20 Crofts Rd.
Hurley, NY 12443
Privacy Officer Phone: 845-479-6888
Privacy Officer Email: ops@neveralonerehab.com

NOTICE OF PRIVACY PRACTICES OF NEVER ALONE

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 845-479-6888 or via email at ops@neveralonerehab.com.

ABOUT THIS COMBINED NOTICE

This Notice explains how Never Alone protects, uses, and shares 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, Never Alone will obtain your written permission before sharing this information, except in situations where disclosure is required or allowed by law.

WHO IS COVERED BY THIS NOTICE

This Notice applies to Never Alone Adolescent Addiction Treatment Center.

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. Never Alone will comply with the stricter standards.

NEVER ALONE'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.

CHANGES TO THIS NOTICE

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 Never Alone's website at **https://neveralonerehab.com/**.

How We Use Your Protected Health Information

Never Alone 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 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 Never Alone 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. ***Example:*** *The facility's psychiatrist asks your primary care doctor for information about a medical condition.*

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. ***Example:*** *We share records with your health insurance plan, when needed to obtain an authorization for treatment/services.*
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. ***Example:*** *We use health information about you to manage your care.*
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.

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.

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:	Never Alone 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
New York	**HIV-Related Information:** Information related to HIV testing, diagnosis, or treatment may only be disclosed with your written authorization using a state-approved HIV release form.
Minors	Minors with the capacity to consent to treatment, meaning that they are 12 years of age or older with the capacity to understand treatment, have the right to their own records, regardless of whether or not the parent consents to this. **SUD Treatment Records:** If a minor independently consents to substance use disorder treatment as allowed under state law, only that minor has the right to authorize or refuse the use and disclosure of their treatment information. This includes the decision to share their records with their parent(s) or guardian(s). If a parent or guardian provided the original consent for treatment, both the minor **and** the parent or guardian must provide written consent before any related records can be shared. **Mental Health Treatment Records:** When a minor consents to their own mental health treatment, their records cannot be used or disclosed without their written consent. Even when a parent or guardian consents to treatment on the minor's behalf, access to the minor's mental health information is not automatically granted. If a parent requests access to these records and the minor is 13 years of age or older, the facility or provider may inform the minor of the request and allow them to object to disclosure. The facility or provider may also deny parental access if releasing the information could harm the therapeutic relationship, interfere with ongoing care, or

	negatively affect the parent-child relationship. Records may still be disclosed as permitted or required by 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 Never Alone 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 Never Alone to fundraise on our own behalf **How To Exercise This Right:** Never Alone 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 Never Alone 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.

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 Never Alone. 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 Never Alone, you may contact the Privacy Officer. You may file a complaint using the contact information below. Never Alone 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:

Never Alone Contact **Privacy Officer** **Phone:** 845-479-6888 **Email:** ops@neveralonerehab.com **Medical Records Department** **Phone:** mrecords@neveralonerehab.com	**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

Never Alone 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, Never Alone 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 Never Alone at 845-479-6888 or by email at ops@neveralonerehab.com.

HOW TO REPORT A CONCERN

If you believe Never Alone 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

Never Alone ***Compliance Officer*** 20 Crofts Rd. Hurley, NY 12443 **Phone:** 845-479-6888 **Email:** ops@neveralonerehab.com	**U.S. Department of Health and Human Services** ***Office for Civil Rights*** 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