Notice of Privacy Practices

Lund Family Center

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

For questions or concerns about this Privacy Policy, or to exercise your rights under HIPAA or 42 CFR Part 2, please contact our Privacy Officer at 802-864-7467 or lundcst@lundvt.org.

PURPOSE

This **HIPAA and Part 2 Privacy Policy** outlines Lund's (the "Organization") privacy compliance program, providing guidelines for maintaining the privacy of Protected Health Information ("PHI") under the Health Insurance Portability and Accountability Act (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, the Privacy Rule (45 CFR Part 164), and substance use disorder information under Part 2 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act,. The policy applies to all PHI and substance use disorder treatment information received, maintained, used or disclosed by the Organization. Lund shall maintain the confidentiality and integrity of all information entrusted to it in compliance with all applicable federal and state law.

SCOPE

This policy applies to Lund and all its employees, contractors, volunteers, and business associates who access, use, or disclose PHI or Part 2 Data for or on behalf of the Organization. It addresses the privacy protections of PHI under HIPAA and the enhanced privacy protections for substance use disorder (SUD) treatment information under **Part 2** of the regulations.

DEFINITIONS

For purposes of this Policy, terms defined under the following laws, statutes, regulations and rules will retain those definitions: the Privacy and Security Rules of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (HIPAA), Title XII of the Health Information Technology for Economic and Clinical Health Act (HITECH) and implementing rules, , any and all State of Vermont privacy laws and the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (collectively referred to as HIPAA) and the American Recovery and Reinvestment Act (ARRA), Part 2 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. For ease of reference the following definitions are used, to the extent there is any conflict with HIPAA or Part 2, those definitions will control.

Protected Health Information (PHI): Any health information, including demographic data, that relates to an individual's physical or mental health condition, the provision of health care, or payment for health care, that is transmitted or maintained in any form (electronic, paper, or oral) and that can identify an individual. PHI has the meaning given at 45 C.F.R. §160.103.

Substance Use Disorder (SUD) Treatment Information: Health information specifically related to the diagnosis, treatment, or referral for treatment of substance use disorders, subject to stricter confidentiality protections under **Part 2** of the Federal Regulations governing the confidentiality of substance use disorder patient records.

Covered Entity: A health care provider, health plan, or health care clearinghouse that transmits any health information in electronic form in connection with a HIPAA transaction.

Business Associate: A person or entity that performs certain functions or activities on behalf of, or provides certain services to, a Covered Entity, and involves the use or disclosure of PHI.

Single Consent means a consent allowing Part 2 patients to consent to future uses and disclosures related to Treatment, Payment and Health Care Operations (collectively TPO) and that includes: the patient's name or and signature (or surrogate); the recipients or class of recipients such as "treating providers"; that the disclosure is for treatment, payment or health care operations, the expiration date or event (until revoked) and revocation instructions to exercise the right to revoke at any time.

USE OF DISCLOSURE OF PROTECTED HEALTH INFORMATION

General Use and Disclosure

PHI (that is not Part 2 data) may be used or disclosed by the Organization for the following purposes without patient consent:

Treatment: To provide, coordinate, or manage health care services, including consultation between providers and referrals for care.

Payment: To obtain reimbursement for services provided, including billing, claims management, and collection.

Health Care Operations: Activities related to the administration and management of the Organization, such as quality improvement, auditing, and training programs.

Required by Law: To comply with legal obligations, including regulatory reporting requirements, subpoenas, and court orders.

Additional: Emergency situations and disaster relief efforts; for public health activities; in response to requests from health oversight agencies; in response to court orders or subpoenas issued in administrative or judicial proceedings; in relation to serious threats to health or safety; in response to discovery requests in workers' compensation matters; in response to qualifying requests related to whistleblowers and victims or crime.

Fundraising Activities: The covered entity may contact the individual to raise funds for the covered entity and the individual has a right to opt out of receiving such communications (45 CFR § 164.514(f)(2))

With Authorization: PHI may be disclosed for other purposes with the explicit, written consent of the individual to whom the PHI pertains, as required by HIPAA.

Substance Use Disorder and Treatment (Part 2)

The confidentiality of substance use disorder treatment information is subject to additional privacy protections under **Part 2** of the Federal Regulations. PHI that pertains to substance use disorder treatment can be disclosed with a patient's Single Consent:

- For activities that are Treatment, Payment, or Health Care Operations under HIPAA.
- For bona fide medical emergencies;
- Pursuant to a Court order;
- In de-identified form (HIPAA standard of de-identification) to public health authorities for research, audits and evaluations with an effective Qualified Services Organization Agreement in place; and
- Disclosures for legal or regulatory purposes in accordance with 42 CFR Part 2.

Disclosures of SUD treatment information must be made in compliance with both HIPAA and Part 2 and must clearly state that the information cannot be further disclosed without the written consent of the patient.

Minimum Necessary Standard

The Organization will ensure that PHI is used or disclosed in accordance with the **minimum necessary**

standard, meaning that only the minimum amount of PHI necessary to accomplish the intended purpose will be disclosed or used.

INDIVIDUAL RIGHTS

In this section, we use terms like 'client' and 'individual' to reflect legal and privacy requirements.

Right to Access PHI
Individuals have the right to request and obtain access to their PHI maintained by the Organization, including substance use disorder treatment records, subject to the limitations of Part 2. Requests for access must be made in writing to the Privacy Officer.

Right to Request Amendments
Individuals have the right to request that their PHI be amended if they believe it is inaccurate or incomplete. This applies to both general health information and substance use disorder treatment information, subject to Part 2 limitations.

Right to an Accounting of Disclosures
Individuals may request an accounting of disclosures of their PHI, including SUD treatment information, made by the Organization during the past six years, excluding disclosures made for treatment, payment, or healthcare operations purposes, as well as disclosures made with the individual's authorization.

Right to Request Restrictions
Individuals have the right to request restrictions on the use or disclosure of their PHI for purposes of treatment, payment, or health care operations. The Organization will consider and respond to these requests. Patients with Part 2 data who pay in full without accessing benefits may restrict disclosures to health plans.

Right to Confidential Communications
Individuals may request that the Organization communicate with them about PHI in a certain manner or at a specific location. The Organization will accommodate reasonable requests.

Right to File a Complaint
Individuals have the right to file a complaint with the Organization's Privacy Officer or with the U.S. Department of Health and Human Services if they believe their privacy rights have been violated.

SAFEGUARDING PROTECTED HEALTH INFORMATION

Administrative Safeguards
The Organization will implement appropriate administrative safeguards to ensure the confidentiality of PHI, including substance use disorder treatment information, and will designate a Privacy Officer responsible for overseeing privacy compliance.

Physical Safeguards
The Organization will implement physical safeguards, including restricted access to areas where PHI, including SUD treatment information, is stored or transmitted.

Technical Safeguards
The Organization will use encryption, secure transmission methods, and strong access control measures to protect ePHI, including substance use disorder treatment records. The Organization will ensure that electronic systems storing PHI comply with current security standards.

BUSINESS ASSOCIATES

The Organization will ensure that all Business Associates who handle PHI, including substance use disorder treatment information, sign a Business Associate Agreement (BAA) that ensures they comply with both HIPAA and Part 2 confidentiality requirements. These agreements will outline the permitted uses and disclosures of PHI and specify that the Business Associate will protect and safeguard the PHI.

BREACH NOTIFICATION

Definition of a Breach

A breach is the unauthorized acquisition, access, use, or disclosure of PHI that compromises the privacy or security of the PHI.

Breach Notification Procedures

In the event of a breach involving PHI, including substance use disorder treatment information, the Organization will notify affected individuals, the U.S. Department of Health and Human Services (HHS), and, when applicable, the media, as required by HIPAA and Part 2 regulations.

Part 2-Specific Breach Considerations

If a breach involves SUD treatment information, the Organization will ensure compliance with the notification and reporting requirements outlined under Part 2, including specific protections for patient confidentiality.

TRAINING AND AWARENESS

Training Requirements

All employees, workforce members and contractors who have access to PHI, including substance use disorder treatment information, will complete the annual compliance training which includes HIPAA and Privacy Training and Part 2 training. Training will include guidance on identifying and reporting breaches, securing PHI, and understanding the special privacy protections for SUD treatment information.

REPORTING AND INVESTIGATIONS OF VIOLATIONS, SANCTIONS, AND MITIGATION

Confidential Report

The Organization will maintain a confidential communication mechanism so that employees, workforce and others may report compliance concerns, including potential privacy violations, without concern of retaliation. Each employee and member of the Organization's workforce must report conduct they reasonably believe is in violation of HIPAA, Part 2 or appliable law.

Violations

When a privacy violation is confirmed to have resulted from a failure by an employee or workforce member the Organization shall ensure that an appropriate sanction is imposed. Any sanction should be dependent on the nature of the failing and may range from training up to and including termination of employment. To the extent practicable, the Organization will mitigate any harmful effect known to it of a use or disclosure of PHI or Part 2 data in violation in accordance with 42 C.F.R. 164.530

Audit

The Organization will conduct regular audits of its privacy practices to ensure ongoing compliance with HIPAA and Part 2, including monitoring the use and disclosure of substance use disorder treatment information.

POLICY REVIEW AND UPDATES

This policy will be reviewed annually and updated as necessary to reflect changes in HIPAA, Part 2, or other applicable laws and regulations. The Privacy Officer will oversee the review and update process. The latest version can be found on our website, www.lundvt.org.

CONTACT INFORMATION

For questions or concerns about this Privacy Policy, or to exercise your rights under HIPAA or Part 2, please contact our Privacy Officer at (802) 864-7467 or lundcst@lundvt.org