



NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

Please review this Notice carefully. This Notice describes:

1. How medical information about you may be used and disclosed and how you can get access to this information.
2. Your rights with respect to your health information.
3. How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.

You have a right to a copy of this Notice, in paper or electronic form, and to discuss it with Maria Droste Counseling Center's Privacy Officer at compliance@mariadroste.org or (720) 593-9154.

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:

- 1. Provide consent when we use or share your information for most purposes**
 - a. You may provide a single consent for all future uses or disclosures for treatment, payment, and healthcare operations purposes by completing the appropriate Release of Information form. Ask your provider for more information about this form.
 - b. 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.
- 2. Get an electronic or paper copy of your medical record**
 - a. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. To request this information, contact our Privacy Officer at the information provided at the top of this Notice.
 - b. We will provide a copy or a summary of your health information, usually within thirty (30) days of your request. We may charge a reasonable, cost-based fee.
- 3. Ask us to correct your medical record**
 - a. You can ask us to correct health information about you that you think is incorrect or incomplete. To request this information, contact our Privacy Officer at the information provided at the top of this Notice.
 - b. We may say "no" to your request, but if we do, we'll tell you why in writing within sixty (60) days.
- 4. Request confidential communications**
 - a. You can ask us to contact you in a specific way (for example, at your home, office, or cell phone) or to send mail to a different address.
 - b. We will say "yes" to all reasonable requests.
- 5. Ask us to limit what we use or share**
 - a. 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," for example, if it could affect your



care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

- b. 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.

6. Get a list of those with whom we've shared information

- a. You can ask for a list (accounting) of the times we've shared your health information for six (6) years prior to the date you ask, who we shared it with and why.
- b. 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 (1) accounting each year for free but will charge a reasonable, cost-based fee if you ask for another within twelve (12) months.

7. Get a copy of this Privacy Notice

- a. 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.

8. Discuss this Notice with someone on our team

- a. You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the Privacy Officer using the contact information at the top of this Notice.

9. Choose someone to act for you

- a. If someone has authority to act as your personal representative, (example: someone has your medical power of attorney or if someone is your legal guardian), that person can exercise your rights and make choices about your health information.
- b. We will make sure the person has this authority and can act for you before we take any action.

10. Choose in advance about fundraising

- a. You have the right to a clear and obvious notice in advance of, and a choice about whether to receive, fundraising communications for our program.

11. File a complaint if you feel your rights are violated

- a. You can complain if you feel we have violated your rights by contacting us using the information at the top of this Notice.
- b. 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 <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- c. 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 our Privacy Officer using the contact information at the top of this Notice. Tell us what you want us to do, and we will follow your instructions, as long as we are not required by law to take another action.

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 or payment for your care



- Share information in a disaster relief situation
- Include your information in a hospital directory, as applicable

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 lessen a serious and imminent threat to health or safety.

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

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

If we have your substance use disorder patient records, subject to 42 C.F.R. Part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your 42 C.F.R. Part 2 information.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

1. **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 an injury asks another doctor about your overall health condition.*
2. **To run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*
3. **To bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*
4. **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 (Release of Information)
 - To prevent multiple enrollments in withdrawal management or maintenance 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.

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.



In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 C.F.R. Part 2, we *cannot* use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena (or similar legal requirement).

How else can we use or share your health information?

1. **To communicate within our organization 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.
2. **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.
3. **To help with public health and safety issues:** We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
4. **To do research or aid scientific 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.
5. **To 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.
6. **To 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.
7. **To respond to organ and tissue donation requests,** if applicable: We can share health information about you with organ procurement organizations.
8. **To work with a medical examiner or funeral director or assist with cause of death inquiries,** if applicable: We can share health information with a coroner, medical examiner, or funeral director when an individual dies. We can share patient identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death.
9. **To report suspected child abuse and neglect:** We will only report the information required by law.
10. **To prevent or reduce crime in our program:** We may report to law enforcement when a patient commits or threatens to commit a crime within our program or against our staff.
11. **To address workers' compensation, law enforcement, and other government requests:** We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law



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

12. **To 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.

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.

REDISCLASURE 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 42 C.F.R. Part 2 court order and a subpoena (or similar legal requirement).

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 protected health information.
- 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 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.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO 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 at any time and the changes will apply to all information we have about you. The new Notice will be available upon



request, in our office, and on our web site.

ADDITIONAL INFORMATION

- A. Effective Date for this Notice: February 16, 2026
- B. Privacy Officer Information:
 - Kate Trewartha, compliance@mariadroste.org ; (720) 593-9154; 1355 S Colorado Blvd, Suite C100
Denver, CO 80222
- C. This Notice of Privacy Practices combines requirements of both the HIPAA Notice of Privacy Practices and the 42 C.F.R. Part 2 Privacy Notice.
- D. Certain information regarding your treatment and your medical record may be accessible to you via the client portal associated with our electronic health record using the login information you have established. *It is strongly recommended that you do not share this login information with anyone, for your own privacy.* For more information, please contact our Privacy Officer using the contact information provided at the top of this Notice,