



## **Notice of Privacy Practices of Care New England Substance Use Disorder (Part 2) Programs\***

### **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**

**YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH CARE NEW ENGLAND'S PRIVACY OFFICER THROUGH ITS COMPLIANCE HELPLINE AT (877) 835-5263 OR CNECOMPLIANCE@CARENE.ORG IF YOU HAVE ANY QUESTIONS.**

This Notice applies to Care New England Health System's substance use disorder programs regulated by federal law 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2, the Confidentiality of Substance Use Disorder Patient Records ("Part 2") at Butler Hospital, Kent Hospital, The Providence Center, and Women and Infants (collectively "SUD Providers"). SUD Providers are required by law to maintain the privacy of your health information in accordance with federal and state law. In particular, we protect the privacy and security of your substance use disorder patient records in accordance with Part 2, in addition to HIPAA and applicable state law. This Notice of Privacy Practices ("Notice") outlines our legal duties and privacy practices with respect to health information. We are required by law to maintain the privacy of records, provide you with notice of our legal duties and privacy practices with respect to records, and to notify you following a breach of your unsecured records. SUD Providers may provide health care through health care providers who are contracted with SUD Providers. All such health care providers have agreed to be bound by this Notice.

We are required to abide by the terms of the Notice currently in effect. We reserve the right to make changes to this Notice as permitted by law. We reserve the right to make the new Notice provisions effective for all records we currently maintain, as well as any records we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Each version of the Notice will have an effective date listed. If we change this Notice, you can access the revised Notice on our website at <https://www.carenewengland.org/legal-notices> or from the receptionist at any SUD Provider facility. We will also post the Notice prominently in our SUD Provider facilities.

You have the right to file a complaint if you believe your privacy rights have been violated. If you would like to file a complaint about our privacy practices, you can do so by contacting the Care New England Privacy Office through its Compliance HelpLine at (877) 835-5263 or [cnecompliance@carene.org](mailto:cnecompliance@carene.org). You also have the right to complain to the Secretary of the United States Department of Health and Human Services, the United States Attorney for the judicial district in which the violation occurs, and the Substance Abuse and Mental Health Services Administration (SAMHSA) office responsible for opioid treatment program oversight. You will not be penalized or otherwise retaliated against for filing a complaint.

## **OUR USES AND DISCLOSURES:**

**We will obtain your written consent to use and disclose your health information unless we are permitted to use or disclose your information without your consent under applicable law. The following categories describe the ways that we may use and disclose your health information without your written consent under Part 2. To the extent applicable state law is even more restrictive than Part 2 on how we use and disclose any of your health information, we comply with more restrictive state law.**

**Within Our Facilities.** SUD Provider personnel who have a need for your information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment may use and share your information. In addition, we may share your information with the entity that has direct administrative control over our substance use disorder program.

**Emergency Treatment.** In the event of a bona fide medical emergency in which your prior consent cannot be obtained, we may disclose your identifying information to medical personnel.

**Business Associates/Qualified Service Organizations.** We may disclose your information to third party “business associates” and “qualified service organizations” that perform various services on our behalf, such as transcription, billing, and collection services, and who agree to protect the privacy of your health information.

**Audits.** We may disclose your health information to entities who are legally permitted to perform audits of our facilities, such as government regulators. Those entities are required to maintain the privacy of your information.

**Legal Proceedings.** We may disclose your health information pursuant to court orders that meet the requirements of applicable law. Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written consent or a court order. Records shall only be used or disclosed based on a court order after you or the record holder is provided notice and an opportunity to be heard, where required by law. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

**Reporting Crimes on Our Premises or Against Our Personnel.** We may disclose a patient's commission (or threatened commission) of a crime on our premises or against our personnel to a law enforcement agency or official. We are permitted to disclose information regarding the circumstances of such incident, including the suspect's name, address, last known whereabouts, and status as a patient in our program.

**Reporting Child Abuse or Neglect.** We may report incidents of suspected child abuse and neglect to the appropriate state or local authorities.

**Deceased Persons.** We may disclose information relating to the cause of death of a patient under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

**Research.** Under certain circumstances, we may disclose your health information to researchers who are conducting a specific research project. Your identifying information will never be published without your written consent.

**FDA Reporting.** We may disclose patient identifying information to medical personnel of the Food and Drug Administration ("FDA") who assert a reason to believe that the health of any individual may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

**De-identified Information.** We may disclose your de-identified information as permitted by law, including for public health purposes.

#### **OTHER USES AND DISCLOSURES:**

Use or disclosure of your health information for any purpose other than those listed above requires your written consent. Some examples include:

- **Substance Use Disorder Counseling Notes:** We will not use and disclose your substance use disorder counseling notes without your written consent except as otherwise permitted by law.
- **Release of Your Presence in Our Facility:** We will not disclose your presence in treatment to individuals who may call or present in person at a facility unless you have provided your written consent permitting the release.
- **Marketing:** We will not use or disclose your health information for marketing purposes without your written consent except as otherwise permitted by law.
- **Sale of Your Health Information:** We will not sell your health information without your written consent except as otherwise permitted by law.
- **Fundraising:** We will not use your information for fundraising without first providing clear and conspicuous opportunity to elect not to receive fundraising communication. To opt out of fundraising, call (401) 921-8526.

You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. Records that are disclosed to a Part 2 program, covered

entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without your written consent, to the extent HIPAA permits such disclosure.

If you change your mind after consenting to the use or disclosure of your health information, you may withdraw your permission by revoking the consent in writing. However, your decision to revoke the consent will not affect or undo any use or disclosure of your health information that occurred before you notified us of your decision, or any actions that we have taken based upon your consent. To revoke a consent, please notify us by calling or mailing your request to the applicable Program listed on the last page.

## **YOUR RIGHTS:**

This section describes your rights regarding the health information we maintain about you. All requests or communications to exercise your rights discussed below must be submitted in writing to the applicable Program address listed on the last page.

**Get an electronic or paper copy of your record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you, excluding your substance use disorder counseling notes. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. If your request is denied, we will explain the reasons, and tell you what your rights are.

**Request confidential communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

**Ask us to correct your medical record.** You can ask us to correct health or billing information about you that you think is incorrect or incomplete. We may say “no” to your request, for example, if your provider feels that the information currently in your record is complete and accurate. If we deny your request, we’ll tell you why in writing within 60 days. If we agree to your request, we will ask you to give us the names of the people you want to receive the corrected information.

**Get a list of those with whom we’ve shared information.** You have the right to request an accounting of certain disclosures we make of your health information. This includes disclosures made with your consent, disclosures for treatment, payment, and health care operations through an electronic health record, and disclosures by an intermediary, in the three years prior to your request. We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Ask us to limit what we use or share.** You have the right to request restrictions on how your health information is used or disclosed for treatment, payment, or health care operations activities, including when you have signed a consent for these disclosures. However, we are not required to agree to your requested restriction, unless that restriction

is regarding disclosure of health information to your health insurance company and: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the health information pertains solely to a health care item or service for which you or another person (other than your health insurance company) paid for in full.

**Get a copy of this Notice.** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. A paper copy of this Notice can be obtained from the receptionist at any SUD Provider facility and is also available at our website at <https://www.carenewengland.org/legal-notices>.

**Discuss this Notice with us.** You have the right to discuss this Notice with us. Please contact us at the contact information listed below.

**CONTACT INFORMATION:**

If you have questions or concerns about your privacy rights, or the information contained in this Notice, please contact the Care New England Privacy Officer through its Compliance HelpLine at (877) 835-5263 or [www.MyComplianceReport.com](http://www.MyComplianceReport.com).

**\*Substance Use (Part 2) Programs:**

Butler Hospital  
345 Blackstone Blvd  
Providence, RI 02906  
401-455-6321

Kent Hospital  
455 Tollgate Rd  
Warwick, RI 02886  
401-736-4291  
[KHROIHIM@carene.org](mailto:KHROIHIM@carene.org)

The Providence Center  
528 North Main St  
Providence, RI 02904  
401-276-6143

Women & Infants Hospital  
101 Dudley St  
Providence, RI 02905  
(401)274-1122 x41486  
[wih-roi@carene.org](mailto:wih-roi@carene.org)

**EFFECTIVE DATE OF THIS NOTICE:**

This Notice is effective as of February 24, 2025.