



SEMINOLE TRIBE OF FLORIDA CENTER FOR BEHAVIORAL HEALTH PART 2 PROGRAM NOTICE OF PRIVACY PRACTICES (For Substance Use Disorder Treatment Records)

As described in the Seminole Tribe of Florida Center for Behavioral Health's ("CBH's") Notice of Privacy Practices, client health records are protected by applicable federal and state law and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Certain substance use disorder records are also protected by federal regulations under 42 C.F.R. Part 2 ("Part 2"). At CBH, the Part 2 regulations apply to treatment records related to the substance use disorder services we provide ("Part 2 Records").

This notice for CBH's Part 2 Program ("the Notice") describes the additional confidentiality protections that apply to Part 2-protected records. The CBH Part 2 Program ("we" or "our") complies with Part 2 and will abide by the Notice currently in effect with respect to your Part 2 Records. We also follow the Notice of Privacy Practices to the extent it is more restrictive or provides you with more rights than this Notice. To the extent other applicable law is more protective than Part 2, we comply with that law.

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;
- SUPPLEMENTS CBH'S NOTICE OF PRIVACY PRACTICES AND DESCRIBES ADDITIONAL PROTECTIONS FOR PART 2 RECORDS; AND
- APPLIES ONLY TO YOUR PART 2 RECORDS. THIS NOTICE DOES NOT APPLY TO HEALTH INFORMATION RELATED TO HEALTH SERVICES NOT RELATED TO SUBSTANCE USE DISORDER DIAGNOSIS OR TREATMENT.

YOU HAVE A RIGHT TO A COPY OF THE NOTICE OF PRIVACY PRACTICES AND THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE PRIVACY OFFICER AT THE PHONE NUMBER AND EMAIL AT THE END OF THIS NOTICE IF YOU HAVE ANY QUESTIONS.

Use and Disclosure of Part 2 Records Without your Written Consent:

We may use and disclose your Part 2 Records without your written consent in the following situations:

- **Medical Emergencies.** We may disclose your Part 2 Records to medical personnel to the extent necessary to meet a bona fide medical emergency and (i) your prior written consent cannot be obtained; or (ii) we are

closed and unable to provide services or obtain your prior written consent during a temporary state of emergency declared by a state or federal authority as the result of a natural or major disaster, until such time as we resume operations. We will obtain your consent prior to disclosing your information for non-emergency treatment. We may also disclose your Part 2 Records to medical personnel of the Food and Drug Administration (FDA) who assert (i) a reason to believe that your health may be threatened by an error in the manufacturer, labeling, or sale of a product under the FDA jurisdiction; and (ii) that your Part 2 Records will be used for the exclusive purpose of notifying you or your physicians of potential danger.

- **Scientific Research.** Under certain circumstances, we may use and disclose your Part 2 Records without your consent for scientific research purposes. Generally, we would first obtain your written consent; however, in certain circumstances, we may be permitted to use or disclose your Part 2 Records for research purposes without your consent to the extent permitted by HIPAA, the FDA and HHS regulations regarding the protection of human subjects.
- **Audits and Program Evaluations.** Under certain circumstances we may use or disclose your Part 2 Records in connection with a management or financial audit or a program evaluation. For example, in certain situations, we may disclose your identifying information to any federal, state, or local government agency that provides financial assistance to the Part 2 Program or is authorized by law to regulate the activities of the Part 2 Program. We may also disclose your identifying information to a third-party payer or health plan covering the services provided to you, a quality improvement organization performing a review of the Part 2 Program or an entity with direct administrative control over the Part 2 Program.
- **Public Health.** We may disclose Part 2 Records to a public health authority for public health purposes if the information has been de-identified in accordance with the requirements of the HIPAA regulations, such that there will be no reasonable basis to believe that the information can be used to identify you.
- **Qualified Service Organizations (QSOs).** We may share Part 2 Records with contractors who provide certain services to us or on our behalf. These contractors are called qualified service organizations and must agree in writing to protect the Part 2 Records in the same way we are required to protect the information.
- **Crimes.** We may disclose limited information to law enforcement if you commit, or threaten to commit, a crime on our premises or against our personnel.
- **Suspected Child Abuse and Neglect Reports.** We may disclose information to the appropriate authorities to report suspected child abuse and neglect as required by applicable law.
- **Adult Clients Who Lack Capacity and Deceased Clients.** If an adult patient is adjudicated as lacking capacity or dies, we may disclose the patient's Part 2 Records with the consent of the patient's personal representative.
- **Substantial Threat to Life or Well Being.** We may disclose facts relevant to reducing a substantial threat to the life or physical well-being of a minor patient or any person to the personal representative of the minor patient if certain conditions are met.
- **Vital Statistics.** We may disclose patient identifying information relating to a patient's cause of death or death investigation under applicable laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.
- **U.S. Department of Health and Human Services (HHS).** We must disclose Part 2 Records to the Secretary of HHS if required for an investigation or to determine compliance with Part 2.
- **Court Order with Legal Mandate.** We may disclose Part 2 Records, or testimony relating the content of such Part 2 Records, pursuant to a specific court order. Part 2 Records may only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you (the patient) and/or us (the record

holder), if required by Part 2. The court order must also be accompanied by a subpoena or other similar legal mandate compelling disclosure before the Part 2 Record is used or disclosed.

- **Fundraising.** We may use or disclose your Part 2 Records to fundraise for the benefit of the Part 2 Program, but you have the right to opt-out of receiving fundraising communications from us, as noted in the Notice of Privacy Practices.
- **Other Permissible Purposes.** We may use or disclose Part 2 Records without your consent as otherwise permitted by Part 2.

We will only use or disclose your Part 2 Records without your written consent as described in this Addendum. To the extent other applicable law is more protective than Part 2, we comply with that law.

Use and Disclosure of Part 2 Records with Your Written Consent:

The Part 2 Program may use and disclose your Part 2 Records with written consent that satisfies the requirements of Part 2 as follows:

- **Treatment, Payment, and Healthcare Operations (TPO).** We may use and disclose your Part 2 Records for TPO purposes, as described in the Notice of Privacy Practices, with your written consent. For example, we may share your Part 2 Records with the doctors treating you at a hospital, with your health plan, or for our quality improvement and other operations purposes.
- You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. For example, you may give us permission to share your Part 2 Records with your treating providers and/or health plans for TPO purposes. Part 2 Records disclosed for TPO purposes to another Part 2 program or an individual/entity subject to the Health Insurance Portability and Accountability Act (HIPAA) pursuant to your consent may be further disclosed by that Part 2 program or individual/entity subject to HIPAA to the extent permitted by HIPAA, or if the Part 2 Program is not subject to HIPAA, to the extent permitted by your consent. However, your Part 2 Records cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order, as described below.
- **Central Registry or Withdrawal Management Program.** We may disclose your Part 2 Records to a central registry or to any withdrawal management or treatment program with your written consent. For example, if you consent to participating in a drug treatment program, we can disclose your information to the program to coordinate care or to a central registry to avoid duplicate enrollment.
- **Criminal Justice System.** We may disclose information from your Part 2 Records to persons within the criminal justice system who made your participation in the Part 2 Program a condition of the disposition of any criminal proceeding against you with your written consent. The written consent must state that it is revocable upon the passage of a specified amount of time or the occurrence of a specified, ascertainable event. The time or occurrence upon which your consent becomes revocable may be no later than the final disposition of the conditional release or other action in connection with which written permission was given. For example, if you consent, we can inform a court-appointed officer, prosecutor or law enforcement about your treatment status as part of a legal agreement or sentencing conditions.
- **Prescription Drug Monitoring Program.** We may report any medication prescribed or dispensed by us to the applicable state prescription drug monitoring program (PDMP) if required by applicable state law. However, we will obtain your consent prior to reporting such information.
- **Legal Proceeding Against a Patient.** We will not use or disclose Part 2 Records, or testimony relaying the content of Part 2 Records, in any civil, administrative, criminal, or legislative proceeding against you unless such use or disclosure is pursuant to your specific written consent (separate from consent for any other use or disclosure) or a court order, as described above.

- **Designated Person or Entities.** We may use and disclose your Part 2 Records in accordance with your written consent to any other person or category of persons identified or generally designated in your consent. For example, if you consent to a disclosure of your Part 2 Records to your spouse or a healthcare provider, we will share your health information with them as outlined in your consent.
- **Other Purposes.** We will make any other uses and disclosures not described in this Notice only with your written consent.

If you want to revoke (take back) your written consent to use or disclose your Part 2 Records, please send a written request to the Privacy Officer listed at the end of this Notice. If you would like an alternative revocation process, please contact the Privacy Officer by phone at the number listed at the end of this Notice. Your revocation will not apply to the extent we already used or disclosed your Part 2 Records based on your consent.

Your Rights to Your Part 2 Records:

In addition to your rights to your rights listed in the "Your Rights to Your Health Information" section of the Notice of Privacy Practices, you have:

- the right to request restrictions on disclosures of your Part 2 Records for purposes of treatment, payment, and health care operations made with your prior written consent (see our Notice of Privacy Practices for when we are required to agree to your request);
- the right to request a list of Part 2 Record disclosures by an intermediary for the prior 3 years, including information about who received your records, the date of the disclosure, and a brief description of the information that was disclosed; and
- the right to discuss the Notice of Privacy Practices or this Part 2 Program Notice with the Privacy Officer.

To exercise these rights, please submit a written request to the Privacy Officer listed at the end of this Notice.

Our Duties

- **Maintaining the privacy of Part 2 Records.** The CBH Part 2 Program is required by law to maintain the privacy of records, to provide clients with notice of its legal duties and privacy practices with respect to Part 2-protected records, and to notify affected clients following a breach of unsecured records.
- **Following this Notice.** CBH's Part Program is required to abide by the terms of the Notice currently in effect.
- **Changing this Notice.** CBH's Part 2 Program reserves the right to change this Notice. We further reserve the right to make the revised or changed Notice effective for information that we already have about you, as well as any information that we receive in the future. We will post a copy of the current Notice on the CBH website at <https://www.semtribe.com/services/health-and-human-services/behavioral-health>

Part 2 Records Questions and Complaints:

If you have questions about this Notice or its contents, please contact the CBH Privacy Officer at (954) 964-6338 or CBHPrivacyOfficer@semtribe.com. You may also contact the CBH Privacy Officer at this address:

CBH 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 with regard to your Part 2 Records, 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 Your Part 2 Records" section of this Notice, you may contact the CBH Privacy Officer at the address above. 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