



Notice of Privacy Practices
Effective February 2026

THIS NOTICE DESCRIBES HOW MEDICAL AND SUBSTANCE USE DISORDER INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. PURPOSE AND APPLICABILITY OF THIS NOTICE

Hazel Pittman Center (HPC) is required by law to protect the privacy and security of your health information. This Notice explains how HPC may use and disclose your health information, your privacy rights, and HPC's responsibilities for protecting your information.

Because HPC provides substance use disorder services, your information is protected by HIPAA, 42 CFR Part 2, and other applicable federal and state confidentiality laws. Part 2 provides additional protections for information that identifies you as having applied for, received, or been referred for substance use disorder services. HPC will comply with the law that provides greater protection when more than one privacy or confidentiality law applies.

II. ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

HPC will provide you with this Notice and make a good-faith effort to obtain your acknowledgement of receipt. Your acknowledgement only confirms that you received the Notice; it does not mean that you agree to any particular use or disclosure of your information.

Your receipt of services is not conditioned upon signing an acknowledgement. If HPC cannot obtain your acknowledgement, HPC will document its efforts and the reason it was not obtained. In an emergency treatment situation, HPC will provide the Notice as soon as reasonably practicable after the emergency.

III. USES AND DISCLOSURE OF YOUR HEALTH INFORMATION

HPC may use or disclose your health information as described in this Notice and as otherwise permitted or required by law. Because substance use disorder patient records receive additional protection under 42 CFR Part 2, your consent may be required for uses or disclosures that HIPAA would otherwise permit without authorization.

- A. Treatment:** HPC may use your health information to provide and coordinate your treatment and, with your consent when required by law, share information with other health care providers involved in your care. For example, HPC may share information with another provider to coordinate your treatment.
- B. Payment:** HPC may use and disclose health information, with your consent when required by law, to bill and obtain payment for services. For example, HPC may provide information to Medicaid or another health plan to obtain payment for your services.
- C. Health Care Operations:** HPC may use and disclose health information, as permitted by law, to operate the agency and improve services. For example, HPC may use information for quality improvement, compliance, staff evaluation, credentialing, utilization review, or program evaluation.
- D. Other Disclosures With Your Consent:** You may provide written consent allowing HPC to disclose your information to individuals or organizations you identify. You may revoke your consent as permitted by law; however, revocation does not affect disclosures already made in reliance upon your consent.

IV. USES AND DISCLOSURES PERMITTED WITHOUT YOUR CONSENT

Applicable law permits HPC to use or disclose certain information without your written consent under limited circumstances. These may include:

- A. Communications Within HPC and With Contractors:** HPC may share information within the program and with contractors who assist HPC in performing program functions, subject to applicable confidentiality requirements.
 - B. Medical Emergencies:** HPC may disclose information to medical personnel and health care providers as necessary to address a bona fide medical emergency and will document the disclosures as required by law. HPC may notify an emergency contact, family member, personal representative, or other person involved in your care when authorized by you or otherwise permitted by law, limiting the information disclosed as appropriate.
 - C. Child Abuse or Neglect:** HPC may report suspected child abuse or neglect as required by law.
 - D. Crimes on HPC Premises or Against HPC Staff:** HPC may disclose limited information concerning a crime or threat of a crime committed on HPC premises or against HPC personnel.
 - E. Audits and Evaluations:** HPC may disclose information for authorized audits, evaluations, accreditation, licensing, compliance, payment or other oversight activities.
 - F. Research:** HPC may use or disclose information for research when applicable legal requirements are met.
 - G. Public Health:** HPC may make disclosures for public health purposes as permitted by law.
 - H. Cause of Death:** HPC may disclose information concerning a deceased patient for purposes related to determining cause of death as permitted by law.
- V. SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER PATIENT RECORDS**

- A. Legal Proceedings and Investigations:** HPC will not use or disclose your Part 2-protected information, or provide testimony about that information, in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order that meets Part 2 requirements. When required by Part 2, the court order must also be accompanied by a subpoena or similar legal mandate.
 - B. Redisclosure of Part 2 Information:** When you consent to disclosures for treatment, payment, or health care operations, a recipient subject to HIPAA may redisclose the information as permitted by HIPAA. Your Part 2 information remains protected from use in legal proceedings against you except as permitted by Part 2.
- VI. USES AND DISCLOSURES REQUIRING YOUR WRITTEN PERMISSION**

Except when otherwise permitted or required by law, HPC will obtain your written authorization or consent before using or disclosing your information. Written permission may be required for uses or disclosures involving psychotherapy notes, marketing, the sale of health information, and other purposes not otherwise permitted by law. **HPC does not sell patient information.** You may revoke your authorization or consent as permitted by law; however, revocation does not affect actions already taken in reliance upon it.

VII. YOUR PRIVACY RIGHTS

You have the following rights regarding health information. To exercise these rights, contact HPC's Privacy Officer using the information in Section X.

- A. Inspect and Obtain a Copy:** You may inspect or obtain an electronic or paper copy of your medical record and other health information maintained by HPC. HPC may charge a reasonable, cost-based fee when permitted.
- B. Request and Amendment:** You may ask HPC to correct information you believe is incorrect or incomplete. HPC may deny the request as permitted by law and will provide a written explanation when required.
- C. Accounting of Disclosures:** You may request an accounting of certain disclosures HPC has made of your health information.

- D. Request Restrictions:** You may ask HPC to restrict certain uses or disclosures. HPC is not required to agree to every request. If you pay for a service in full out-of-pocket, you may ask HPC not to disclose information about that service to your health plan for payment or health care operations; HPC will honor the request unless disclosure is required by law.
- E. Confidential Communications:** You may ask HPC to contact you in a particular way or at a particular location. HPC will accommodate reasonable requests.
- F. Copy of This Notice:** You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- G. Personal Representative:** A person legally authorized to act on your behalf may exercise applicable privacy rights for you. HPC will verify the person's authority.
- H. Breach Notification:** HPC will notify you as required by law if a breach may have compromised the privacy or security of your information.
- I. Privacy Complaint:** You may file a complaint if you believe HPC has violated your privacy or confidentiality rights. **HPC will not retaliate against you for filing a complaint.**

VIII. HPC'S RESPONSIBILITIES

HPC is required by law to:

- maintain the privacy and security of your protected health information and Part 2 records;
- obtain your consent or authorization when required by law;
- follow the duties and privacy practices described in the Notice currently in effect and provide you with a copy; and
- notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.

HPC will not use or disclose your information other than as described in this Notice unless you give written permission or the use or disclosure is otherwise permitted or required by law.

IX. REVISIONS TO THIS NOTICE

HPC may change this Notice as permitted by law, and changes may apply to information HPC already maintains. The current Notice will be available upon request, posted at HPC, and available on HPC's website.

X. QUESTIONS OR COMPLAINTS

For questions about this Notice, to exercise your privacy rights, or to file a privacy complaint, contact:

Hazel Pittman Center
Privacy Officer: Kristin Gibson
130 Hudson Street
Chester, SC 29706
Telephone: (803) 377-8111
Email: kgibson@hazelpittman.org

You may also file a complaint with the:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, DC 20201
1-877-696-6775

HPC will not retaliate against you for filing a complaint or exercising your privacy rights.