Advocates
Caring Partners. Creative Solutions. Better Lives.

Notice of Privacy Practices

Your Information.
Your Rights.
Our Responsibility.

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

Your Rights	**You have the right to:** • Get a copy of your paper or electronic medical record. • Correct your paper or electronic medical record. • Request confidential communication. • Ask us to limit the information we share. • Get a list of those with whom we've shared your information. • Get a copy of this privacy notice. • Choose someone to act for you. • File a complaint if you believe your privacy rights have been violated.	➤ ***See pages 2 and 3 for more information on these rights and how to exercise them.***
Your Choices	**You have some choices in the way that we use and share information as we:** • Determine if we can tell your family and friends about your condition. • Provide disaster relief. • Provide mental health care. • Market our services and sell your information. • Raise funds.	➤ ***See page 4 for more information on these choices and how to exercise them.***
Our Uses and Disclosures	**We may use and share your information as we:** • Treat you and run our organization. • Bill for your services. • Help with public health and safety issues. • Do research. • Comply with the law, lawsuits, and legal actions. • Respond to organ and tissue donation requests. • Work with a medical examiner or funeral director. • Address workers' compensation, law enforcement, and other government requests.	➤ ***See page 5 for more information.***

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

The word “we” in the Notice of Privacy Practice refers to Advocates and the following individuals:

- Any health care professional authorized to enter information into your chart.
- Any health care provider who is a member of Advocates staff.
- All Advocates workforce members, including employees, staff, volunteers, and other health center personnel.

Get an electronic or paper copy of your medical 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. Ask us how to do this. • 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.
Ask us to correct your medical record	• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this by contacting us using the information on page 10. • We may say “no” to your request, but we’ll tell you why in writing within 60 days.
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 limit what we use or share	• You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes”

	unless a law requires us to share that information.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • 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 a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	• You can file a complaint if you feel we have violated your rights by contacting: **Advocates Chief Compliance Officer** **251 Locke Drive** **Marlborough, MA 01752** You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.** • We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in your care. • Share information in a disaster relief situation. *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In these cases, we *never* share your information unless you give us written permission:	• Marketing purposes. • Sale of your information. • Most sharing of psychotherapy notes.
In the case of fundraising:	• We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Treat you	We can use your health information and share it with other professionals who are treating you.	***Example:*** *A doctor treating you for an injury asks another doctor about your overall health condition.*
Run our organization	We can use and share your health information to run our practice, improve your care, and contact you when necessary.	***Example:*** *We use health information about you to manage your treatment and services.*
Bill for your services	We can use and share your health information to bill and get payment from health plans or other entities	***Example:*** *We give information about you to your health insurance plan so it will pay for your services.* *We may disclose copies of your full record, including progress notes, in response to audit requests from your insurance company.*
Contact You	We may use your health information to contact you with information about treatment and follow-up care instructions or with information about services we provide.	***Example:*** *We may contact you about scheduled or cancelled appointments, registration or insurance updates, billing or payment matters, pre-procedure assessment, satisfaction surveys or test results.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.

Help with public health and safety issues	We can share health information about you for certain situations such as: • Preventing disease. • Helping with product recalls. • Reporting adverse reactions to medications. • Reporting suspected abuse, neglect, or domestic violence. • Preventing or reducing a serious threat to anyone's health or safety.
Do research	We can use or share your information for health research. In most cases, information about you has been deidentified before it can be shared; if that is not possible, the information will only be shared with your informed consent.
Comply with the law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests	We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests	We can use or share health information about you: • For workers' compensation claims. • For law enforcement purposes or with a law enforcement official. • With health oversight agencies for activities authorized by law. • For special government functions such as military, national security, and presidential protective services.
Respond to lawsuits and legal actions	We can share health information about you in response to a court or administrative order, or in response to a subpoena (unless stricter state standards apply preventing such disclosures).

We will generally ask you for your written consent or a judge's order before we share certain sensitive information about you such as:

- Alcohol and Substance Use Records. Please note that Federal law and regulations protect the confidentiality of substance use disorder patients' records. See the NOTICE OF ADDITIONAL PROTECTIONS OF SUBSTANCE USE DISORDER RECORDS attached to this Notice.
- AIDS, ARC or HIV related information, including but not limited to status or testing results, regardless of whether the test results are positive or negative.
- Sexually Transmitted Diseases.
- Genetic Testing Results.
- Consent for Abortion.
- Victim's Counseling for Domestic Violence or Sexual Assault.
- Certain psychotherapy documentation.
- Communications with Mental Health Providers and Social Workers.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

How long do we keep your information?
We record health information in paper, electronic, or photographic form and keep them for 20 years following discharge or final treatment. Other records are maintained in accordance with state and federal laws or regulations. A copy of our retention guideline for medical records is available upon request.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Complaints
If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our Chief Compliance Officer at 251 Locke Drive, Marlborough, MA 01752 or **CCO@Advocates.org**. All complaints must be submitted in writing. Our Privacy Officer, who can be contacted at 877 296-5432, will assist you with writing your complaint, if you request such assistance. We will not retaliate against you for filing a complaint.

Contact Us

If you have questions about this Notice of Privacy Practices, please contact:

Advocates Chief Compliance Officer
Phone: 877-296-5432
Email: **CCO@Advocates.org**

For medical records requests, contact:

Records Center
251 Locke Drive
Marlborough, MA 01752
Phone: 508-628-6300
Email: **RecordsCenter@Advocates.org**

The notice was first effective on February 21, 2024, and was most recently revised on February 16, 2026

NOTICE OF ADDITIONAL PROTECTIONS OF SUBSTANCE USE DISORDER RECORDS

Our HIPAA Notice of Privacy Practice ("HIPAA NPP") applies to all our clients. If you receive treatment, diagnosis, or referral for treatment in one of our designated Substance Use Disorder Programs ("Part 2 Programs"), the confidentiality of your records in such programs ("Part 2 Records") are subject to further protections under the federal law and regulations 42 U.S.C. § 290dd-2, 42 U.S.C. 290ee-3, and 42 C.F.R. Part 2 ("Part 2").

THIS NOTICE SUPPLEMENTS THE HIPAA NPP AND DESCRIBES:

I. HOW YOUR PART 2 RECORDS MAY BE USED AND DISCLOSED,
II. YOUR RIGHTS WITH RESPECT TO PART 2 RECORDS, AND
III. HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR PART 2 RECORDS, OR OF YOUR RIGHTS CONCERNING YOUR PART 2 RECORDS.

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH ADVOCATES CHIEF COMPLIANCE OFFICER AT 877-296-5432 OR **CCO@Advocates.org** IF YOU HAVE ANY QUESTIONS.

I. USES AND DISCLOSURES

Our Part 2 Programs may use and disclose your Part 2 Records only as described in this section or with your written consent.

(A) Permitted Uses and Disclosure of Part 2 Records Without Consent

• To communicate with other staff within the Part 2 Program who have a need for the information in connection with their duties to provide diagnosis, treatment, or referral for treatment or persons/office with direct administrative control over the Part 2 Program.
• To qualified service organizations providing services to us or on our behalf.
• To law enforcement agencies or officials if you commit, or threaten to commit, a crime in our facilities or against our personnel.
• To report suspected child abuse and neglect consistent with state laws.
• To medical personnel in a medical emergency under certain conditions.
• For research purposes if certain conditions are met.
• To qualified personnel for management and financial audit or program evaluation purposes who agree in writing to comply with the limitations on use and redisclosure.
• To a public health authority, if the information has been properly de-identified.

(B) Permitted Uses and Disclosures that Require Consent

• For treatment, payment, and health care operations purposes.
Our Part 2 Program will request that you provide a single written consent for all future uses or disclosures of your information for treatment, payment, and healthcare operations purposes in order to ensure you receive the highest level of coordinated care. If you do not sign this consent, we may not be able to treat you. This consent shall remain in effect until you revoke it in writing.
[You may also provide consent for more limited purposes (for example, to only disclose information to another health care provider for your treatment); however, doing so may affect the services we can provide you or how you pay for services.]
• Records that are disclosed to us or to another 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 us or that Part 2 program, covered entity, or business associate, without your written consent, to the extent the HIPAA regulations permit such disclosure.
• Our Part 2 Program may use or disclose records to fundraise for the benefit of the Part 2 Program only if you are first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.

• Our Part 2 Program may make uses and disclosures not described in this notice only with your written consent.

(C) Right to Revoke or Withdraw a Consent

You may revoke or withdraw your written consent at any time by sending a request for revocation in writing to the address at the end of the HIPAA NPP or submitting a written request to the Part 2 Program. We will no longer use or disclose your Part 2 Records after such time, except to the extent we have already acted in reliance upon it.
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.

(D) Uses or Disclosures in Legal Proceedings and Court Orders

We must follow certain procedures before using or sharing your information for investigations and legal proceedings.

- We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

II. Your Rights Related to Your Part 2 Records

As a client in our Part 2 Program, you have all the rights listed in the HIPAA NPP, including the right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations.
You also have the right to an accounting of disclosures of electronic Part 2 Records made with your consent for the past 3 years, including disclosures for treatment, payment, and health care operations when such disclosures are made through an electronic health record.

III. Filing a Complaint

See HIPAA NPP for more information regarding filing a complaint.

The effective date of this Notice is February 16, 2026.

Acknowledgment of Notice of Privacy Practices

By signing below, I, (*name of person served*) _____,
acknowledge that I have received a copy of (*organization name*) _____'
Notice of Privacy Practices currently in effect. I have read and understand the terms of this Notice and I have had an opportunity to ask questions about the use or disclosure of my health information.

_____
Signature of Person Served/Personal Representative (if applicable)

_____
Date

_____
Print Name of Personal Representative

_____
Relationship to Person Served

OFFICE USE ONLY

Notice of Privacy Practices given to the individual on (*date*)_____**by:**

- ☐ In-person meeting
- ☐ Mailing
- ☐ Email
- ☐ Other:_____

Unable to obtain written consent and acknowledgement because:

- ☐ Person Served/Legal Representative refused to sign
- ☐ Email receipt verification
- ☐ Other:_____

Staff Name and Title: _____

Staff Signature: _____

Date: _____

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File form in record