

# Notice of Privacy Practices

## Substance Use Disorder Programs

### We Are Committed to Your Privacy

Federal law protects the confidentiality of substance use disorder patient records.

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 THE COREWELL HEALTH PRIVACY OFFICE AT **616.486.4113** OR **privacy@corewellhealth.org** IF YOU HAVE ANY QUESTIONS.

The privacy of your health information has always been a priority at Corewell Health. This notice provides Corewell Health substance use disorder patients with information about their privacy rights and Corewell Health's ongoing commitment to protect those rights. You have the right to make choices about the way your health information is collected and used.

### Notice of Privacy Practices

This notice describes how substance use disorder treatment information about you may be used and disclosed and how you can get access to this information. This notice will be provided to you at the time of admission to a substance use disorder program or, if you are not able to understand due to your medical status at that time, as soon as you are able to do so. **Please review this notice carefully.** This notice is effective as of February 16, 2026.

### Who Will Follow This Notice

This notice applies to Corewell Health Programs or Providers which provide substance use disorder treatment or services under 42 CFR Part 2 (Part 2). Any changes in this Notice of Privacy Practices are available at the office or facility where you are receiving care, by calling **616.486.4113**, or by emailing **privacy@corewellhealth.org**.

### Our Pledge Regarding Your Health Information

We understand that your health information is personal, and we are committed to protecting it. The health information we use, create, keep, and disclose about you may relate to physical and mental health care you receive from us and our Part 2 programs. We create a record of the care and services you receive

from Corewell Health. This record allows us to provide you with quality care and to comply with certain legal requirements. This notice applies to the Part 2 records related to your care that are maintained by Corewell Health, whether electronic or paper. If the doctor providing you with care is not a Corewell Health team member, they may have different policies or notices regarding the use and disclosure of your medical information. This notice tells you about ways your Part 2 health information is used or disclosed. It also describes your rights and our obligations regarding the use and disclosure of substance use disorder health information.

We are required by law to:

- Maintain the privacy and security of your protected health information (PHI) – including your Part 2 health information.
- Provide patients with notice of our legal duties and privacy practices with respect to Part 2 records.
- Follow the privacy practices described in the notice that is currently in effect.
- Provide you with a copy of this notice upon request.
- Notify affected individuals following a breach of unsecured protected health information – including substance use disorder information.

### Right to Consent and Revoke

You may provide a single consent for all future uses or disclosures for treatment, payment, or health care operations purposes for your Part 2 health information (how such information may be used is discussed more below). You may revoke your consent at any time, except to the extent Corewell Health has acted in reliance upon it. Records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to the patient's written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.

### How We May Use and Disclose Your Health Information

**For Treatment:** We can use your health information and disclose it to other professionals who are treating you. As an example, a doctor treating you for an injury asks another health care provider about your overall health condition.

We may disclose your health information for continuation of care purposes. Different Corewell Health departments may disclose your health

information to coordinate the different things you need, such as prescriptions, lab work, X-rays, or therapy, or to coordinate a referral.

**For Payment:** We can use and disclose your health information and non-health information to bill and get payment for health plans or other entities for the treatment and services you receive at Corewell Health. For example, we may give information about you to your health insurance plan so it will pay for your health care or services. We may tell your health plan about a treatment you are going to receive to obtain prior approval or determine whether your plan will cover the treatment.

If you have paid in full for a health care item or service, and you tell us that you do not wish your health plan to receive information about that item or service, we will not disclose that information with your health plan, unless we are required by law to do so.

**For Health Care Operations:** We can use and disclose your health information to run our business—such as accounting, claims processing, or to evaluate our workforce. These uses and disclosures are necessary to run the business operations of Corewell Health and to make sure that all of our patients receive quality care.

We may combine the health information we have along with health information from other organizations to compare our performance and determine how we can improve the care and services we offer.

#### **Management Audits, Financial Audits and Program Evaluation:**

We may disclose your information to those responsible for conducting certain audit and evaluation activities, provided the person agrees to certain restrictions on disclosure of information. Audits include but are not limited to audits by the federal, state, and local government agency, as well as third-party payers and/or health plans to monitor the health care system, government programs and compliance with civil rights laws.

#### **How We May Use and Disclose Your Health Information – Special Situations**

**Medical Emergency:** In the event of medical emergency, we may disclose patient-identifying information without your written consent, but only to the extent necessary to assist medical personnel in responding to the emergency.

#### **Counseling Notes and Highly Confidential Information:**

Certain health information receives special privacy protection, such as psychotherapy notes and substance use disorder counseling notes (notes kept separately by a clinician analyzing a counseling session), services for mental health and developmental disabilities, and certain diseases. We will use or share your highly confidential medical information only as permitted or required by law, or with your written permission.

For Part 2 counseling notes, however, we may disclose them without written consent for (i) treatment by the provider who created the counseling notes; (ii) training programs of students, trainees or practitioners in SUD treatment or mental health programs; and/or (iii) for defense of Corewell Health in a legal action or other proceeding brought by a patient.

**Public Health Risks:** We may disclose health information for public health activities, to prevent or control disease, injury, or disability. Information provided must be de-identified so that there is no reasonable basis to believe that the information can be used to identify you.

**Fundraising Activities:** Corewell Health may use or disclose records to fundraise for the benefit of the Part 2 program only if you, the patient, are first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications. If you agree, we may use certain non-medical information to contact you to raise money for Corewell Health affiliates through a foundation owned or controlled by Corewell Health.

**Crimes on Premises:** We may disclose information to law enforcement officers that is directly related to the commission of a crime on the premises or against our personnel or to a threat to commit such a crime.

**Criminal Legal System:** If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, your right to revoke consent may be more limited and should be clearly explained on the consent you sign.

**Legal Protections:** Records, or testimony relating the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to hear is provided to you (the patient) and/or the holder of the record, where required by 42 USC § 290dd-2 and 42 CFR Part 2. 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.

**Research:** We may use and disclose your information for research if certain requirements are met.

#### **Reports of Suspected Child Abuse and Neglect:**

We may disclose information required to report under state law incidents of suspected child abuse and neglect to the appropriate state or local authorities. However, we may not disclose the original patient

records, including for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect, without consent.

**Reporting of Death:** We may disclose your information related to cause of death to a public health authority that is authorized to receive such information.

**Other Uses of Your Health Information:** Other uses and disclosures of health information not covered by this notice or the laws that apply to Corewell Health will only be made with your written permission. If you provide us with permission to use or disclose your medical information, you may revoke that permission in writing at any time. If you revoke your permission, we will not use or disclose health information about you for the reasons covered by your written authorization. We are unable to reverse any disclosures we have already made with your permission, and we are required to retain our records of the care we provided to you.

### **Your Rights Regarding Your Health Information**

**Right to Inspect and Copy:** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. The information available to you includes medical and billing records but does not include any psychotherapy 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. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you can request that the denial be reviewed. Another licensed health care professional chosen by Corewell Health will review your request and the denial. The person conducting the review will not be the person who denied your initial request. We will comply with the outcome of the review. If you are participating in research activities, we may deny your request to inspect and copy some of your health information related to that research, so long as you agreed to this access restriction in the consent form you signed before participating. We also may deny access as otherwise permitted by law.

**Right to Amend:** You can ask the Health Information Management Department to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We also may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information kept by or for a Corewell Health entity.

- Is not part of the information that you would be permitted to inspect and copy.
- Is accurate and complete.

**Right to an Accounting of Disclosures:** You can ask for a list (accounting) of the times we’ve shared your health information for three years prior to the date you ask, who we shared it with, and why. Ask the Health Information Management Department how to request this. 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 accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. Your request should indicate in what form you want the list (for example, on paper or electronically).

**Right to Request Restrictions:** You can ask us not to use or disclose certain health information for treatment, payment, or our operations. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will say “yes” unless a law requires us to share that information, if it would affect your care, or if we are unable to comply with your request.

**Right to Request Confidential Communications:** You can request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will agree to all reasonable requests. A request can be made during registration, to your patient representative, or to the Privacy Office. We may ask you to put your request in writing.

### **File a Complaint**

If you believe your privacy rights have been violated, you have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services and Corewell Health. You are not required to report an alleged violation with either the Secretary or Corewell Health but may report to either or both. You will not be penalized or retaliated against for filing a complaint.

To file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, access [ocrportal.hhs.gov/ocr/smartscreen/main.jsf](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf).

To file a complaint with Corewell Health you may call the toll-free Integrity Hotline at **877.319.0266**, email [privacy@corewellhealth.org](mailto:privacy@corewellhealth.org), or submit a complaint in writing to:

Corewell Health  
ATTN: Chief Privacy Officer MC6481  
100 Corewell Drive NW  
Grand Rapids, MI 49503

**Changes to This Notice**

We reserve the right to change this notice. We also reserve the right to make the revised notice effective for health information we already have about you and any information we receive in the future. We will post a copy of the current notice in the facilities, offices, and locations covered by this notice. The notice will contain the effective date. In addition, a copy of the most current notice will be made available to you each time you register with a Part 2 facility or office, or you are admitted to a Part 2 facility for treatment or health care services as an inpatient or outpatient.