about substance use disorder treatment.

This notice explains your privacy rights and how we may use or share your information under both laws. In all cases, your information will only be shared as the law allows — and when the stricter rule applies, we will always follow the one that provides you with the most protection.

THE ROLE OF STATE AND FEDERAL LAWS IN SAFEGUARDING PRIVACY

Some states have additional privacy protections for substance abuse and mental health treatment

records, HIV, and genetic information. We will use and share your health information only as allowed by federal and state law. These laws require us to maintain the privacy and security of your medical information and to explain clearly how we handle and protect it.

When both federal and state privacy laws apply, and a state law provides greater protection or broader rights regarding your information we will follow the more protective state law. In this Notice we identify certain state-specific requirements. Those Haven Health facilities located in those states will comply with the stricter standards.

I. YOUR RIGHTS CONCERNING YOUR HEALTH RECORDS

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

YOUR RIGHTS	DESCRIPTION & HOW TO EXERCISE YOUR RIGHTS
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. We will make every attempt possible to provide you with access to your medical information, or a summary of your health information, within 30 days of your request. We may charge a reasonable, cost-based fee. How To Exercise This Right: During treatment, you can ask your primary therapist or the Clinical Director to see your medical record. After discharge, you may request your records by contacting the Medical Records Department.
Ask Us to Correct Your Medical Record	You can ask us to correct health information about you that you think is incorrect and incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days. How To Exercise This Right: Ask the Medical Records Department for a “Request to Amend Medical Record” form. The form includes detailed instructions on how to complete and submit it for review.
Request Confidential Communications	You can ask us to contact you in a specific way or to send mail to a different address. For example, you can ask that we only contact your office phone or send information to a family member’s address. We will accommodate all reasonable requests. How To Exercise This Right: Obtain a Request for Confidential Communications form from the Medical Records Department.
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” if it would affect your care. 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. How To Exercise This Right: Submit a written request for the restriction(s) to the Medical Records Department.

Right to Receive an Accounting of Disclosures (Excludes SUD Treatment Records)	You can request a record of when, to whom, and why your health information was shared over the past six years, excluding disclosures for treatment, payment, healthcare operations, and certain other exceptions. One free report is provided annually; additional requests within 12 months incur a reasonable fee. How To Exercise This Right: Request an accounting of disclosures by contacting the Medical Records Department.
Right to Revoke Your Authorization/Consent	You may revoke your authorization/consent for us to use and share your health information at any time, and we will immediately stop sharing your information, except to the extent that Haven Health Management has already acted in reliance on it when we had your valid authorization/consent. How To Exercise This Right: During treatment, notify any staff member at the facility and they will help you process the revocation electronically. After discharging from treatment, you may revoke any consent(s) that are still valid by contacting the Medical Records Department.
Right to Obtain a Copy of This Notice Upon Request	If you received this Notice electronically, you have the right to receive a paper copy upon request. You may request the copy in paper or electronic format. How To Exercise This Right: Ask any staff member at the facility to provide you with a copy of this Notice in the format of your choice. You may also contact the Privacy Officer or Medical Records Department to obtain a copy.
Right to Choose Someone to Act on Your Behalf	If you have appointed a medical power of attorney or legal guardian, that person can make decisions about your health information. We will verify their authority before acting on your behalf. How To Exercise This Right: Provide the facility with your signed Advance Directive, Power of Attorney, Guardianship, or another legal form that complies with state and federal law.
Right to File a Complaint if You Feel Your Rights Are Violated	If you feel we have violated your rights you may file a complaint. We will not retaliate against you for doing so. How To Exercise This Right: Contact the Privacy Officer or the U.S. Department of Health and Human Services Office for Civil Rights using the contact information at the end of this Notice.

II. YOUR CHOICES

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 follow your instructions.

YOUR CHOICES	DESCRIPTION
In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation <i>If you cannot consent due to unconsciousness, psychosis, or a mental health crisis, we may use our professional judgement to share your information if it is in your best interest or needed to prevent an immediate health or safety threat.</i>
In these cases we never share your information unless you give us written permission:	• Marketing purposes • Sale of your information • Most sharing of psychotherapy notes

- We do not use or share your health information to raise money (fundraise) on behalf of the organization.

III. OUR USES AND DISCLOSURES

How do we typically share your health information? We typically use or share your health information in the following ways.

TYPE OF DISCLOSURE	HOW INFORMATION IS USED OR DISCLOSED	EXAMPLE
Treat You	We can use your health information and share it with other professionals who are treating you.	<i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i>
Bill for Your Services	We can use and share your health information to bill for services and get payment from your health plan.	<i>Example: We share records with your health insurance plan, when requested, to obtain authorization and/or payment for services.</i>
Run Our Organization	We can use and share your health information to carry out activities necessary to operate the facility, improve your care, and contact you when necessary.	<i>Example: We use health information about you to manage your treatment and services.</i>

How else can we use or 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 and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

DISCLOSURE TYPE	DESCRIPTION OF USE OR DISCLOSURE
Public Health and Safety Issues	We can share health information about you for certain situations such as: • Preventing disease • Helping with product recalls from the FDA • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
Contacting You (Calling, Texting, Emailing)	We may contact you for a variety of reasons such as appointment reminders and wellness checks. By providing us with your mobile phone number, you agree to receive communications on your mobile device. You may contact the Medical Records Department to "opt out" of communications at any time. With your consent, we may contact you for certain other purposes. Text and email messages are not encrypted and there is a risk that someone could read or access these messages, therefore we limit the amount of protected health information they contain. If you do not wish to receive text or email messages, please let us know and we will honor your request
Business Associates	We may use or share your health information with our business associates and allow them to use and share your health information when it is necessary to perform their services for us. An example of this is sharing your information with an outside billing company who bills your insurance company for us.

For Research Purposes	We can use or share your information for health research.
As Required By Law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Organ, Eye, and Tissue Donation Requests	We can share health information about you with organ procurement organizations.
To Medical Examiner or Funeral Director	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Workers' Compensation	We can use or share health information about you for workers' compensation claims.
Health Oversight Activities	We may share your health information with a health oversight agency for activities authorized by law.
Law Enforcement	We may share certain health information about you with a law enforcement official and/or for law enforcement purposes, such as: • As required by law, such as reporting certain wounds and injuries • In response to warrants, or to help identify or locate suspects, fugitives, witnesses, or missing persons • About a crime victim, with their consent, or in limited cases without it • To notify authorities about a death possibly caused by a crime • When we have evidence of criminal activity on our premises • In emergencies, to report crimes, share victim details, or provide information on suspects' identity or whereabouts
Lawsuits and Legal Actions	We can share health information about you in response to a court or administrative order and only the health information authorized by the order will be disclosed. We can also share your health information in response to a subpoena, discovery request, or other lawful process, but only after reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the requested information.
Special Government Functions	We may use or share your health information if required for military and veterans activities, national security and intelligence activities, protective services for the President, and other special government functions.
Inmates/Correctional Institutions	If you are being treated at one of our facilities as a patient of a correctional institution or under the custody of a law enforcement official, we may use or share your health information with the correctional institution or law enforcement official. Your information will only be shared for the following purposes only: • Coordinating care between the facility and institution • To protect your health and safety or the health and safety of others • For the safety and security of the facility and the correctional institution

Special Notes

TYPE	DESCRIPTION
Facility Directories:	Our facilities and corporate office do not create or manage facility directories.

Genetic Information:	Genetic testing may be used to guide treatment. Before testing, you must sign GeneSight's consent form. Genetic data may be shared for treatment, payment, or health care operations as allowed by law, and will not be used for other purposes.
Photographs:	The facility uses a therapeutic photograph taken at the time of admission for the purposes of security, billing accuracy, and to help your treatment team accurately identify you. The image is part of your medical record and only disclosed in accordance with these privacy practices.
Patient Portal:	Haven Health Management makes certain portions of the medical record available electronically through the patient portal. If you wish to obtain a complete copy of your medical records, you may request a copy from the Medical Records Department. In order to access records through the patient portal, the patient (or patient's representative) must provide their written authorization.

Laws Requiring Greater Limits on Disclosures & Additional State Law Requirements

TYPE	DESCRIPTION
Substance Abuse Treatment Records:	Substance abuse treatment records will only be disclosed with your written authorization or consent, except as otherwise permitted by law. When applicable, the more restrictive rule will be followed to provide the highest level of privacy protection.
Florida	In Florida, mental health records can be shared only with written consent or under specific legal circumstances. Patients' access to their medical records can be restricted for 7 days at a time, subject to periodic review and renewal.
Indiana	Mental health records cannot be released for legal proceedings without written consent from the patient or their legal representative. To access these records, a person must provide a valid authorization or seek court approval, such as in cases related to Indiana Code 16-39-2-6(a)(10). In Indiana, a patient's Individualized Mental Health Safety Plan is confidential and can only be shared with consent, except with authorized healthcare providers if treatment intervention reveals risk of harm. In such situations, consent is not required.
New Jersey	In New Jersey, HIV-related information requires a separate, explicit authorization for disclosure beyond general health releases.
Massachusetts	Mental health records can be released without consent only by DMH's request, a valid court order (not just a subpoena), or if it benefits the patient and consent can't be obtained. Police may access information if there is a credible threat of serious harm. Breaches require prompt notification of the patient, Attorney General's Office, and Office of Consumer Affairs. Retention: Mental Health Records—20 years; Substance Use Disorder Records—15 years.
Arizona	Arizona law mandates notifying patients of any breach within 45 days; reportable breaches include hacking, unauthorized disclosures, device theft or loss, and improper disposal of records.

IV. OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- 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 visit: www.hhs.gov/hipaa/for-individuals/index.html

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 to facility staff, in physical locations where we deliver care, on each facility's website and on Haven Health Management's website at www.havenhealthmgmt.org.

To receive a paper or electronic copy of the current Notice, you may also contact the Privacy Officer using the contact information at the end of this Notice.

CONTACT INFORMATION (TO FILE A COMPLAINT, ASK QUESTIONS, & EXERCISE YOUR RIGHTS)

If you would like to file a complaint, ask questions, express concerns, or further inquire about the way your protected health information is used and shared, please contact the Privacy Officer. Complaints may also be filed directly with the U.S. Department of Health and Human Services, Office for Civil Rights.

HAVEN HEALTH MANAGEMENT CORPORATE OFFICE PRIVACY OFFICER

PHONE: 561-867-3296 ext. 2139

EMAIL:

privacy@havenhealthmgmt.org

MAILING ADDRESS:

Attn: Privacy Officer
2925 10th Ave. N. Palm Springs, FL 33461

HAVEN HEALTH MANAGEMENT CORPORATE OFFICE MEDICAL RECORDS DEPARTMENT

PHONE: 561-550-0636

EMAIL:

medicalrecords@havenhealthmgmt.org

MAILING ADDRESS:

Attn: Medical Records Department
2925 10th Ave. N. Palm Springs, FL 33461

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE FOR CIVIL RIGHTS

PHONE: 877-696-6775

WEBSITE:

www.hhs.gov/ocr/privacy/hipaa/complaints/

MAILING ADDRESS:

Attn: Office for Civil Rights
200 Independence Ave. S.W. Washington, D.C. 20201

WHO IS COVERED BY THIS NOTICE

This Notice applies to the following Haven Health Management entities (collectively referred to as "Haven Health Management"):

FLORIDA

- The Haven Detox, West Palm Beach, FL
- The Recovery Team, Delray Beach, FL
- Haven Health Management – Corporate Office, Palm Springs, FL

- United Billing Solutions – Billing Company, Palm Springs, FL

INDIANA

- Indiana Center for Recovery, Bloomington, IN
- Indiana Center for Recovery South Bend, Mishawaka, IN
- Indiana Center for Recovery Adolescents Program, Mishawaka, IN

- Indiana Center for Recovery Indianapolis, Indianapolis, IN
- Indiana Center for Recovery Bedford, Bedford, IN (DBA ICFR Bedford)
- Indiana Center for Recovery Outpatient Services – All Indiana locations

MASSACHUSETTS

- The Haven Detox Massachusetts – Substance Use Disorder Program, Worcester, MA
- The Haven New England – Mental Health Program, Worcester, MA
- Newton Wellness Group – DBA The Recovery Team Newton, Newton, MA
- The Recovery Team Cape Code, Falmouth, MA

ARKANSAS

- The Haven Detox Little Rock, Little Rock, AR
- The Recovery Team North Little Rock, Little Rock, AR
- Behavioral Health Services of West Memphis, West Memphis, AR (DBA The Haven Detox West Memphis) – Includes substance abuse and mental health treatment

NEW JERSEY

- The Haven Detox of New Jersey, Blackwood, NJ

- The Recovery Team New Jersey, Mountainside, NJ

ARIZONA

- The Haven Arizona, Green Valley, AZ

PUERTO RICO

- The Haven Detox Puerto Rico, Puerto Rico

This Notice also covers other healthcare providers contracted by Haven Health Management facilities to care for patients (such as physicians, nurse practitioners, physician assistants, therapists, and other providers not directly employed by Haven Health Management.

ORGANIZED HEALTH CARE ARRANGEMENT (CHCA) AT HAVEN HEALTH MANAGEMENT

Haven Health Management and its affiliated facilities operate together as an Organized Health Care Arrangement (OHCA) under the Health Insurance Portability and Accountability Act (HIPAA). This means that all Haven Health programs and locations listed in this Notice may share your health information with one another as needed to coordinate care, manage billing and payment, and support joint healthcare operations. Sharing information in this way helps us provide consistent, high-quality care across all Haven Health facilities and services. Each participating facility follows the same privacy practices described in this Notice when using or sharing your health information within the OHCA.

[Continue to next page for the Notice of Privacy Practices Addendum: Confidentiality of Substance Use Disorder Patient Records]

NOTICE OF PRIVACY PRACTICES OF HAVEN HEALTH MANAGEMENT ADDENDUM: CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

NOTICE EFFECTIVE DATE: NOVEMBER 1, 2025

FEDERAL LAW PROTECTS THE CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS.

This notice describes:

- How health information about you may be used and disclosed
- Your rights with respect to your health information
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information

PLEASE REVIEW IT CAREFULLY!

You have a right to a copy of this notice (in paper or electronic form) and to discuss it with the privacy officer if you have any questions. You can reach the Privacy Officer at (561) 867-3296 ext. 2139 or privacy@havenhealthmgmt.org.

How We Use Your Protected Health Information

Haven Health Management will only use and disclose your protected health information as described in this Notice. Any other uses or disclosures of your protected health information not specifically mentioned or otherwise described in this Notice will be made only with your expressed written consent.

I. USES AND DISCLOSURES

A. Permissible Uses And Disclosures Without Your Written Consent

Under federal law, there are limited instances where we can share your health information without your consent, and these are explained in this Notice. Before your information can be used or shared, all legal conditions must be met. These instances are:

DISCLOSURE TYPE	DESCRIPTION OF USE OR DISCLOSURE
Medical Emergencies & Serious Threats to Health or Safety	We may use or share your health information with medical personnel to the extent necessary to treat you during a medical emergency or during a state/federal emergency declaration, when your consent cannot be obtained. We may also use or share your health information to lessen a serious and imminent threat to your health and safety or the health and safety of others. Any disclosure would be made to someone able to help prevent that threat only.
Food and Drug Administration (FDA)	We may share your health information with FDA medical staff to alert you or your doctor of potential risks to your health.
Scientific Research	We may share your health information for scientific research if the program's Chief Executive Officer or designee confirms the recipient meets all HIPAA and Part 2 requirements.
Management Audits, Financial Audits, and Program Evaluation	We may share your health information for audits and evaluations with authorized entities such as government agencies, accreditation bodies, insurers, and Haven Health Management program administrators.

Public Health Authorities	We may disclose your records to the public health authority, however any records or information provided will be de-identified in accordance with 45 C.F.R. 164.514(b), so that the information provided cannot be used to identify you.
Reporting of Crimes	We may disclose your health information to law enforcement or other agencies if you commit a crime, or threaten to commit such a crime, on our premises or against our employee(s); only limited details about the incident and involved individuals will be shared.
Reporting Suspected Child Abuse or Neglect to State or Local Authorities	We may share information with government or protective services agencies as required by law in cases of suspected child abuse or neglect, but your records will not be disclosed as part of any civil or criminal proceedings arising from such reports.
Vital Statistics, Medical Examiners	Your information may be provided under laws requiring reports of death or vital statistics, including sharing with medical examiners or coroners to determine causes of death.
Communication Within or Between Facilities	We may communicate and use your health information internally among staff and affiliated facilities to support treatment, payment, and healthcare operations.
Coordination of Care and Patient Portal	We may use your health information to send appointment reminders and other communications, such as messages, questionnaires, and document signing, through our patient portal for telehealth clients. To access the portal, accept the invitation email and set up an account. You can opt out and disable your account at any time.
Qualified Service Organizations/Business Associates	Health information may be used or shared with qualified service organizations or business associates who have agreed in writing to protect it and only use it when necessary to provide services.
As Required by Law	We may use or share your health information when required by state or federal law, including with the U.S. Department of Health and Human Services when the agency is assessing our compliance with federal privacy laws.

B. Uses And Disclosures Requiring Your Written Consent/Authorization

In all other cases, we require your written consent to use or share your protected health information outside our organization. We will not use or share your records without your written consent in these situations:

Uses and Disclosures for Treatment, Payment, and Health Care Operations

DISCLOSURE TYPE	DESCRIPTION OF USE OR DISCLOSURE
Treatment	When you consent, we can use or share your health information with other professionals who are treating you. <i>Example: The facility's psychiatrist asks your primary care doctor for information about a medical condition.</i>
Payment	When you consent, we can use and share your health information to bill your health plan for treatment services we've provided to you. <i>Example: We share records with your health insurance plan, when needed to obtain an authorization for treatment/services.</i>
Health Care Operations	When you consent we can use and share your health information to carry out activities necessary to operate the facility, improve your care, and contact you when necessary. <i>Example: We use health information about you to manage your care.</i>

Future Uses and Disclosures for Treatment, Payment, and Healthcare Operations	You may sign a single authorization/consent for all future uses and disclosures of your health information for treatment, payment, and health care operations purposes. Records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to the patient's written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.
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All Other Uses and Disclosures Requiring Your Written Consent

DISCLOSURE TYPE	DESCRIPTION OF USE OR DISCLOSURE
To Individuals, a Category of Individuals, or an Entity You Choose	We may use or share your health information outside of our program when you ask us, in writing, to do so. The person or category or persons designated by you must be clearly identified in the consent and only information as described by you in the consent will be shared.
Substance Use Disorder Counseling Notes	Your SUD counseling notes, as defined by 45 C.F.R. § 164.501 and 42 C.F.R. § 2.11, are given extra protections under federal law. These are personal notes your counselors may keep to remember session details; these are not part of your official medical record. Your SUD counseling notes cannot be used or shared without your written consent, except when: • The counselor uses them for your treatment • The program uses them for training • The program needs them in legal defense against your claim • Law requires or specifically permits disclosure Written consent must be on a separate, specific form and cannot be combined with other authorizations.
Civil, Criminal, Administrative, and Legislative Proceedings	We will not share your records, or testimony relaying the content of such records, for use in any civil, criminal, administrative or legislative proceedings against you unless you have provided your specific written consent, or it is 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.
Marketing or Sale of Protected Health Information	We will not use or share your health information for certain marketing purposes without your consent. Unless otherwise permitted by law, we will not sell your health information to third parties without your consent.
Criminal Justice Referrals	If you were mandated to treatment through the criminal legal system (i.e., probation, parole, drug court), you must provide your written consent permitting us to use or share your health information with elements of the criminal legal system such as probation or parole officers, prosecutors, the court, and other law enforcement. Be advised that your right to revoke consent in these situations may be more limited and should be clearly explained on the consent you sign.
Prescription Drug Monitoring Program	With your prior written consent, we may report any substance use disorder medication prescribed or dispensed by the facility to the applicable state prescription drug monitoring program (PDMP) when reporting is required by state law.

II. YOUR RIGHTS CONCERNING YOUR SUBSTANCE ABUSE TREATMENT RECORDS

You have specific rights regarding your health records, which are described below along with instructions on how to exercise them. Contact information is provided at the end of this Notice. If you need assistance, a staff member can help direct your request.

YOUR RIGHTS	DESCRIPTION & HOW TO EXERCISE RIGHTS
Right to Request Restrictions on Disclosures	You have a right to request restrictions of disclosures, for purposes of treatment, payment, and healthcare operations, including when you have previously provided written consent. While we are not obligated to accept such restrictions, should we agree to them, we are required to comply with the terms of the restriction and safeguard your information accordingly. You have the right to request and obtain restrictions of disclosures to your health plan for those services for which you have paid in full. We will honor this restriction unless required by law or contract to share that information. How To Exercise This Right: Submit a written request for the restriction(s) to the Medical Records Department.
Right to Obtain a Copy of This Notice	You have a right to obtain a copy of this Notice in paper or electronic format from Haven Health Management upon request. How To Exercise This Right: Ask any staff member at the facility to provide you with a copy of this Notice in the format of your choice. You may also contact the Privacy Officer or Medical Records Department to obtain a copy.
Right to Discuss This Notice	You have a right to discuss this Notice with a contact person or the Privacy Officer described at the end of this Notice. How To Exercise This Right: Contact the Privacy Officer using the contact information at the end of this Notice.
Right to Elect Not to Receive Communications for Fundraising	You have the right to elect not to receive communications from Haven Health Management to fundraise on our own behalf How To Exercise This Right: Haven Health Management will not contact you for fundraising purposes.
Right to Revoke Consent/Authorizations	You have the right to revoke any consent/authorization you have provided, except to the extent that Haven Health Management has already relied upon the authorization or request a reasonable accommodation for an alternative process. How To Exercise This Right: During treatment, notify any staff member and they will help you process the revocation electronically. After discharging from treatment, you may revoke any consent(s) that are still valid by contacting the Medical Records Department. You may request a reasonable accommodation for an alternative revocation process by contacting the Medical Records Department.

Haven Health Management's Duties

We are required by law to:

- Maintain the privacy of records.
- Provide patients with notice of its legal duties and Privacy Practices with respect to records.
- Notify affected patients following a breach of unsecured records.
- Abide by the terms of this Notice currently in effect.

We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for records that it maintains. The new Notice will be available upon request to facility staff, in physical locations where we deliver care, on each facility's website and on Haven Health Management's website at www.havenhealthmgmt.org.

Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services and Haven Health Management. You may do so by contacting the HHS Office for Civil Rights or accessing <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. A patient is not required to report an alleged violation either to the Secretary or part 2 program but may report to either or both.

In order to file a complaint with Haven Health Management, you may contact the Privacy Officer. You may file a complaint using the contact information below. Haven Health Management will not retaliate against any patient for filing a complaint.

Contact Information

For additional information, to file a complaint, or to exercise your rights, please contact:

Haven Health Management Contacts

Privacy Officer

Phone: 561-867-3296 ext. 2139

Email: privacy@havenhealthmgmt.org

Medical Records Department

Phone: 561-550-0636

Email: medicalrecords@havenhealthmgmt.org

U.S. Department of Health & Human Services

Office for Civil Rights

Phone: 877-696-6775

Mailing Address: 200 Independence Ave. S.W. Washington, D.C. 20201

Website: www.hhs.gov/ocr/privacy/hipaa/complaints/

NOTICE OF NONDISCRIMINATION

Our Commitment to Equal Care

Haven Health Management respects the rights and dignity of every person. In keeping with federal civil rights laws, we do not discriminate or treat anyone differently based on race, color, religion, national origin, ancestry, age, disability, sex, gender identity, sexual orientation, marital or family status, military service, political beliefs, or parental status.

Accessible Communication and Language Support

To ensure that everyone can access and understand our services, Haven Health Management provides the following free of charge:

- Assistance for individuals with disabilities, such as qualified sign language interpreters and written materials in alternative formats (large print, Braille, audio, or other formats as needed).

- Language assistance for individuals with limited English proficiency, including qualified interpreters and translated documents.

If you need any of these services, please contact Haven Health Management at 561-516-0734 or by email at privacy@havenhealthmgmt.org.

How to Report a Concern

If you believe Haven Health Management has discriminated against you or failed to provide necessary communication assistance, you can file a grievance with the Compliance Officer and/or Privacy Officer using the contact information below.

If you need help filing a grievance, the Compliance or Privacy Officer can assist you throughout the process.

How to File a Civil Rights Complaint

You may also file a complaint directly with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR) using the contact information below.

Contact Information

Haven Health Management <i>Compliance Officer</i> 2925 10 th Ave. N. Palm Springs, FL 33461 Phone: 561-516-0734 Email: compliance@havenhealthmgmt.org	U.S. Department of Health and Human Services <i>Office for Civil Rights</i> 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201 By Phone: 1-800-368-1019 TDD: 1-800-537-7697 Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf Complaint Form: www.hhs.gov/ocr/office/file
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