



Options Treatment Programs, Inc.
1000 N. Lynndale Drive Suite C
Appleton, WI 54914-3057
Phone: 920-735-9010 | Fax: 920-735-9050

NOTICE OF PRIVACY PRACTICES

Effective Date: 7/9/2026

Federal law protects certain health information for confidentiality under the Health Insurance Portability and Accountability Act (HIPAA). Additional protections apply to individuals seeking treatment for substance use disorders under 42 CFR Part 2. The following outlines the specific policies and procedures followed by Options Treatment Programs to safeguard your information in accordance with these regulations.

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 Options Treatment Programs' Clinical Director at 920-735-9010 or regan@optionstx.com if you have any questions.

1. OUR LEGAL DUTIES

We are required by law to:

- Maintain the privacy and security of your protected health information (PHI).
- Provide you with this Notice of our legal duties and privacy practices.
- Notify you if a breach occurs that may have compromised the privacy or security of your information (in accordance with HIPAA and 42 CFR 2.16)
- Follow the terms of this Notice currently in effect.

Your information may also include substance use disorder treatment records, which receive additional protections under 42 CFR Part 2.

2. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information for the following purposes:

Treatment: We may use your information to provide, coordinate, or manage your health care.

Example: Doctors, therapists, nurses, or counselors may share information to coordinate your care.

Payment: We may use or disclose information to obtain payment for services.

Example: Billing your health insurance provider for treatment services.

Health Care Operations: We may use your information for administrative activities such as:

- Quality improvement
- Staff training
- Licensing and accreditation
- Compliance monitoring

Other:

- Communication with law enforcement regarding a crime committed on Options property and/or against Options staff

In accordance with 42 CFR Part 2, you may now provide a single consent for all future uses or disclosures related to treatment,

payment and health care operations.

3. ADDITIONAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

Records related to substance use disorder diagnosis, treatment, or referral are protected by 42 CFR Part 2.

These records cannot be disclosed without your written consent except in limited circumstances such as:

- Medical emergencies
- Court orders
- Scientific research, audit, or program evaluation
- Certain public health activities

Redisclosure Notice:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.

4. OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

We may disclose health information without your authorization when required by law, including:

- Public health activities
- Reporting abuse or neglect
- Health oversight activities
- Judicial or administrative proceedings
- Law enforcement purposes (when legally required)
- Serious threats to health or safety

5. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Any uses and disclosures of your protected health information not described elsewhere within this notice will not be disclosed by Options Treatment Programs, Inc. without your written consent.

We must obtain your written authorization for:

- Disclosure of substance use disorder records except as allowed by law
- Most disclosures about you, your presence in services (specifically in regard to substance use disorders), diagnosis and treatment to non-covered treatment personnel, business associates or others covered under 42 CFR Part 2.
 - Examples include but are not limited to: family, support individuals, community partners/programs etc.
 - For specifics regarding individuals involved in the criminal justice system, please see section 7 below
- Most disclosures of psychotherapy notes
- Most marketing uses of your health information
- Sale of your health information

You may revoke an authorization at any time in writing, except to the extent that information has already been disclosed in accordance with any section in this notice (and/or consistent with 42 CFR Part 2)

***** Please note the right to revoke an authorization does NOT apply to individuals and treatment episodes meeting criteria in section 7 of this form*****

Please note, records disclosed for treatment, payment and health care operations from Options Treatment Programs, Inc. to another program, covered entity or business associate required to follow 42 CFR Part 2 may be further disclosed by that same program, entity or associate without the patient's written consent to the extent the HIPAA regulations permit such disclosure.

Should Options Treatment Programs, Inc. ever pursue efforts to fundraise for the benefit of Options Treatment Program, Inc., the

agency may use or disclose records in order to fundraise ONLY if the patient is provided with a clear and visible opportunity to elect not to receive fundraising communications.

6. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

Inspect and Copy: You may request access to your health records.

Request Amendments: If you believe information in your record is incorrect, you may request a correction.

Request Restrictions: You may request limits on how your information is used or disclosed for purposes of treatment, payment and health care operations.

Right to request and obtain restrictions of disclosures of records to a patient's health plan for services for which the patient has paid in full as also consistent with 45 CFR 164.522.

Request Confidential Communications: You may request that we contact you in a specific way (e.g., different address).

Receive an Accounting of Disclosures: You may request a list of certain disclosures made of your information.

Right to a list of disclosures by an intermediary for the past 3 years

Receive a Paper Copy of This Notice: You may request a paper copy at any time.

Right to discuss this notice with the Privacy Officer (contact information included in #10 below)

Right not elect not to receive fundraising communications.

7. INDIVIDUALS MANDATED/REFERRED BY THE CRIMINAL JUSTICE SYSTEM

Disclosures of information can occur between Options Treatment Programs Inc. and members of the criminal justice system who have made participation in screening, assessment and treatment related to a substance use disorder a condition of the disposition of any criminal proceedings against the individual or of the person's community supervision or release of custody.

Disclosure is provided only to individuals in the criminal justice system who have a need to know the information in connection with their responsibility to monitor an individual's progress (for example DA's office withholding charges or monitoring a deferred prosecution agreement, court granting pre or post-trial release, PO responsible for supervision of the individual).

A signed release of information is required in accordance with 42 CFR Part 2 2.31 with the exception of the following:

Duration of consent: The written consent must define a reasonable period in which it remains in effect taking into account: the anticipated length of treatment, type of criminal proceedings involved and need for information in connection with the final disposition of that proceeding as well as other factors such as the length of time all parties determine to be appropriate.

Revocation of Consent: the consent must state it is revocable upon the passage of a specified amount of time or the occurrence of a specified, ascertainable event no later than the final disposition of the conditional release or other action in connection with which the consent was given.

Restrictions on use and redisclosure: information received by individuals within the criminal justice system in accordance with the above may use and redisclose the information only to carry out official duties with regard to the individual's conditional release or other action in connection with which the consent was given.

Records or testimony relating the content of treatment records shall not be used or disclosed in any civil, administrative, criminal or legislative proceeding against the patient unless based on 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 be heard is provided to the patient or the holder of the record, where required by 42 U.S.C. 290dd-2 and 42 CFR Part 2 - AND-

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.

8. BREACH NOTIFICATION

In accordance of 42 C.F.R. Part 2 2.16) If a breach of unsecured protected health information occurs, we will notify you as required by law.

9. CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. Updated versions will be available at our office and on our website.

10. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

- Our Privacy Officer via email or phone call to the contact information below.
- The U.S. Department of Health and Human Services Office for Civil Rights

You will not be retaliated against for filing a complaint.

10. CONTACT INFORMATION

Privacy Officer: Rebecca Egan, Clinical Director

Address: 1000 N Lynndale Dr. Suite C Appleton, WI 54914

Phone: 920-735-9010

Email: regan@optionstx.com

Additional Notes:

* If a use or disclosure for any purpose described above is prohibited or materially limited by another applicable law, the description of such use or disclosure must reflect the more stringent law.

Options Treatment Programs, Inc. may apply a change in a privacy practice that is described in this notice to records that were created or received by this agency prior to issuing a revised notice.

Options Treatment Programs, Inc. reserves the right to change the terms of its notice and to make the new notice provisions effective for records that it maintains. Revised notices will be provided via the patient portal.