

**NOTICE OF PRIVACY PRACTICES**  
**of**  
**Freedom House Recovery Center**

Effective Date: September 23, 2013, rev. February 2015, rev. September 2015, rev. February 13, 2026; rev.  
February 25, 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 THIS NOTICE CAREFULLY.**

**Further, this notice describes 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. You have a right to a copy of this notice (in paper or electronic form) and to discuss it with FHRC's Privacy Officer at (919) 942-2803 if you have any questions.**

### **Introduction**

At Freedom House Recovery Center (FHRC) we are committed to treating and using your protected health information responsibly. This Notice of Privacy Practices describes the protected health information we collect, and how and when we use and disclose that information. It also describes your rights as they relate to your protected health information. This Notice first became effective September 21, 2013, and applies to all protected health information that we create or obtain in providing services to you. We protect the privacy of that information in accordance with the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"); the Federal Confidentiality Law, 42 C.F.R. Part 2; North Carolina confidentiality regulations APSM 45-1 and N.C.G.S. § 122-C, and all other applicable privacy laws. Under these laws, FHRC may not say to a person outside of this agency that you attend the program, nor may we disclose any information identifying you as an alcohol or drug abuser, nor disclose any other protected information except as permitted by federal law. Federal law protects the confidentiality of substance use disorder patient records. FHRC must protect and secure health information that we have created and received about your past, present and future health condition, services we deliver to you or payment for your health care. We are only allowed to use and disclose protected health information in the manner described in this notice.

### **Understanding Your Protected Health Information**

Each time you visit FHRC, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This record also contains charges and billing documents for the services you receive. This record serves as a

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- Tool in educating health professionals,
- Source of information for public health officials charged with improving the health of this state and the nation,

- Source of data for our planning and marketing, and
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your protected health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your protected health information, and make more informed decisions when authorizing disclosure to others.

### **Your Rights with Respect to Your Protected Health Information**

Although your health record is the physical property of FHRC, the protected health information in your record belongs to you. You have the right to:

- Obtain a paper copy of this Notice upon request,
- Inspect and copy your protected health information as provided by 45 CFR 164.524,
- Amend your protected health information as provided by 45 CFR 164.526,
- Obtain an accounting of disclosures of records as provided by 42 CFR 2.25 for the past three (3) years, and a right to an accounting of disclosures that meets the requirements of 42 CFR 164.528(a)(2) and (b)-(d) for all other disclosures of protected health information made with your consent,
- Receive a list of disclosures by an intermediary for the past three (3) years as provided in 42 CFR 2.24,
- Receive confidential communications of protected health information and request that communications of your protected health information be made by alternative means or at an alternative location as provided by 45 CFR 164.522 - we will accommodate all reasonable requests and will notify you if we deny your request,
- Request restrictions of disclosures of your protected health information made with prior consent for purposes of treatment, payment, and health care operations as provided by 45 CFR 164.522 and 42 CFR 2.26. We are not required to agree to your request. If we do agree to your request, we must follow the restrictions (except when the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time, as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation. If you ask us not to disclose health information or records to your health plan for items or services for which you paid in full and out of pocket, we are required to honor this request and we will not disclose the information to the plan. In all other cases, we are not required to agree to a requested restriction.
- Revoke your authorization to use or disclose protected health information at any time as described below except to the extent that action has already been taken pursuant to your authorization,
- Receive notification of any breach of your unsecured protected health information caused by us,
- Right to obtain a paper or electronic copy of this Notice upon request,
- Right to discuss this Notice with our Privacy Officer as described in the Notice, and
- Right to elect not to receive fundraising communications.

To exercise any of these rights, submit your request with the required information to the following person: Privacy Officer: Heather Griffin-Dolciney, Vice-President of Quality Assurance

and Training at (919) 942-2803. The Privacy Officer will provide you with assistance on the steps to take to exercise your rights.

## **Our Responsibilities**

FHRC is required to:

- Maintain the privacy of your protected health information as required by law,
- Provide you with this Notice about our legal duties and privacy practices with respect to protected health information we collect and maintain about you,
- Notify you if there is a breach of your unsecured protected health information, and
- Abide by the terms of this Notice currently in effect.

We will post this Notice in our office and on our website, [www.freedomhousethecoverycenter.org](http://www.freedomhousethecoverycenter.org). We reserve the right to change or eliminate provisions in our Notice of Privacy Practices and to make the new provisions effective for all protected health information that we maintain and any protected health information that we receive in the future. Should our privacy policies change, we will revise this Notice and post the updated Notice in our office waiting room and on our website, [www.freedomhousethecoverycenter.org](http://www.freedomhousethecoverycenter.org). You are entitled to receive a revised copy of the Notice by calling and requesting a copy of the Notice or by visiting our office and requesting a copy.

We will not use or disclose your protected health information without your authorization, except as described in this Notice. We will also discontinue use or disclosure of your protected health information after we receive a written revocation of the authorization according to the procedures included in the authorization.

We may communicate with you about your protected health information by telephone (land and cell), in writing through US mail, electronically by e-mail or through a secure patient portal, if available, unless you tell us otherwise.

## **For More Information or to Report a Problem**

If you have questions or would like additional information about our privacy policies, you may contact Privacy Officer, Heather Griffin-Dolciney, Vice-President of Quality Assurance and Training at (919) 942-2803.

If you believe that your privacy rights have been violated, you can file a complaint with the Privacy Officer by calling (919) 942-2803 and by email at: [Heather.G@freedomhousethecovery.org](mailto:Heather.G@freedomhousethecovery.org). You may also file a complaint by mailing it or emailing it to the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing within 180 days of the time when you became aware or should have become aware of the issue giving rise to your complaint. We will not require you to waive the right to file a complaint with the Privacy Officer or the Secretary of the Department of Health and Human Services as a condition of receiving treatment from our office. We will not retaliate against you for filing a complaint with either the Privacy Officer or the Secretary of the Department of Health and Human Services. The address for the Secretary of the Department of Health and Human Services is:

Region IV, Office for Civil Rights

U.S. Department of Health and Human Services  
61 Forsyth Street, S.W., Suite 3B70  
Atlanta, GA 30323-8909  
Telephone: (404) 562-7886  
Fax: (404) 562-7881  
TDD: (404) 331-2867  
Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

## **How We May Use and Disclose Your Protected Health Information**

The rest of this Notice describes the ways we may use and disclose your protected health information. Generally, we will only use and disclose your protected health information as authorized by you or as required or permitted by law. We can only use or disclose alcohol and drug abuse records with your expressed written consent or as specifically permitted under Federal law. Records that we disclose to another 42 CFR Part 2 program, a covered entity, or a business associate pursuant to your written consent for treatment, payment and healthcare operations may be further disclosed by such recipient, without your written consent, to the extent HIPAA regulations permit such disclosure. You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. Although not every specific use or disclosure is listed, the reasons for which we are permitted or required by law to use or disclose your protected health information generally will fall under one of the categories described below. HIPAA generally does not take precedence over State or other applicable privacy laws that provide individuals with greater privacy protections. As a result, when a State law requires us to impose stricter standards to protect your protected health information, we will follow State law instead of HIPAA. Similarly, 42 CFR Part 2 is more stringent than HIPAA, so we will follow 42 CFR Part 2 when making the below described uses and disclosures where it has stricter requirements than HIPAA.

***Treatment:*** We may use and disclose your protected health information to provide health care treatment to you. For example, information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you.

***Payment:*** We may use and disclose your protected health information to obtain payment for services. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

***Health Care Operations:*** We may use and disclose your protected health information in performing business activities, or “health care operations.” For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use your protected health information to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. Other examples are for audit and evaluation activities, internal communications between staff, and use of a qualified service organization agreement.

***Business Associates:*** We may arrange for other individuals and entities, referred to as “Business Associates”, to perform various functions and activities on our behalf and to provide certain services. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your

health record. When these services are contracted, we may disclose your protected health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your protected health information, however, we require our business associates to appropriately safeguard your information.

**Notification:** We may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or another person responsible for your care, of your location, your general condition or your death. In situations where you are present or otherwise available prior to the disclosure and you have capacity to make health care decisions, we may notify family and these other persons if you agree<sup>1s</sup> or, when given the opportunity, do not object. as long as you have either agreed to the use or disclosure or have not objected after being given the opportunity. If you are not present or are unable to agree (for example, due to your incapacity or an emergency), then we may use our professional judgment to determine whether the use or disclosure is in your best interest.

**Communication with Family:** We may disclose to a family member, other relative, close personal friend or any other person you identify, protected health information, except as mandated by State and Federal regulations, relevant to that person's involvement in your care or payment related to your care if you have either agreed to the disclosure or have not objected after being given the opportunity. If you are not present or are unable to agree (for example, due to your incapacity or an emergency), then we may use our professional judgment to determine whether the use or disclosure is in your best interest.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board (or other appropriate privacy board) that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Funeral Directors:** We may disclose your protected health information to funeral directors consistent with applicable law and as necessary to carry out their duties.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of facilitating organ or tissue donation and transplant.

**Appointment Reminders and Treatment Alternatives:** We may contact you to provide you with appointment reminders, information about treatment alternatives, or information about other health-related benefits and services that may be of interest to you.

**Fundraising:** We may contact you as part of a fundraising effort. We may use or disclose your records to fundraise for our benefit only if you are first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications. You have the right to opt out of receiving fundraising communications.

**Workers' Compensation:** We may disclose your protected health information to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

**Public Health:** We may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law Enforcement:** We may disclose your protected health information for law enforcement purposes in certain circumstances, for example, in response to a valid subpoena or other legal process or to help a law enforcement official identify or locate certain individuals.

**Abuse or Neglect:** We may disclose your protected health information to appropriate governmental authorities, including the Department of Social Services, as allowed by law if we believe that you may be a victim of abuse or neglect.

**Health Oversight Activities:** We may disclose your protected health information so that government agencies can monitor and oversee the healthcare system and government benefit programs and be sure that certain healthcare entities are following regulatory programs or civil rights laws they should.

**Judicial or Administrative Proceedings:** Records related to a substance abuse disorder, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceeding against you unless based on specific written consent or a court order. We shall only use or disclose records related to a substance abuse disorder based on a court order after you and/or the holder of the record have been given notice and an opportunity to be heard, where required by 42 U.S.C. 290dd-2 and 42 CFR Part 2. A court order authorizing use or disclosure of substance abuse disorder records must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

For all non-substance abuse disorder records, we may disclose your protected health information as required for judicial and administrative proceedings. For example, if you are involved in a lawsuit or dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request or other lawful process from someone else involved in the dispute, but only if efforts are made to tell you about the request or to obtain an order protecting the information requested.

**Coroners and Medical Examiners:** We may disclose your protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or for performing other duties as authorized by law.

**To Avert a Serious Threat to Health or Safety:** We may use or disclose your protected health information in accordance with applicable law, if we believe you are at imminent risk for self harm or the use or disclosure is necessary to prevent or lessen a serious and immediate threat to the health or safety of another person or the public.

**Specialized Government Functions:** If you are or were a member of the armed forces, we may disclose your protected health information as required by military command authorities. We may also disclose protected health information about foreign military personnel to the appropriate foreign military authority. In addition, we may disclose your protected health information to authorized federal officials for national security and intelligence activities.

**Correctional Institutions:** If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may release your protected health information to the correctional

institution or law enforcement official if the disclosure is necessary to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

**Disaster Relief:** We may use or disclose your protected health information in order to assist in disaster relief efforts if you have either agreed to the disclosure or have not objected after being given the opportunity. If you are not present or are unable to agree (for example, due to your incapacity or an emergency) then we may use our professional judgment to determine whether the disclosures are in your best interest.

**Minors:** If the patient is a minor, we may disclose protected health information about the minor to a parent, guardian, or other person responsible for the minor except in limited circumstances, as further described below.

**U.S. Department of Health and Human Services:** We are required to disclose your protected health information to the Department of Health and Human Services when it is investigating or determining our compliance with HIPAA.

**Required by Law:** We may use or disclose your protected health information to the extent that such use or disclosure is required by law and the use or disclosure is limited to the relevant requirements of such law.

**Disclosures Pursuant to Your Authorization.** Most uses or disclosures of your protected health information for marketing purposes, the disclosure of any psychotherapy notes, and the disclosure of protected health information by sale, require your prior written authorization. Further, the use or disclosure of your protected health information not described in this Notice will require your written authorization. You may revoke an authorization at any time by following the revocation procedures described in the authorization and 42 CFR 2.31 and 2.35.

**Exception to These Permitted Uses and Disclosures – Communicable Diseases:** If you have one of several specific communicable diseases (for example, tuberculosis, syphilis, or HIV/AIDS), North Carolina law requires that information about your disease be treated as confidential, and such information will be disclosed without your written permission only in limited circumstances. We may not need to obtain your permission to report information about your communicable disease to State and local officials, or to otherwise use or disclose information in order to protect against the spread of the disease. Also, we may disclose such information without your consent to health care personnel who provide medical care to you.

**Special Provisions for Minors Under North Carolina Law:** Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis and treatment of certain illnesses, including venereal disease and other diseases that must be reported to the State, pregnancy, abuse of controlled substances or alcohol, and emotional disturbance. If you are a minor and you consent to one of these services, you have all the authority and rights included in this Notice relating to that service. In addition, the law permits certain minors to be treated as adults for all purposes. These minors have all rights and authority included in this Notice for all services.