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NOTICE OF PRIVACY PRACTICES

(Protected Health Information and Substance Use Disorder Records)

Effective Date: February 13, 2026

Revision Date: February 13, 2026

This Notice is to inform you about how Protected Health Information (PHI), including medical, behavioral health information and substance use disorder information, about you may be used and disclosed by SAM, Inc. (“SAM,” “we,” “us,” or “our”) and how you can obtain access to this information.

Please read this Notice carefully. Your privacy rights are important to us.

LEGAL REQUIREMENTS

SAM is required by federal and state law to maintain the confidentiality and security of your Protected Health Information (PHI). Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are also required to provide this Notice of our privacy practices, our legal responsibilities, and your rights regarding your PHI. We are also required to comply with federal confidentiality rules for certain substance use disorder records at 42 CFR Part 2 (“Part 2”), when applicable.

We are required to follow the practices listed in this Notice while it is in effect and to notify you following a breach of unsecured PHI as required by law.

Protected health information (“PHI”) includes information that we have created or received about your past, present, or future physical/medical or mental health, substance use disorder condition; the provisions of health care services to you; or the payment of these health care services. Your PHI also includes your name, address, medical records number, etc. With some

exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. For certain substance use disorder information protected under 42 CFR Part 2, we must comply with additional restrictions on use and disclosure.

This Notice may change at any time, consistent with prevailing federal and state laws. The provisions contained within this Notice will be effective for all PHI maintained by SAM. New versions of this Notice will be posted, when changed, and will be made available upon request.

If you have any questions about the provisions contained within this Notice, please call 1-877-780-0681.

SUBSTANCE USE DISORDER RECORDS UNDER 42 CFR PART 2

Certain records we create or receive related to your diagnosis, treatment, or referral for treatment of a substance use disorder are protected by special federal confidentiality rules at 42 CFR Part 2 (“Part 2”). These rules apply to “Part 2 records,” which include any information that could identify you as having, having had, or having applied for or received substance use disorder services from a federally assisted program. Part 2 records are subject to stricter limits on use and disclosure than other health information and generally may not be used or disclosed without your written consent unless a specific Part 2 exception applies (such as a medical emergency, certain audit and evaluation activities, or a court order that meets Part 2 requirements).

When we function as a Part 2 program or as a business associate of a Part 2 program, we must comply with Part 2 in addition to HIPAA and applicable state law. If we receive Part 2 records from another provider—such as during coordination of care, referrals, or medical history review—we must continue to safeguard those records under the same heightened federal protection. Whenever we disclose Part 2 records as permitted, we will limit the information to the minimum necessary to accomplish the intended purpose and will include a notice that the recipient is prohibited from redisclosing the information unless further disclosure is expressly permitted by Part 2 or by your written consent.

HOW DO WE USE AND DISCLOSE YOUR HEALTH INFORMATION?

We may use and disclose your PHI for treatment, payment, and health care operations in compliance with HIPAA, 42 CFR Part 2 (for applicable substance use disorder records), and applicable state law. If we receive substance use disorder records from another provider, we will continue to safeguard those records under the same heightened federal protections.

- **Treatment:** We may use or disclose your PHI to a medical/physical or behavioral healthcare provider who will be providing treatment to you. We may also use and disclose your demographic and health information to the various County agencies and departments for case management and care coordination activities. For substance use disorder records protected by Part 2, we will only use or disclose such information for treatment with your written consent that meets the requirements of 42 CFR Part 2, or as otherwise permitted or required by Part 2 (for example, in a bona fide medical emergency).
- **Payment:** We may use or disclose your PHI to obtain payment for services provided by us. Examples of this would include using and disclosing PHI to determine eligibility, to pay claims, and to conduct utilization reviews. We may also disclose your PHI to another organization that is subject to federal privacy rules for its payment activities. For Part 2 records, we will use or disclose your substance use disorder information for payment purposes only with your written consent that complies with Part 2, or as otherwise permitted by Part 2.
- **Healthcare Operations:** We may use or disclose your PHI during the course of our internal operations, including, but not limited to, quality records review, employee and provider evaluations, licensing and certification, training activities, and inter-departmental communication to staff within SAM providing service to you. Any use or disclosure of Part 2 records for these purposes will be made only in accordance with 42 CFR Part 2, including any applicable consent requirements and limitations on redisclosure.
- **Marketing:**
We will not use your PHI for any marketing or sales purposes without your knowledge

and specific written Authorization, as required by law. For substance use disorder records protected by Part 2, we will not use or disclose your information for marketing or sales purposes without your specific written consent, unless a Part 2 exception applies.

- **Intimidation and Retaliation:** We will not refuse treatment, refuse to arrange for treatment, refuse payment, or take any acts of intimidation or retaliation against any individuals exercising their rights under HIPAA or under 42 CFR Part 2.
- **Emergency Notification:** We may use or disclose your PHI in the event of a medical emergency to obtain treatment consistent with the medical emergency and to notify a family member or other person responsible for your care in the event of a medical emergency. Such use or disclosure will be limited to the minimum necessary to obtain specific treatment or notification, or as prior authorized by you. For Part 2 records, we may disclose information without your consent to medical personnel to the extent necessary to meet a bona fide medical emergency, consistent with Part 2.
- **Abuse or Neglect:** Employees of SAM, Inc. are "mandated reporters." As such, we are required by law to report suspected abuse, neglect, or domestic violence. We may disclose your PHI to the extent it is necessary to report suspected abuse, neglect, or domestic violence to the appropriate authorities, and we will do so in a manner consistent with HIPAA, Part 2 (when applicable), and state law.
- **Duty to Warn:** Employees of SAM, Inc. have the responsibility to warn a potential victim of violence if a consumer expresses specific threats of severe bodily harm or death against an identifiable foreseeable victim. We may disclose PHI to the extent necessary to advise and warn the potential victim and the necessary law enforcement officers with jurisdiction, in accordance with applicable law and, when Part 2 records are involved, in accordance with 42 CFR Part 2 (for example, to address a serious and imminent threat to health or safety).
- **Authorization for Release of Information:** Except as required by law, we will not release your PHI to a third party without an executed Authorization, in accordance with our policy, including for most uses and disclosures of psychotherapy notes. You may rescind such Authorization at any time for any reason. For substance use disorder

treatment records protected under Part 2, we will obtain a written consent that complies with 42 CFR Part 2 before using or disclosing your information, unless a specific Part 2 exception applies (such as medical emergency, audit/evaluation, or a Part 2-compliant court order).

- **Required by Law:** We may use or disclose your PHI when required to do so by law. For example, we may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. However, Part 2 records related to substance use disorder services generally may not be disclosed in response to a subpoena, discovery request, or other legal process unless accompanied by a court order that complies with 42 CFR Part 2, or another specific Part 2 exception.

Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your PHI to law enforcement officials. We may also disclose limited information to a law enforcement official concerning the health information of a suspect, fugitive, material witness, crime victim, or missing person. We may disclose the PHI of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose PHI where necessary to assist law enforcement officials to capture an individual who has admitted to participating in a crime or has escaped from lawful custody.

For Part 2 records, we will not disclose information that identifies you as having, having had, or having applied for or received a substance use disorder diagnosis, treatment, or referral for treatment to law enforcement or in criminal, civil, administrative, or legislative proceedings without your written consent or a court order that meets the specific requirements of 42 CFR Part 2, except as otherwise expressly permitted by Part 2 (for example, reporting a crime on program premises or against program personnel).

WHAT ARE YOUR RIGHTS?

You have the right to:

- Have your PHI handled confidentially, housed securely, and accessed only by authorized persons who have a need to know. For Part 2 records, we will limit access and disclosures to the minimum information necessary to accomplish the permitted purpose and will include the required notice of prohibition on redisclosure when such records are disclosed.
- Authorize the sharing of your PHI. Except as required by law, we will not release your PHI to a third party without an executed authorization. You may rescind such authorization at any time for any reason.
- Except as otherwise required by law, request restrictions on uses and disclosures of PHI. You have the right to ask that we place additional limits on how we use and disclose your PHI. However, we are not required to agree to such requests. If we do agree to the additional restriction, we will do so in writing and will follow such restriction, subject to the exception that in an emergency situation we reserve the right to decline to follow the restriction if following it would cause imminent harm to you or another individual. However, if the information is disclosed in an emergency situation, we will request that the information not be further disclosed without your consent.
- You have the right to restrict certain disclosures of PHI to a health plan where there is out-of-pocket payment in full for the healthcare item or service.

Any restrictions that you have requested, and that we have agreed to, may be terminated upon your written request.

In addition, federal law provides you specific rights regarding the confidentiality of your substance use disorder treatment records under 42 CFR Part 2. These rights include protection against unauthorized use and disclosure of information that identifies you as having, or having had, a substance use disorder, or as having applied for or received substance use disorder services, except as permitted by Part 2 or with your written consent.

Confidential Communication Rights

You have the right to request that we send your PHI to you by alternative means or to an alternative location if this is required to avoid harm to you. You may obtain a form to request confidential communications by using the contact information at the end of this notice. We will accommodate your reasonable request.

You have the right to receive a copy of the Notice of Privacy Practices.

Access Rights

With limited exception, you have the right to view and obtain copies of your PHI within thirty (30) calendar days from the time the request is made. This includes access to certain information within an electronic health record, and a copy of such information in an electronic format. You must submit requests to view your PHI, in writing, to the address that appears at the top of this Notice. Your request must be made to the attention of the Director of Privacy, SAM Inc.

We reserve the right to charge a reasonable, cost-based fee to cover our costs related to providing you access to your PHI. HIPAA regulations allow us to charge a fee for copying your records, but this fee must include only the cost of the copies (including supplies and labor), postage, and/or the cost of preparing an explanation or summary if this has been requested.

A request for access may be denied under the following situations:

- If the PHI requested was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source, you can deny access to the information;
- If a licensed health care professional has determined that the access requested is reasonably likely to endanger the life or physical safety of the participant or another individual, you can deny access to the information, but the participant (or the participant's personal representative) has the right to have the decision reviewed. The review must be conducted by a licensed health care professional who did not participate in the decision to deny access.
- If access is denied to a request (for one of the reasons discussed above), we must provide you with notice of that denial in writing within 30 days. In that notice, we must provide you an explanation of the basis for the denial, a statement of your rights to a review of the denial and information about the complaint procedures.

- If we deny your request, we will provide you with a written explanation of the denial and explain your right to file a written statement of disagreement with the denial which may be attached to all future disclosures of your PHI to which the disagreement relates. If we accept your request to amend the information, we will make reasonable efforts to inform others that need to know about the change to your information.

Amendment Rights

If you believe that the PHI we have about you is incorrect or incomplete, you have the right to request that we correct or update this information. Routine requests to change information, such as updating address information, correcting the spelling of a name, etc., can be handled most efficiently by contacting your SAM Case Manager or assigned staff person or the Records Department. For other information, you may obtain a form to request an amendment by using the contact information at the end of this notice.

If you are requesting changes to information which we did not create, but which we received from another source, we have the right to refer you back to the creator of this information to make your request.

Disclosure Rights (Accounting of Disclosures)

You have the right to request and receive a list of certain instances in which we have disclosed your PHI to others. This list will not include any disclosures that we make for purposes of treatment, payment, or health care operations. This list will also not include permitted disclosures to: you, family, friends, and others involved in your health care or payment for your health care; personal representatives; authorized officials for correctional institutions and other law enforcement custodial situations or for national security purposes; or others as permitted by your written authorization.

This list will not include disclosures we make that are incidental to disclosures we are permitted to make or disclosures of information in a "limited data set" that does not include your name, address, or certain other identifying information. You may request this disclosure information by using the contact information at the end of this notice. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we made the disclosure, a description of the PHI we disclosed, and the reason for the disclosure. We will provide this list at no charge, but if you make more than one request in a 12-month period, we may charge you a reasonable, cost-based fee to respond to this request.

For disclosures of substance use disorder treatment records covered by 42 CFR Part 2, we will account for disclosures as required by Part 2, in addition to HIPAA's accounting requirements.

BREACH NOTIFICATION RIGHTS

You have the right to be notified of a breach of your protected health information in accordance with the requirements of the Health Information Technology for Clinical and Economic Health (HITECH). The notification must be made promptly and within sixty (60) calendar days after discovery of a breach, and will provide a brief description of the incident, the PHI involved in the breach, the response, and steps you should take to protect your information from harm as a result of the breach.

If a breach involves substance use disorder treatment records protected under 42 CFR Part 2, we will treat it as a breach of your PHI and provide notice consistent with the HIPAA Breach Notification Rule and the requirements of Part 2.

QUESTIONS AND COMPLAINTS

If you have questions about this Notice or about our Privacy Practices, please contact us by calling toll 1-877-780-0681 or by writing to us at:

Attn: Director of Privacy
SAM, Inc.
590 Terry Reiley Way
Pottsville, PA 17901

If you have any concerns about your privacy rights, or feel that we have violated them, or you disagree with a decision regarding access to your PHI, you may use the same contact information as above to register a formal complaint. You also may submit a written complaint to the U.S. Department of Health and Human Services.

You may submit a complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), if you believe your privacy rights under HIPAA or the federal confidentiality rules for substance use disorder patient records (42 CFR Part 2) have been violated. We will provide you with the appropriate address and instructions for filing a

complaint upon request. We will take no actions against any person exercising their rights by contacting us or the U.S. Department of Health and Human Services.

ACKNOWLEDGMENT

I received but **disagree** with the organization's Notice of Privacy Practices. (***Please print your name and sign and date below only to indicate disagreement with information in the above Notice.***) Receipt of this Notice is confirmed with a signature on the "Consent for Service" document provided by your Case Manager or assigned staff person.

Printed Name of Consumer or Authorized Legal Representative

Signature of Consumer or Authorized Legal Representative

Date _____

* SAM Staff shall please forward questions and/or concerns regarding the above Notice to their Privacy Coordinator.
