



HEALTHRIGHT 360 NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2024

Last Updated: February 1, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

About Us

In this Notice, we use terms like “we,” “us” or “our” to refer to HealthRIGHT 360, a covered entity under the federal Health Insurance Portability and Accountability Act of 1996, and its health care personnel, employees, staff, and other workforce members. This Notice applies to all programs and services offered by HealthRIGHT 360.

Purpose of this Notice

This Notice describes how we may use and disclose your health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law.

This Notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We will create a record of the services we provide you, and this record will include your health information. We need to maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care. We understand that your health information is personal, and we are committed to protecting your privacy and ensuring that your health information is not used inappropriately.

In some circumstances, we may be required to provide more restrictive treatment to certain categories of health information that may limit or preclude some accesses, uses or disclosures described in this Notice, such as records containing psychotherapy notes, genetic testing information, information on persons with developmental disabilities, information concerning HIV/AIDS testing, treatment for mental health conditions or substance use disorders, or information regarding emancipated minors. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

Your Rights

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

❖ Get a copy of your medical record

- You can ask to see or get an electronic or paper copy of the health information that we have about you. You will have to submit this request in writing. Ask us how to do this.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge you a reasonable, cost-based fee, to the extent permitted by law.

❖ Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

❖ Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

❖ Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” 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.
- With respect to any of your SUD records, you can ask us to limit how we use or share such records for treatment, payment, or operations, even if you have previously given consent.

❖ Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information (other than SUD records) for 6 years prior to the date you ask or your electronic SUD records for 3 years prior to the date you ask, who we shared it with, and why.
- If you have given written consent to an intermediary (such as a health information exchange) to use or share your SUD records, you can ask the intermediary for a list of the times they have shared your SUD records for 3 years prior to the date you ask, who received the records and when, and what parts of your records were disclosed.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

❖ **Get a copy of this Notice and speak with our Privacy Officer**

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. We will provide you with a paper copy promptly.
- You can ask to speak with our Privacy Officer regarding this Notice by either emailing: privacy@healthright360.org or calling: (415) 696-3776.

❖ **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

❖ **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting a HealthRIGHT 360 representative:

Deputy Chief Compliance Officer/Privacy Officer
HealthRIGHT 360
Email: privacy@healthright360.org
Mail: 1563 Mission Street, San Francisco, CA 94103
Phone: (415) 696-3776

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can 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.

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.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to prevent or lessen a serious and imminent threat to health or safety.

In these cases we never share your health information unless you give us written permission:

- Marketing purposes.
- Sale of your health information.

In the case of fundraising:

- We may use your demographic information, such as name, address and phone number, and the dates you received services from us, to contact you in an effort to raise money for charitable purposes. We may also disclose this information to a foundation affiliated with HealthRIGHT 360 so that the foundation may contact you to raise money for the foundation. **If you do not want us to contact you for fundraising activities, please notify the HealthRIGHT 360 Privacy Officer (see contact information above).**

In the case of psychotherapy notes (meaning notes recorded, in any medium, by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record, but not including any medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date):

- We may not use or disclose psychotherapy notes without your written authorization unless otherwise permitted or required by law.

In the case of substance use disorder records created or maintained by certain HealthRIGHT 360 programs to the extent subject to Part 2 (as defined and detailed below) or other applicable laws providing heightened protections for certain sensitive records:

- We may not use or disclose such records without your written authorization unless otherwise permitted or required by law.

Our Uses and Disclosures of Health Information Other Than SUD Records

How do we typically use or share your health information?

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

- **For Treatment:** We may use your health information to provide you with medical treatment or services. For example, your health information will be disclosed to the lab technicians who will be taking your blood specimen. We may disclose your health information to a specialty provider for the purpose of a consultation. We may also disclose your health information to your physician or another health care provider to be sure those parties have all the information necessary to diagnose and treat you.
- **For Payment:** We may use and disclose your health information to others so they will pay us or reimburse you for your treatment. For example, a bill may be sent to you, your insurance company, or a third-party payer. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.
- **For Health Care Operations:** We may use and disclose your health information in order to support our business activities. For example, we may use your health information for quality assessment and improvement activities, credentialing/accreditation, and for other essential activities. We may also disclose your health information to a third party that

performs services on our behalf, such as our medical record storage and management vendor. In these cases, we will enter into a written agreement with the third party to ensure they protect the privacy of your health information.

How else can we use or share your health information?

In general, we are allowed or required to share your information in other ways as detailed below – 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.

❖ Help with public health and safety issues

We may use and disclose your health information for public health activities, including the following:

- To prevent or control disease, injury, or disability.
- To report suspected abuse, neglect, or domestic violence.
- To report adverse reactions to medications.
- To assist with product recalls.
- To prevent or reduce serious threat to anyone's health or safety.
- To notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition.
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

❖ Do research

We can use or share your information for health research.

❖ Comply with the 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.

❖ Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

❖ Work with a medical examiner or funeral director

- We may share PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- We may also release your PHI to funeral directors when necessary for them to carry out their duties. We will only disclose mental health and drug and alcohol treatment records to the Coroner or medical examiner with a court order or an authorization from the patient's next of kin.

❖ Address workers' compensation and other government requests

We can use or share health information about you:

- For workers' compensation claims.
- With health oversight agencies for activities authorized by law.

- For special government functions such as military, national security, and presidential protective services.

❖ **Address law enforcement requests**

We can share health information:

- For law enforcement purposes or with a law enforcement official.
- For law enforcement purposes that require the reporting of certain kinds of wounds or other physical injuries.
- In compliance and consistent with a court order or court-ordered warrant, subpoena or summons issued by a judicial officer, a grand jury subpoena, or certain administrative requests.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About a victim or a crime, if the victim agrees, and if, under certain limited circumstances, we are unable to obtain permission directly from the victim of a crime.
- About a death, if there is a suspicion that such death may have resulted from criminal conduct.
- About criminal conduct in any of our facilities.
- In emergency circumstances to report: a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

❖ **Inmates**

If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may access, use and share your PHI with the correctional institution or law enforcement officials. Disclosure is necessary: (1) to provide the healthcare services you need; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

❖ **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Substance Use Disorder Records Subject to Part 2

- ❖ Certain HealthRIGHT 360 programs may be subject to the federal substance use disorder confidentiality law and regulations found at 42 U.S.C. § 290dd2 and 42 C.F.R. Part 2 (“Part 2”) as a substance use disorder treatment program (“Part 2 Program”). In such instances, information regarding your substance use disorder treatment, including your presence in a Part 2 Program, and payment for those services, is protected by both HIPAA and may have additional privacy protections under Part 2.

- There are limited circumstances under which a Part 2 Program may acknowledge that an individual is present or disclose outside the Part 2 Program information identifying a patient as having or having had a substance use disorder.
- Under Part 2, you generally must give written consent before information identifying you as a patient of a Part 2 Program is disclosed, including to entities or individuals who are paying your insurance claims. We may ask that you help us care for you and support your treatment goals by providing a written consent that allows a Part 2 Program’s providers to receive from and disclose to other treating providers your

identity and information in order to provide you the care you need, to obtain payment for care and treatment, and to allow for communication with other professionals, friends and advocates involved in your treatment or recovery.

- Pursuant to Part 2, disclosures of an individual's substance use disorder records protected by Part 2 may only be made without your written consent in limited circumstances, such as:
 - To medical personnel in medical emergencies when an individual's prior consent cannot be obtained;
 - For research purposes;
 - For audits and evaluations;
 - To a public health authority, if your information has been de-identified so that the information cannot be used to identify you.
 - To the Department of Veterans Affairs or Armed Forces;
 - For communication within a Part 2 program or between a Part 2 program and an entity having direct administrative control over that Part 2 program;
 - Pursuant to an agreement with a qualified service organization;
 - To report crimes on Part 2 program premises or against Part 2 program personnel, or a threat to commit such a crime;
 - To report suspected child abuse or neglect to appropriate authorities; or
 - As permitted by a valid court order.
- Before any Part 2 Program can use or disclose any covered substance use disorder records in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing, except to the extent that the Part 2 Program or others have relied on the consent. If you signed the written consent because you are participating in the Part 2 Program as a condition of a criminal justice proceeding, such as probation or parole, your consent can be revoked upon the conclusion of certain events, such as the end of your probation or parole.
- You may also execute a single written consent for all future uses or disclosures by a Part 2 Program of your SUD records for treatment, payment, and health care operations purposes (as detailed above). Records that are disclosed to another Part 2 program, covered entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that other Part 2 program, covered entity, or business associate, without additional written consent from you, to the extent the HIPAA regulations permit such disclosure.
- We may only use or disclose your SUD records to fundraise for the benefit of a Part 2 Program so long as we first provide you with a clear and conspicuous opportunity to elect not to receive fundraising communications, as we note above.
- Your SUD records, or testimony about those records, cannot be used or disclosed in legal proceedings against you unless (a) you have given written consent or (b) there is a court order authorizing such use or disclosure and a subpoena compelling such use or disclosure. Courts can only issue such an order if you have been provided notice and an opportunity to object to the proposed use or disclosure.
- In the case of SUD counseling notes (meaning notes recorded in any medium by a Part 2 Program provider who is a SUD or mental health professional documenting or analyzing the contents of conversation during a private SUD counseling session or a group, joint, or family SUD counseling session and that are separated from the rest of

the patient's SUD and medical record, but excluding medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date): We may not use or disclose SUD counseling notes without your written authorization unless otherwise permitted or required by law.

- Violation of the federal law and regulations by a Part 2 Program is a crime and suspected violations may be reported to appropriate authorities consistent with the regulations under 42 CFR § 2.4. You may report any Part 2 program violations to the HealthRIGHT 360 representative listed above, or to the United States Attorney for the judicial district in which the violation occurs, as well as to the Substance Abuse and Mental Health Services Administration (SAMHSA) office responsible for opioid treatment program oversight. The contact information for the Office of the United States Attorney of the Northern District of California is:

United States Attorney's Office
Central District of California
450 Golden Gate Avenue
San Francisco, California 94102
<https://www.justice.gov/usao-ndca/contact-us>

- We will not retaliate against you for filing a complaint.
- Information related to a patient's commission of a crime on the premises of the Part 2 Program or against personnel of the Part 2 Program is not protected.
- Reports of suspected child abuse and neglect made under state law to appropriate state or local authorities are not protected.

Our Responsibilities

- ❖ We are required by law to maintain the privacy and security of your protected health information and SUD Records and provide you with this notice of our legal duties and privacy practices with respect to protected health information and SUD records.
- ❖ 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.
- ❖ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to this Notice

We reserve the right to change the terms of this Notice at any time. We reserve the right to make the new Notice provisions effective for all health information and SUD records that we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. We will post a

copy of the current Notice in the HealthRIGHT 360 offices. Each version of the Notice will have an effective date, along with the date it was last updated on the first page. Updates to this Notice are also available at our web site at www.healthright360.org.

HealthRIGHT 360 NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT

I ACKNOWLEDGE RECEIPT of the HR360 “Notice of Privacy Practices.” I understand that my signature does not authorize disclosure, but only acknowledges that I have read and understand this notice.

CLIENT NAME

CLIENT SIGNATURE

DATE

DECLANATION

Note to staff: if client refuses to sign or provide verbal acknowledgement of receipt, please check the box below, indicate the reason for declination, and sign

☐ **CLIENT DECLINED TO SIGN RECEIPT:**

Reason for refusal or client comment

STAFF SIGNATURE

DATE