

Effective Date: February 16, 2026

Notice of Privacy Practices for Substance Use Disorder Treatment Information Brown University Health

This notice pertains to health information gathered during your treatment for substance use disorder (SUD) at Brown University Health SUD programs. If you are not receiving services in a SUD program, your information is protected by HIPAA, but these supplemental protections do not apply. This notice includes the following: (1) information about how your SUD records may be used and disclosed; (2) your rights with respect to your SUD treatment information, and (3) how to file a complaint if you have concerns about a possible violation of these rights or of the privacy or security of your SUD treatment information.

You have the right to receive a copy of this notice, in paper or electronic form, and to discuss it with our Privacy Officer whose contact information is listed below if you have any questions. We are required to provide patients in our SUD programs with a notice of our legal duties and privacy practices and to notify affected patients following a breach of unsecured SUD records. This notice is applicable to SUD treatment information protected under 42 CFR Part 2, a federal law that gives extra privacy protections to SUD information. Not all Brown University Health services are SUD programs. Care provided by Brown University Health outside of its SUD programs (including but not limited to substance abuse screening performed in emergency rooms or by your primary care provider) is covered only by the HIPAA Privacy Notice and not by this supplemental notice.

1. Protection of SUD Records

The confidentiality of SUD patient records maintained by us is protected by Federal law and regulations. We will share your SUD treatment information with our staff as needed to provide care to you or to bill you for services. Generally, however, we may not say to a person outside the SUD treatment facility that you are a patient of the program or disclose any information identifying your challenges with substance use, except in the circumstances described below.

2. When We May Share Information Without Your Consent

We may share your information without your written consent only in the following limited circumstances:

- **Medical Emergencies:** To medical personnel who have a need for information to treat a condition which poses an immediate threat to your health.
- **QSOs:** To qualified service organizations (QSOs) providing services on our behalf who agree in writing to protect the information in the same way that we are required to protect the information.
- **Crimes on Premises:** To law enforcement to report a crime you commit, or threaten to commit, at our facility or against our personnel.
- **Child Abuse/Neglect:** To the state child protection agency as required by state law.
- **Research or Audit:** To qualified personnel for research, audit, or program evaluation, subject to strict oversight and confidentiality agreements.
- **Court Orders:** Only if we receive a court order that meets the specific requirements of 42 CFR Part 2. In particular, note that records or testimony about your records, cannot be

used in any civil, administrative, criminal, or legislative proceedings against you unless you provide specific written consent for that purpose or a court issues an order that meets the “good cause” legal standard of 42 CFR Part 2.

3. **Disclosures Requiring Your Specific Written Consent**

In all other circumstances, we will ask for your specific written consent to release your information outside of our program.

- To provide you with the highest level of privacy, Brown University Health does not utilize “broad” or “general” consents for future treatment, payment, or healthcare operations. We require that every consent form you sign identifies a named individual or a specific identifiable group recipient; and
- If you provide a consent form that does not name a specific recipient, we will make every reasonable effort to work with you to update that consent before any information is released.

If you consent to our sharing of your information, you can change your mind at any time by writing to us (at the address or email at the bottom of this notice) and asking us to stop. If you do this, we will stop any future sharing of your information but will be unable to stop any information that has already been released.

4. **Your Rights as a Patient in the Program**

As a patient in a Brown University Health affiliated SUD treatment program, you have certain rights regarding your information in addition to those rights described in our HIPAA Notice of Privacy Practices:

- **Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of your SUD information made by us to individuals or entities outside the SUD program within the last three (3) years. Because we require you to provide a specific, written consent identifying a named recipient for treatment, payment, and healthcare operations, those routine disclosures are generally excluded from this accounting. The list will primarily include disclosures made without your consent (e.g., to report a crime or child abuse).
- **Right to Copies:** You have the right to obtain a paper or electronic copy of this notice as well as our HIPAA Privacy Notice upon request. You may also find this notice at <http://www.brownhealth.org/about/patient-privacy>.
- **Right to Opt-Out of Fundraising:** You have the right to elect not to receive fundraising communications.

Our Commitment to You

- We respect the need to maintain the confidentiality of your care. We are required to follow the terms of the notice currently in effect. If we make changes to how we manage your records, we will change our notice and provide you with a new notice at your next visit if you are still receiving care. If you are no longer receiving care in this program, you may request an updated copy of our notice or you may find the most recent notice in effect on our website, <http://www.brownhealth.org/about/patient-privacy>.

If you have a concern or question about this notice or your privacy you may contact the Privacy Officer, whose contact information is below. In addition, you have a right to file a complaint to the Secretary of the Department of Health and Human Services. For directions on how to contact the Secretary, please contact the Privacy Officer. You will not be retaliated against for filing a complaint.

Brown University Health Privacy Officer

15 LaSalle Square

Providence, RI 02903

privacyofficer@brownhealth.org