

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding the health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your health information. To inspect and copy your health information, please visit www.dukehealth.org/medical-records or call 1-800-688-1867 for instructions on how to submit your written request. If you request a copy of the health information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will respond to you within 30 days of receiving your written request. Under certain situations, we may deny your request in writing, describing the reason for denial and your rights to request a review of our denial.

Right to Amend. You have the right to request that we make amendments to clinical, billing, and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if:

- The health information was not created by DHE unless you provide a reasonable basis for us to believe that the originator of the health information is no longer available to make the amendment.
- The health information is not part of the health information used to make decisions about you.
- We believe the health information is correct and complete.
- You would not have the right to inspect and copy the record as described above.

We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the health information, we will make reasonable efforts to inform others of the amendment, including persons you name that have received your health information. Please visit www.dukehealth.org/medical-records or call 1-800-688-1867 to obtain the appropriate form to request an amendment to your record.

Right to an Accounting of Disclosures. You have the right to receive a written list of certain disclosures we made of your health information. You may ask for disclosures made, up to six (6) years before your request. We are required to provide a listing of all disclosures, except the following:

- For treatment, payment, or health care operations purposes.
- Occurring as a byproduct of permitted uses and disclosures.
- Made to or requested by you or that you authorized.
- Made to individuals involved in your care, for directory or notification purposes, or for disaster relief purposes.
- Made for national security or intelligence purposes.
- Made to correctional institutions and other law enforcement officials.
- Made as part of a limited data set which does not contain certain health information which would identify you.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the health information, a brief description of the health information disclosed, and the purpose of the disclosure. To request this list or accounting of disclosures, you must submit your request on the appropriate DHE form, which can be obtained by calling 1-800-688-1867. If you have received SUD treatment from us, you may request an accounting of certain disclosures that you have authorized of your SUD records. Specifically, you can obtain a list of disclosures made from our electronic health record for those purposes in the past 3 years. If we have disclosed your SUD health information to an intermediary (for example, a health information exchange) with your consent, you can also request a list of persons or entities who received your SUD information from that intermediary in the past 3 years.

Right to Request Restrictions. You have the right to request that we restrict the use and disclosure of your health information. We are not required to agree to your requested restrictions, except we will honor your request to not disclose to your health plan if the disclosure is for payment or healthcare operations purposes (and is not otherwise required by law) and the health information pertains solely to items or services for which you have paid out of pocket in full. If we agree to your request, there are certain situations when we may not be able to comply with your request. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures that do not require your authorization. You may request a restriction by submitting the appropriate DHE form, which can be obtained by calling 1-800-688-1867.

Right to Request Confidential Communication (Alternative Ways). You have the right to request confidential communications, i.e., how and where we contact you, about your health information. For example, you may request that we contact you at your work address or phone number. Your request must be in writing. We will accommodate reasonable requests, but when appropriate, may condition that accommodation on you providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative

means of communications by submitting the appropriate DHE form, which can be obtained by calling 1-800-688-1867.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice upon request. We will make a copy of this Notice available to you no later than the date you first receive service from us except for emergency services, in which case we will provide the Notice to you as soon as practicable. You may also obtain a copy of this Notice at any time from our website, www.dukehealth.org, or from any of the DHE treatment facilities listed in this Notice.

Right to Opt Out of Fundraising. You have the right to tell us not to contact you or use your information for Duke Health fundraising efforts. We will honor such requests, and choosing to opt out will not affect your care. If you do not want us to contact you for fundraising efforts, please call 919-385-3100 or send your written request to: Office of Annual Giving Duke Health Development and Alumni Affairs, 300 W. Morgan St., Suite 1000, Durham, NC 27701 or by email at DHDA@duke.edu

Right to Discuss this Notice. You have the right to ask questions about any part of this Notice or your privacy rights. If there is anything you do not understand, please ask our staff or contact the Privacy Office (listed at the end of this Notice) for more information.

CONTACT FOR QUESTIONS AND COMPLAINTS

If you have any questions regarding this Notice, our privacy policies or if you believe your privacy rights have been violated or you wish to file a complaint about our privacy practices, you may contact:

**Privacy Officer
Duke University Health System
DUMC Box 3162
Durham, NC 27710
1-800-688-1867**

You also have the right to file a complaint with the U.S. Department of Health and Human Services if you believe your rights under HIPAA or 42 CFR Part 2 have been violated. You will not be retaliated against for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and to make new notice provisions effective for all health information that we maintain by:

- Posting the revised Notice at our facilities.
- Making copies of the revised Notice available upon request at DHE facilities.
- Posting the revised Notice on our website, www.dukehealth.org.

To receive a copy of this Notice in an alternate format, please contact the Duke Disability Management System at 919-668-1499.

Effective 04/14/2003

Revised 11/7/2003

Revised 05/2007

Revised 09/23/2013

Revised 08/01/2014

Revised 03/01/2019

Revised 07/01/2023

Revised 04/01/2025

NONDISCRIMINATION

Duke University Health System, Duke University, and other members of the Duke Health Enterprise identified in its Notice of Privacy Practices (collectively “Duke Health”), as well as any duly authorized affiliates, subsidiaries. Duke Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Duke Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Duke Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-919-681-3007.

View our [Notice of Nondiscrimination](#) for more information.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-919-681-3007.

SPANISH (ESPAÑOL): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-919-681-3007.

CHINESE (繁體中文): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-919-681-3007。

VIETNAMESE (TIẾNG VIỆT): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-919-681-3007.

KOREAN (한국어): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-919-681-3007 번으로 전화해 주십시오.

FRENCH (FRANÇAIS): ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-919-681-3007.

العربية (العربية) ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-919-681-3007.

HMONG (HMOOB): LUS CEEV: Yog tias koj ha is lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-919-681-3007.

RUSSIAN (Русский): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-919-681-3007.

TAGALOG -FILIPINO (TAGALOG): PAUNAWA: Kung

nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-919-681-3007.

GUJARATI (ગુજરાતી): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-919-681-3007.

MON-KHMER, CAMBODIAN (ខ្មែរ): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃនឹងមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-919-681-3007។

GERMAN (DEUTSCH): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-919-681-3007.

HINDI (हिंदी): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-919-681-3007 पर कॉल करें।

LAO (ພາສາລາວ): ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄວງຄ່າ, ແມ່ນມີໄວ້ອມໃຫ້ທ່ານ. ໂທ 1-919-681-3007.

JAPANESE (日本語): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-919-681-3007まで、お電話にてご連絡ください。



NOTICE OF PRIVACY PRACTICES

Duke Health Enterprise – Organized Health Care Arrangement (Including Substance Use Disorder Treatment Programs subject to 42 CFR Part 2 (SUD))

We are committed to protecting the privacy of your protected health information. This notice describes how medical information about you may be used and disclosed, how we safeguard SUD treatment records, and how you can get access to this information. Please review it carefully.

This Notice of Our Privacy Practices (this “Notice”) Explains:

- How we may use and disclose your health information in the course of providing treatment and services to you.
- What rights you have with respect to your health information. These include the right:
 - To inspect and obtain a copy of your health information.
 - To request that we amend health information in our records.
 - To receive an accounting of certain disclosures we have made of your health information.
 - To request that we restrict the use and disclosure of your health information.
 - To request confidential communication about health information.
 - To receive a paper copy of this Notice.
- How to file a complaint if you believe your privacy rights have been violated.

If you have questions about this document, our privacy policies or any other questions regarding the privacy of your health information, please call 1-800-688-1867.

NOTE:

For your convenience, an English PDF version of this Notice is available for download. [English version](#) (PDF, 726 KB).

Para su conveniencia, una versión PDF en español de este Aviso está disponible. [Versión en español](#) (PDF, 527 KB).

Revised Effective Date: February 16, 2026

Si necesita [una copia en español](#) por favor pidasela a un empleado del hospital o de le clínica. Gracias.

The Duke Health Enterprise Organized Health Care Arrangement Covers the Following Entities:

This Notice describes the practices of the Duke Health Enterprise (DHE) Organized Health Care Arrangement. The DHE include the entities listed at the following webpage:

<https://www.dukehealth.org/privacy/DHE>

OUR PLEDGE REGARDING HEALTH INFORMATION:

We are committed to protecting the privacy of “protected health information” about you, as that term is defined in the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Where other laws (such as federal law protecting SUD treatment records or state laws) provide stricter privacy protections than HIPAA, we will follow those stricter requirements.

With certain limited exceptions, protected health information is generally defined as information that identifies an individual or that reasonably can be used to identify an individual, and that relates to the individual’s past, present, or future health or condition, healthcare provided to the individual, or the past, present, or future payment for healthcare provided to the individual. For simplicity, we will refer to protected health information simply as “health information” in this Notice. DHE Entities may share health information with other DHE Entities about the treatment, payment and health care operations of the DHE. Our privacy practices concerning your health information are as follows:

- We will safeguard the privacy of health information that we have created or received as required by law.
- We will explain how, when, and why we use and/or disclose your health information.
- We will comply with the provisions of this Notice and only use and/or disclose your health information as described in this Notice.
- We will provide notice of a DHE breach of unsecured health information.

WHO WILL FOLLOW THIS NOTICE?

This Notice applies to the facilities, providers and workforce members of the DHE Entities, including:

- Any health care professional authorized to enter health information into your DHE medical record.
- All departments and units of the DHE.
- All employees, staff, volunteers, and other DHE personnel.
- All hospitals, ambulatory surgery centers, clinics, ancillary provider locations, and other healthcare facilities and administrative offices of the DHE.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose health information will fall within at least one of the categories.

For Treatment. We may use your health information to provide, coordinate, or manage your healthcare treatment and related services. This may include communication with other health care providers regarding your treatment and coordinating and managing your healthcare with others. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. The doctor may need to tell the dietician if you have diabetes so that we can arrange appropriate meals. Different DHE departments may also access your health information in order to coordinate services or items that you may need, such as prescriptions, lab work, and x-rays. We may also disclose your health information to people, such as home health providers, who may be involved in your medical care after you leave our care.

For Payment. We may use and disclose your health information in order to bill and collect payment for treatment and services provided to you by the DHE. We may also disclose your health information to other providers, so they may bill and collect payment for treatment and services they provided to you. Before you receive scheduled services, we may share health information about these services with your health plan(s) to obtain prior approval or to determine whether your insurance will cover the treatment. We may also share your health information with billing and collection departments or agencies, insurance companies and health plans to collect payment for services, departments that review the appropriateness of the care provided and the costs associated with that care and to consumer reporting agencies (e.g., credit bureaus). For example, if you have a broken leg, we may need to give your health plan(s) health information about your condition, supplies used (medications or crutches) and services you received (x-rays or surgery). This health information is given to our billing agency and your health plan so we can be paid, or you can be reimbursed.

For Health Care Operations. We may use and disclose your health information to conduct activities that are called healthcare operations that allow us to improve the quality of care we provide and reduce healthcare costs. Examples of uses and disclosures for healthcare operations include the following:

- Reviewing and improving the quality, efficiency, and cost of care that we provide to you and other patients.
- Combining health information for many patients to identify new services or improve care to the communities we serve.
- Evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, healthcare providers, or non-healthcare professionals (for example, billing clerks) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of care we provide. These organizations might include government agencies or accrediting bodies like the Joint Commission and the Accreditation Association of Ambulatory Healthcare, Inc.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty.

For example, we may use or disclose health information so that one of our nurses may become certified in a specific field of nursing.

- Sharing health information with the Duke University Police Department to maintain safety at our facilities.
- Assisting various people who review our activities. Health information may be seen by doctors’ reviewing services provided to you, and by accountants, lawyers and others who assist us in complying with applicable laws.
- Conducting business management and general administrative activities related to our organizations and services we provide.
- Resolving grievances within our organizations.
- Complying with this Notice and applicable laws.
- **Contacting You.** We may use and disclose health information to contact you about appointments, prescription reminders, clinical instructions, surveys, billing, or general communications. We may contact you by mail, telephone, email, or text message when you provide your address, telephone number, email address, or mobile phone number. There is a risk that someone else could read or access unencrypted emails or text messages. If you do not wish to receive these types of text or email messages, please contact us @ appointmentcommunications@dm.duke.edu .

De-identified Health Information. We may use your health information to create “de-identified” information that is not identifiable to any individual in accordance with HIPAA. . We may create data sets of de-identified information of many patients to share with outside persons and companies to discover new ways to diagnose and treat diseases and to improve care for the communities we serve. We may also disclose your health information to a business associate for the purpose of creating de-identified information

Limited Data Set. We may use your health information to create a “limited data set” by removing certain identifying information. We may also disclose your health information to a business associate for the purpose of creating a limited data set. We may use and disclose a limited data set only for research, public health, or health care operations purposes. We may create a limited data set of many patients to share with outside persons and companies to perform research, public health or health care operations. People or companies receiving the limited data set must sign an agreement to protect your health information.

Treatment Alternatives. We may use and disclose your health information to manage and coordinate your healthcare and inform you of treatment alternatives and other health related benefits that may be of interest to you. This may include telling you about treatments, services, products, and/or other healthcare providers. For example, if you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

Electronic Health Information Exchange (HIE) and other de-identified data partnerships. We may participate in certain HIEs that permit health care providers or other health care entities, such as your health plan or health insurer, to share your health information for treatment, payment and other purposes permitted by law, including those described in this Notice. We currently participate in the HIEs listed at the following webpage: <https://www.dukehealth.org/privacy/health-information-exchanges>.

We collaborate in the nference de-identified data partnership (“nference”) that permits researchers to use de-identified information to discover new ways to diagnose and treat diseases to improve care for the communities we serve. You may ask that your health information no longer be contributed to an HIE or nference by sending your request as described at the following webpage <https://www.dukehealth.org/privacy/health-information-exchanges>. Opting out will not recall your health information that has already been shared, nor will it prevent access to health information about you by other means, e.g., request by your individual providers.

We participate in NC HealthConnex (the “Exchange”). You may request to opt out by submitting the form downloaded directly from <https://hiea.nc.gov/patients/your-choices> . Your opt out will not affect our obligation to disclose your health information to the Exchange when you receive services that are paid for by Medicaid.

Use of Electronic Tools and Artificial Intelligence (AI) Duke Health uses a variety of electronic tools and technologies to support your care, including decision-support tools and other applications that may use artificial intelligence (“AI”). When we use AI tools with your health information, we do so only for purposes that are permitted by this Notice and applicable law, such as treatment, payment, and health care operations. We apply the same privacy and security protections to your health information when we use AI tools as we do in all other contexts under applicable privacy and security laws Duke Health does not use AI to make decisions about your care without appropriate clinical oversight.

Business Associates. There are some services provided in our organization through our business associates. For example, we may use a copy service to make copies of your medical records. When we hire companies to perform these services, we may disclose your health information to these companies so that they can perform the job we have asked them to perform. To protect your health information, however, we require the business associate to appropriately safeguard your health information.

Fundraising Activities. We may use your health information to contact you or your legal representative in an effort to raise money for DHE and its operations. We would only use contact information, such as your name, address and phone number, department of service, treating physician, outcome information, health insurance status, and the dates you received treatment or

services. You have the right to opt out of receiving these communications. We will not use information about any SUD treatment you received for fundraising purposes unless we have given you a clear and conspicuous opportunity to elect not to receive communications.

Hospital Directory. We may include certain limited information about you in the hospital directory while you are a patient at one of our hospitals. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation and other directory information may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. If you do not want information about you listed in the hospital directory, please notify Registration when you arrive or call the DHE facility’s Admitting Office.

Individuals Involved in Your Care or Payment for Your Care. We may share with a family member, relative, friend, or other person identified by you, health information that is directly relevant to that person’s involvement in your care or payment for your care. We may use or disclose health information in order to notify a family member, personal representative, or other person responsible for your care of your location, general condition or death. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family, personal representative or others responsible for your care can be notified about your location, general condition or death. If you do not want health information about what you used or disclosed in the above circumstances, please call 1-800-688-1867. We will comply with additional state law confidentiality protections if you are a minor and receive treatment for pregnancy, drug and/or alcohol abuse, communicable disease, or mental health.

SPECIAL SITUATIONS

We may use and/or disclose health information about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

As Required by Law. We will disclose your health information when required to do so by federal, state, or local law or other judicial or administrative proceedings. For example, we may disclose your health information in response to an order of a court or administrative tribunal.

To Avert a Serious Threat to Health or Safety. We may use and disclose

Public Health Risks. We may disclose your health information to appropriate government authorities for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
- To notify the appropriate government authority if we believe an adult patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- To support public health surveillance and combat bioterrorism.

Health Oversight Activities. We may disclose your health information to a federal or state health oversight agency for oversight activities authorized by law.

Law Enforcement. We may release health information to a law enforcement official for certain law enforcement purposes. For example, we may disclose your health information to report a gunshot wound. Records related to SUD treatment provided by a program that is subject to 42 CFR Part 2 are subject to stricter confidentiality rules described in the SUD section below.

Lawsuits and Disputes. In the course of any judicial or administrative proceeding, we may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process. Health information that would identify you as an SUD treatment patient is subject to the requirements as described in the “Confidentiality of SUD Treatment Records” section below.

Coroners, Medical Examiners, and Funeral Directors. We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for them to carry out their duties.

Organ and Tissue Donation. We may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Research. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, we may use health information in preparing to conduct a research project or to see if you are eligible to participate in certain research activities. Before we use or disclose health information for research, however, the research project will have been approved through a specialized approval process. We may also contact you to see if you are interested in participating in research. If you do not wish to be

contacted to participate in research, please contact Research Navigators at 919-660-9172 or myresearchnavigators@duke.edu . We will use reasonable efforts to prevent this research contact. Calling Research Navigators will not apply to the use of your health information for research purposes as described above and will not prevent your providers from discussing research with you.

Specialized Government Functions. We may disclose health information about you if it relates to military and veterans’ activities, national security and intelligence activities, protective services for the President, and medical suitability determinations of the Department of State.

Workers’ Compensation. We may release your health information for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release is required: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; and (3) for the safety and security of the correctional institution.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only. We will ask your written permission, in accordance with applicable law, before we use or disclose health information, for example, for the following purposes:

- Psychotherapy notes made by your individual mental health provider during a counseling session, except for certain limited purposes related to treatment, payment and health care operations, or other limited exceptions, including government oversight and safety.
- Certain marketing activities, including if we are paid by a third party for marketing statements as described in your executed authorization.
- Sale of your health information except for certain purposes permitted under the regulations.

Confidentiality of SUD Treatment Records. If you receive SUD treatment, Federal law (42 CFR Part 2) provides additional privacy protections for SUD treatment. We will obtain your written consent for the purpose of your treatment, payment, or health care operations. We may, however, use your health information for

- Internal Communications: We may share your SUD health information among Duke Health personnel for your treatment.
- Service Providers (Qualified Service Organizations): We may disclose SUD health information to outside organizations that help us operate under contracts that require them to protect your privacy.
- Medical Emergencies: We may disclose SUD information to medical personnel in an emergency (including during certain declared disasters) for treatment, when you cannot consent in the moment.
- Crimes on Program Premises or Against Program Personnel: We may report limited information to law enforcement if you commit or threaten a crime on the premises of our SUD program or against our staff.
- Child Abuse Reporting: We will report suspected child abuse or neglect to authorities as required by law.
- Research: We may use or share SUD health information for research if permitted by applicable regulations (usually with your consent or IRB approval).
- Audits/Evaluations: We may disclose SUD records to regulators, funders, or auditors who monitor SUD health information, or to our business associates for billing and compliance audits.
- Court Order: We will disclose SUD information in response to a court order that meets the requirements of Part 2. Any such court order must be accompanied by a subpoena or similar legal mandate before we release records.
- Legal Proceedings: Your SUD treatment records cannot be used to investigate or prosecute you, or be used as evidence against you, in any civil or criminal, administrative or legislative proceeding unless you consent or a court orders the disclosure after specific legal steps.

North Carolina Law. In the event that North Carolina Law requires us to give more protection to your health information than stated in this Notice or required by federal law, we will give that additional protection to your health information. We will comply with additional state law confidentiality protections relating to treatment for mental health and drug or alcohol abuse. Unless you object in writing, we may release health information related to your mental health to other health care providers for treatment, quality assessment and improvement activities, and other permitted purposes, including case management and care coordination, disease management, outcomes evaluation, development of clinical guidelines and protocols, population-based activities and the provision, coordination, or management of mental health, developmental disabilities, and services and other health or related services.. Also, state law permits a hospice, home health, ambulatory surgery or outpatient cardiac rehabilitation patient to object in writing to having state licensing inspectors review their health information during a licensure survey, and we will comply with such written objection.

If you provide us with permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. We are required to retain records of the care that we provided to you.