



## NOTICE OF PRIVACY PRACTICES FOR THE SEMINOLE TRIBE OF FLORIDA CENTER FOR BEHAVIORAL HEALTH

**This notice describes how health/medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### ***Legal Duty***

We, the Seminole Tribe of Florida Center for Behavioral Health (“CBH”), are required by law to maintain the privacy of your health information that we use or receive. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We will follow the privacy practices described in this Notice while they are in effect.

This Notice provides you with the following information:

- How we may use and disclose your health information;
- Your privacy rights in your health information; and
- Our obligations concerning the use and disclosure of medical information.

We reserve the right to change our privacy practices and the terms of this Notice at any time. Any revision or amendment will be effective for all information held by us. A copy of this Notice will be posted in the waiting room of all CBH facilities and you may request a copy of this Notice at any time.

### ***Use and Disclosure of Health Information***

We may receive or maintain health information about you for treatment and payment purposes. We also may hire business associates to help us in providing services to you. Our business associates may use the health information about you for our healthcare operations and payment, if applicable.

**Treatment.** We may use or disclose your protected health information (“PHI”) to provide, coordinate, or manage your health care and any related services, including coordinating or managing your care with other health care providers.

**Uses for Payment.** We may use and disclose your health information to obtain payment for your health care services, if applicable, including a collection agency or credit bureau. For example, obtaining approval for payment of services from your health plan may require that your PHI be shared with your health plan. We may also provide your PHI to our business associates such as billing companies, collection agencies, and vendors who mail billing statements.

**Uses for Healthcare Operations.** We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to appropriate employees in the CBH to:

- Provide to you appointment reminders or information about treatment alternatives;
- Run the department and improve the care we provide to you;
- Conduct training programs; or
- Arrange for accounting and legal services, business planning, business management and general administrative activities.

**To You or Your Authorized Representative.** We must provide your health information to you upon request, as more fully described in the "Your Rights to Health Information" section of this Notice. We will disclose your health information to your authorized representative, which could be a friend or family member, only if you agree to allow us to do so, or if in our professional judgment it is necessary for us to conduct our operations.

**Permitted by Law.** Except as described below in "Confidentiality of Substance Use Disorder Patient Records," we may use or disclose your health information that does not relate to alcohol and drug abuse treatment where required by law. For example, we may disclose information for the following purposes:

- **Assist with public health and safety issues:** We can share health information about you for certain situations such as:
  - preventing disease;
  - reporting suspected abuse or neglect of a child or vulnerable adult or domestic violence; or
  - preventing or reducing a serious threat to anyone's health or safety.
- **Research:** We can use or share your information for health research.
- **Comply with the law:** We will share information about you if laws require it, including sharing information with the Department of Health and Human Services if it wants to see that we are complying with federal privacy laws.
- **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; or
  - for special government functions such as military or national security.
- **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.
- **Organ and Tissue Donation:** If you are an organ donor, we can share information about you 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.
- **Coroners, Medical Examiners and Funeral Directors:** We can share information about you to coroners, medical examiners or funeral directors to carry out their duties.
- **Inmates:** We can share information about you to a correctional institution having lawful custody of you that is necessary for your health and the health and safety of other individuals.

**Confidentiality of Substance Use Disorder Client Records.** The confidentiality of substance use disorder client records maintained CBH is protected by the Confidentiality of Substance Abuse Disorder Patient Records regulations, 42 CFR Part 2 and Federal law, 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 ("Part 2"). Generally, CBH may not say to a person outside CBH that you participate in a substance use disorder program, or disclose any information identifying you as having a substance use disorder unless you agree to the disclosure in writing.

However, under Part 2, we may disclose information about your care and treatment for substance use disorder services *without your written consent* for the following reasons:

- The disclosure is allowed by an appropriate court order;
- The disclosure is made to medical personnel in a medical emergency;
- The disclosure is made to qualified researchers in certain limited circumstances set forth in 42 CFR Part 2;
- The disclosure is made to a qualified service organization that performs for CBH certain treatment services (such as lab analysis) or business operations (such as quality assurance);
- The disclosure is made to a government agency or other qualified non-government personnel to perform an audit or evaluation of CBH;
- The disclosure is made to law enforcement to report a crime committed by you on the CBH premises or against any person who works for CBH or any threat by you to commit such a crime; or
- The disclosure is made to report suspected child abuse or neglect to appropriate State or local authorities.

Violation of federal law and regulations regarding the confidentiality of substance use disorder records is a crime. Suspected violations may be reported to the U.S. Attorney's Office for the Southern District of Florida at (305) 961-9173.

**Your Authorization.** Except in the situations described above, we will use and share your PHI only with your written authorization. We are not permitted to sell or rent your PHI and may not use or share your PHI for marketing or fundraising purposes without your authorization.

In some situations, applicable law may provide special protections for sharing specific kinds of PHI and require authorization from you before we can share that specially protected medical information. For example, information about treatment for alcohol or drug abuse (see **Confidentiality of Substance Use Disorder Client Records**, above), HIV/AIDS and sexually transmitted diseases, mental health, and psychotherapy notes may be specially protected. In these situations, and for any other purpose, we will contact you for the necessary authorization. If you give us an authorization, you may later revoke it in writing at any time.

If we receive substance use disorder ("SUD") treatment records created by a federally assisted program or health care provider under 42 C.F.R. Part 2 ("Part 2 Records"), we may only use or disclose such records in accordance with the written consent you provided to the program or provider. If Part 2 Records were disclosed to us with your written consent for treatment, payment, and health care operations, we may further disclose the records for these purposes without obtaining an additional written consent.

We will not use or disclose your Part 2 Records, or any testimony relaying the content of such records, in any civil, criminal, administrative, or legislative proceeding against you unless we have (i) your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and

an opportunity to be heard. In addition, if we use this information to raise funds for our benefit, we must first provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

Once PHI is disclosed, it may no longer be protected by HIPAA and may be subject to re-disclosure.

### ***Your Rights to Your Health Information***

We may maintain records containing your health information. In some cases, our business associates will possess the information that is responsive to any of the individualized requests detailed in this section. You may contact the business associate to review that information. The business associate is obligated to provide you with the same rights as those described in this Notice. You have the following rights regarding health information that we maintain about you:

- **Access.** With limited exceptions, you have the right to review or obtain copies of your health information in electronic or paper format. We will provide a copy or a summary of your health information, usually within 30 days of your request. If your request for access asks that we send a copy of the PHI directly to another person, we will do so, provided that your request is in writing, signed by you, and clearly identifies the designated person and where to send the copy of PHI. We may charge you a reasonable cost-based fee for copies of your records.

If we do not maintain the PHI that you request, but we know where the information is maintained, we will let you know where to send your request.

- **Disclosure Accounting.** You have the right to receive a list of instances in which we, or our business associates, have disclosed your health information for purposes other than treatment, payment, healthcare operations, or where you have provided us with an authorization for disclosure. You may request this list for any disclosures made in the previous 6 years.
- **Request Restrictions.** You have the right to request that we place additional restrictions on our use or disclosure of your health information, including restricting uses and disclosures to family members, relatives, friends, or other persons you have identified who are involved in your care or payment for your care. We are not required to agree to these additional restrictions except in the limited circumstances where you have paid for medical services out-of-pocket in full and have requested that we not disclose your PHI to a health insurance plan for the purpose of payment or our operations with your health insurer. In that case, we will agree to the restriction unless a law requires us to share that information.
- **Alternative Communications.** You have the right to request in writing that we communicate with you about your health information by alternative means or at an alternative location. Your request must specify the alternative location. For example, you can ask that we only contact you at work or by mail.
- **Amendments.** You have the right to request that we amend your health information contained in our records. Your written request must explain why the information should be amended. We may deny your request under certain circumstances.
- **Electronic Notice.** If you receive this Notice in electronic form, you have the right to request a paper copy of this Notice at any time. We will promptly provide you with a paper copy of this Notice.
- **Privacy Breach Notice.** You have the right to receive a notice if we or a business associate discover a breach of your unsecured PHI and determine through an investigation that notice is required.

### ***Questions and Complaints***

If you want more information about our privacy practices or have questions or concerns, please contact the Privacy Officer at (954) 964-6338. The Privacy Officer is responsible for handling any grievances associated with our uses and disclosures of your health information. The Privacy Officer's address is:

Privacy Officer  
Seminole Tribe of Florida Center for Behavioral Health  
111 West Coral Way

Hollywood, FL 33021

If you are concerned that we may have violated your privacy rights, or you disagree with a decision made about access to your health information, or in response to a request you made related to the "Your Rights to Health Information" section of this Notice, you should contact the Privacy Officer. You may also submit a complaint to the U.S. Department of Health and Human Services Office for Civil Rights, by sending a letter to the Hubert H. Humphrey Building, 200 Independence Ave. S.W., Washington, D.C., 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

We support your right to the privacy of your health information. We will not retaliate in any way if you file a complaint with us or with the Office for Civil Rights of the U.S. Department of Health and Human Services.

Effective Date: February 16, 2026