

Designated Persons or Entities of Your Choice: We may disclose your Part 2 records to a person or class of persons you identify or designate in your written consent. For example, a consent may authorize us to disclose your Part 2 records to a family member or a friend.

YOUR RIGHTS UNDER PART 2

As a patient of a UNC Health Pardee Part 2 Program, you have the following rights with respect to your Part 2 records:

- The right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations, as provided in 42 CFR § 2.26.
- The right to request and obtain restrictions of disclosures of records under this part to the patient's health plan for those services for which the patient has paid in full, in the same manner as 45 CFR § 164.522 applies to disclosures of protected health information.
- The right to an accounting of disclosures as provided in 42 CFR § 2.25 that meets the requirements of the HIPAA Rules, as such requirements are made effective by Federal regulators.
- The right to a list of disclosures by an intermediary for the past 3 years as provided in 42 CFR § 2.24.
- The right to obtain a paper or electronic copy of this Notice upon request.
- The right to discuss this Notice with the UNC Health Pardee Privacy Officer or his or her designee.
- The right to elect not to receive fundraising communications.
- You have the right to revoke your written consent, except to the extent that we have already relied upon your consent and used and/or disclosed your Part 2 records.

To exercise any of these rights, including to opt-out of fundraising communications or to revoke a consent you previously gave us, contact the UNC Health Pardee Privacy Officer in the manner identified in this Notice.

LAWS WITH GREATER RESTRICTIONS THAN PART 2

If any federal or state law requires us to apply more stringent protections to your health information than what is described in this Notice, we will follow the more stringent requirement. A Part 2 Program that is, or is part of, a facility licensed under state law to provide services to individuals with needs for mental health, developmental disabilities, and substance use disorder (N.C.G.S. Chapter 122C) must follow that state law in situations where it is more restrictive than Part 2. Other laws may also give greater privacy protections for certain types of sensitive health information, such as information related to mental health, HIV/AIDS and other communicable diseases, or genetic testing.

REVISIONS TO THIS NOTICE

We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for the Part 2 records that we maintain. In the event that we change the terms of this Notice, we will post a copy of the current notice in our facilities and on our website.

COMPLAINTS

As a patient, if you believe your privacy rights have been violated with respect to your Part 2 records, you may file a complaint with us by contacting the UNC Health Pardee Privacy Officer at 828-696-4251 or by email at privacy@unchealth.unc.edu.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by visiting hhs.gov/hipaa/filing-a-complaint/index.html.

UNC Health Pardee may not intimidate, threaten, coerce, discriminate, or take any other retaliatory action against any patient for the exercise by the patient of any right established, or for participation in any process provided for including the filing of a complaint.



NOTICE OF PRIVACY PRACTICES FOR UNC HEALTH PARDEE PART 2 PROGRAMS

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 UNC HEALTH PARDEE PRIVACY OFFICER BY PHONE AT 828-696-4251 OR BY EMAIL AT PRIVACY@UNCHEALTH.UNC.EDU IF YOU HAVE ANY QUESTIONS.

PLEASE REVIEW IT CAREFULLY

Effective date: **February 16, 2026**

If you receive treatment from a Part 2 Program at UNC Health Pardee, the health information the Program creates about you is protected by the federal regulations governing the Confidentiality of Substance Use Disorder Patient Records set forth at 42 CFR Part 2 (“Part 2”). Part 2 requires us to maintain the privacy of your records, to provide you with notice of our legal duties and privacy practices with respect to your substance use records, and to notify you of any breach of your unsecured Part 2 records.

We may use and/or disclose your Part 2 records in accordance with this Notice. We will not use or disclose your records for any reason not described in this Notice without your written consent. We are required to abide by the terms of this Notice currently in effect.

This Part 2 Notice supplements our **Joint HIPAA Notice of Privacy Practices**, which governs your rights, our legal duties and privacy practices with respect to your protected health information, including your Part 2 records. In the event of a conflict between these notices, we will follow the more stringent requirement.

PERMITTED USES & DISCLOSURES OF PART 2 RECORDS WITHOUT CONSENT

Part 2 Program Operations. We may share your Part 2 records amongst our Part 2 program staff as needed to provide services to you and to operate our Part 2 programs. We may disclose your Part 2 records to an entity having direct administrative control over the Part 2 program from which you are receiving services, to the extent needed for your diagnosis, treatment, or referral. We may also disclose your Part 2 records to qualified service organizations providing services to or on behalf of the Part 2 Program that have agreed in writing to protect the information in accordance with Part 2.

We may also use and/or disclose your Part 2 records for our own Part 2 programs’ fundraising purposes only if you are provided a clear and conspicuous opportunity to elect not to receive fundraising communications.

Medical Emergencies. We may disclose your Part 2 records to medical personnel to the extent necessary during a medical emergency during which you are unable to provide prior informed consent of the disclosure. We may also disclose your identifying information to medical personnel of the Food and Drug Administration (“FDA”) who assert a

reason to believe that your health 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.

Scientific Research. We may use or disclose your Part 2 records for research purposes if it is determined that one or more of the following is true:

- The recipient of the information is a HIPAA covered entity or business associate and either a patient authorization has been obtained or the authorization requirement has been waived under HIPAA;
- The research is conducted in accordance with the Department of Health and Human Services’ policy on the protection of human subjects research (45 CFR Part 46); and/or
- The research is conducted in accordance with the FDA requirements regarding the protection of human subjects research (21 CFR Parts 50 and 56).

Audit and Evaluation Activities. We may use and/or disclose your Part 2 records for auditing or evaluation activities that are performed by or on behalf of a federal, state, or local health care program, third-party payer or health plan, or quality assurance entities, such as accreditation or similar types of organizations focused on quality assurance.

Crimes on the Premises or Against Our Personnel. We may disclose your Part 2 records to law enforcement if your records are related to your commission of, or threat of, a crime on the UNC Health Pardee Part 2 Program premises or against Part 2 Program personnel. Disclosure for these purposes will be limited to circumstances of the incident, your name, address, and last known whereabouts.

Child Abuse/Neglect: We may disclose your Part 2 records when it is necessary to report incidents of suspected child abuse or neglect to the appropriate state or local authorities that are authorized to receive such reports.

Individuals Involved in Your Care. Depending on your age and mental capacity, we may be permitted to disclose your Part 2 records to your parent, guardian, or other personal representative, as applicable.

Deceased Patients. We may disclose your information relating to cause of death under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

Compliance Investigation by HHS. We may disclose your records to the Secretary of the U.S. Department of Health and Human Services (HHS) if required as part of an investigation by the Secretary to determine the Part 2 Program’s compliance with Part 2.

USE AND DISCLOSURE OF YOUR INFORMATION FOR LEGAL PROCEEDINGS

Court Order with Compulsory Process. We may disclose your Part 2 records, or testify about the contents of those records, in response to a special court order that complies with the requirements of 42 CFR Part 2, Subpart E and is accompanied by a subpoena or similar legal mandate that requires the disclosure.

We will not use and/or disclose your Part 2 records, or give any testimony relaying the content of such records, in connection with any civil, criminal, administrative, or legislative proceeding brought against you unless based on your specific written consent or a court order.

- If based on your consent, the consent may not be combined with a consent for any other purpose.
- If based on a court order, a notice and opportunity to object must first be provided either to you or to the holder of the records, as applicable, and the court order must be accompanied by a subpoena or similar order compelling the disclosure before your records may be used or disclosed.

USES AND DISCLOSURES WITH CONSENT

For all other uses and disclosures of your Part 2 records not described above, we must obtain your written consent. For example:

Treatment, Payment, or Health Care Operations: We may disclose your Part 2 records for treatment, payment, or health care operations purposes with your written consent. When your Part 2 records are disclosed to another Part 2 program, covered entity, or business associate pursuant to your written consent, they may be further disclosed by that Part 2 program, covered entity, or business associate, without your written consent to the extent permitted under the HIPAA regulations. In addition, you may provide a single consent for all future uses and/or disclosures of your Part 2 records for treatment, payment or health care operations purposes.