broadlawns MEDICAL CENTER

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Part 2 Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities. Federal law protects the confidentiality of substance use disorder patient records.

This Part 2 Notice of Privacy Practices describes how health information about you may be used and disclosed and how you can get access to this information. In this notice, your health information means your substance use disorder patient record. ***Please review it carefully.***

Your Rights

You have the right to:

- Consent to most uses and disclosures of your health information
- Discuss this notice with someone in our program
- Receive a list of health care providers who have received your information through certain third parties
- Choose in advance whether to receive fundraising communications
- Request a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Request a list of those with whom we've shared your information
- Request a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

► **See page 2** for more information on these rights and how to exercise them.

Your Choices

With your consent, we can use and share your information as we:

- Treat you
- Run our organization
- Bill for our services
- Fulfill your requests to share information with your consent
- Prevent multiple program enrollments
- Report about court-referred treatment
- Report to prescription drug monitoring programs

► **See page 3** for more information on these choices and how to exercise them.

Our Uses and Disclosures

We may use and share your information as we:

- Communicate within our program and with our contractors
- Help with medical emergencies
- Help with public health
- Report crimes (and threats of crimes) on our premises and suspected child abuse and neglect
- Aid scientific research
- Respond to audits and evaluations of our program
- Assist cause of death inquiries
- Respond to court orders

In all these circumstances, we must protect your information and limit how we use and share it.

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. **You have the right to:**

Provide consent when we use or share your information for most purposes	• You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. • You may provide consent for more limited purposes (for example, to only disclose information to another health care provider for your treatment); however, doing so may affect the services we can provide you or how you pay for services. • You may provide a general consent to share your information through certain third parties, such as a health information network or a research institution, where your treating health care providers can access it. • 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, cell, 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 healthcare operations after you have provided consent for all those purposes. We are not required to agree to your request, and we may say “no” if it would affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment. • If you pay for a service or healthcare 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.
Choose in advance about fundraising	• You have the right to a clear and obvious notice in advance of, and a choice about whether to receive, fundraising communication for our program.
Receive a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Discuss this notice with someone in our program	• You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing our Privacy Officer, Heather Adams, at (515) 282-2529 or hadams@broadlawns.org.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us. Our Privacy Officer, Heather Adams, can be reached at (515) 282-2529 or hadams@broadlawns.org. • 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 www.hhs.gov/ocr/privacy/hipaa/complaints/. • We will not retaliate against you for filing a complaint.

Your Choices

With your consent, we typically use or share your health information in the following ways:

To treat you	• We can use your health information and share it with other professionals who are treating you.	***Example:*** *A doctor treating you for a chronic condition asks a doctor at our program about your health condition and medications you are taking, for example, to avoid complications.*
To run our organization	• We can use and share your health information to run our program, improve your care, and contact you when necessary.	***Example:*** *We use health information about you to manage your treatment and services.*
To bill for your services	• We can use and share your health information to bill and receive payment from health plans or other entities.	***Example:*** *We provide information about you to your health insurance plan so they will pay for your services.*

With your consent, we may also use and share your information in the following ways:

- To whomever you name in a consent to share your information
- To prevent multiple enrollments in withdrawal management or maintenance treatment programs
- To report participation in treatment required by the criminal justice system
- To report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law

You can choose someone to act for you:

- If someone has authority to act as your personal representative, such as 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.

Our Uses and Disclosures

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Public health and safety issues	• We can share health information that does not identify you for certain situations such as:
	  • Preventing disease
	  • Reporting adverse reactions to medications
	  • Reporting suspected abuse, neglect, or domestic violence as required by law
	  • Preventing or reducing crime in our program

Research	• We can use or share your information to conduct or help with health research. Researchers cannot include any patient identifying information in their reports about the research.
Assist with cause of death inquiries	• We can share patient identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death.
To communicate with our program and with contractors	• We can share your information within our program, with an organization that has administrative control over our program, and with contractors who help us run our program.
For medical emergencies	• We can share your information during a bona fide medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency. • We can also share your identifying information to assist the federal Food and Drug Administration in notifying you or your doctor about unsafe products you may be using.
Respond to management and financial audits and program evaluations	• We can use or share your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you.

Redisclosure According to HIPAA

When you consent to uses and disclosures for all future treatment and payment purposes and to run our business, we may share your information with other substance use disorder treatment programs, doctors' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement).

Legal Proceedings and Court Orders

We must follow certain procedures before using or sharing your information for investigations and legal proceedings.

- We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

Our Responsibilities

- We are required to obtain your consent for most uses and sharing of your information.
- We are required by law to maintain the privacy and security of your information.
- We must let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice 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.

The Terms of this Notice

We are required to follow the terms of this notice that are currently in effect. We can change the terms of this notice, and the changes will apply to all information we have about you.
The new notice will be available upon request, on our website, and at our offices.
This notice is effective as of February 16, 2026.