415 N 26th Street
Lafayette, IN 47904
1-866-6VALLEY
www.valleyoaks.org

NOTICE OF PRIVACY PRACTICES OF VALLEY OAKS HEALTH

THIS NOTICE DESCRIBES:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- HOW CAN YOU GET ACCESS TO THIS INFORMATION
- 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 OUR PRIVACY OFFICER AT (765) 771-7534 OR VIA EMAIL AT HEALTHINFORMATION@VALLEYOAKS.ORG

PLEASE REVIEW THIS NOTICE CAREFULLY

YOUR RIGHTS

When it comes to your health information, federal regulation (HIPAA and Part 2) provides you with certain rights. This section explains your rights and some of our responsibilities.

You have the right to:

Receive 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. Email healthinformation@valleyoaks.org for information on how to do this.

- We will provide you with the requested health information (unless there is a reason we cannot), usually within 30 days of your request. We may charge a reasonable, cost-based fee.
    - If we cannot provide the information you requested, we will tell you why in writing within 30 days.

Ask us to correct your medical record.

- You can ask us to correct health information about you that you think is incorrect or incomplete. Email healthinformation@valleyoaks.org for information on how to do this.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

Valley Oaks HEALTH

415 N 26th Street
Lafayette, IN 47904
1-866-6VALLEY
www.valleyoaks.org

Request confidential communications.

- You can ask us to contact you in a specific way. For example on your home phone instead of your office phone, or to send mail to a different address.
- We will say "yes" to all reasonable requests of this type.

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 healthcare operations.
    - We are not required to agree to your request, and we may say "no" if it would affect your care. For example, in a medical emergency.
- If you pay for a service or healthcare 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 insurance.
    - We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we have shared information.

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with and why.

    - For Substance Use disorder records only, the list (accounting) would go back three years and would also include times your information was shared by companies that help manage or share your records, like electronic health systems or health information exchanges.

- We will include the disclosures except those about treatment, payment and healthcare operations, and certain other disclosures (such as any you ask us to make). We will provide one account a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- To obtain this list, please send your request to healthinformation@valleyoaks.org or you may mail your request to the Health Information Management Department.

Get a copy of this privacy notice and ask questions.

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

- You can speak to our Privacy Officer about this notice at 765-771-7534 or via email at healthinformation@valleyoaks.org.

Valley Oaks HEALTH

415 N 26th Street
Lafayette, IN 47904
1-866-6VALLEY
www.valleyoaks.org

Choose someone to act for you.

- If someone has authority to act as your personal representative, such as if someone has your 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 complain if you feel we have violated your rights, by contacting us at 765-446-6538 or emailing us at customerservices@valleyoaks.org.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independent Avenue, S.W., Room 509 F, HHH Bldg.,Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-acomplaint/index.html.

- 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
- Sales 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.
- If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

USES AND DISCLOSURES

How do we typically use or share your health information?
We typically use or share your health information (with the exception of Substance Use Disorder Records) without needing your permission in the following ways.

Treat you.	• We can use your health information and share it with other professionals who are treating you. We may provide healthcare services through telehealth technologies. • Information obtained during telehealth visits becomes part of your medical record and is protected as described in this Notice. • Our providers may share information with one another for treatment and care coordination purposes as permitted by HIPAA and 42 CFR Part 2.	**Example:** A therapist may talk to your primary care doctor to coordinate your treatment.
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 may review your records to see how well our services are working.
Bill for your services.	• We can use and share your 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.

How else can we share your health information? We are allowed or required to share your information (with the exception of Substance Use Disorder Patient Records) without needing your permission in other ways. There are specific rules in the law that we have to follow before we can share your information for these purposes:

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 or neglect ○ Preventing or reducing a serious threat to anyone's health or safety
Do research (if we ever do).	• We can use or share your information for health research. We do not currently use your information for research. If we ever decide to do research in the future, we will follow all privacy laws and get your permission when required.
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 are complying with federal privacy law.
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.
Military and national security.	• If you are in the armed forces, we may share your information with military command authorities.
Inmates and custody	• If you are in jail or under law enforcement custody, we may share your information to help provide care or maintain safety.

Valley Oaks HEALTH

415 N 26th Street
Lafayette, IN 47904
1-866-6VALLEY
www.valleyoaks.org

Reproductive health	• We will not use or disclose reproductive health information for prohibited purposes, including investigations or proceedings seeking to impose liability on individuals, providers, or others for obtaining, providing, or facilitating lawful reproductive healthcare. When required by law, we may obtain an attestation before making certain disclosures involving reproductive health information.

Health Information Exchange

- We may share your electronic health information with other healthcare providers or organizations through a Health Information Exchange (HIE). This helps your care team access important information when they need it. Once other providers receive your information through an HIE, they may keep it in their own records and use it as allowed by law and as described in this Notice.

- You are automatically enrolled in HIEs. If you do not want your information shared this way, you can opt out by sending us a request in writing. We will honor your request unless the law requires us to share your information. If you opt out, your information will no longer be shared through HIE, but anything that was shared before you opted out will stay with the providers who already received it. Health information may also be exchanged through interoperability networks and health information exchange organizations that support treatment, payment, healthcare operations, public health activities, and other purposes permitted by law.

- Certain types of sensitive information, such as Part 2 substance use disorder records, require your consent before they can be shared. These records will not be shared through HIE unless you give us permission as required by law.

Minors

- A minor's health information will be disclosed to their parents or legal guardians acting as personal representative, unless prohibited by law or in circumstances where the law permits us to withhold the information such as to prevent harm to the minor or another person or in cases of suspected child abuse or neglect.

Breach Notification Purposes

- If for any reason there is an unsecured breach of your protected health information, we will use the contact information you have provided us with to notify you of the breach, as required by law. In addition, your protected health information may be disclosed as part of the breach notification and reporting process.

Valley Oaks HEALTH

415 N 26th Street
Lafayette, IN 47904
1-866-6VALLEY
www.valleyoaks.org

Business Associates

- We may disclose your health information to Business Associates contracted by us to perform services on our behalf, which may involve receipt, use or disclosure of your health information.

For more information about HIPAA see: https://www.hhs.gov/hipaa/for-individuals/index.html.

Special Rules for Substance Use Disorder Records

If you receive treatment for a Substance Use Disorder, your treatment records are specially protected by a law that is called Part 2 (https://www.ecfr.gov/current/title-42/part-2)

Generally, we will only use or share information about Substance Use Disorder Records when you give us permission in writing. However, there are some situations when we will share your information without consent, such as:

Medical emergencies.	• If you are in danger and we cannot get your permission in time, we may share your information with medical staff to help you.	**Example:** If you are unconscious from an overdose, we may tell first responders about your treatment history so they can help you safely.
Audits and program evaluation.	• If government agencies or contractors need to check how our program is working.	**Example**: The state health department reviews our records to make sure we are following the rules and providing quality care.
Court orders.	• If a judge gives permission after giving you (or your representative) a chance to speak up.	**Example:** A judge orders us to share your records for a court case, but only after you have been notified and had a chance to object.
Crimes on our premises or against our workforce.	• We may share limited information with law enforcement if someone commits a crime on our property or against our staff.	**Example:** If someone assaults a staff member or damages property, we may need to tell law enforcement what happened and who was involved.

Required abuse reporting.	• We must report suspected abuse or neglect of children or incapacitated adults to the proper authorities, as required by law.	**Example**: If a therapist believes a child is being abused, they must report it to the authorities even if the parent is in treatment.
Public Health authorities (without your name).	• WE may share information that does not identify you to help protect public health.	**Example:** We may report the number of people treated for a certain condition to the health department, but we won't include names or personal details.

Special Rules for Substance Use Disorder Records continued

- You can tell us in writing who you want us to share your substance use disorder information with. This may be a specific person such as your spouse, family member, or another healthcare provider, or it may be a group of people, such as your treating providers. We will only share your information as you have authorized.

- You may choose to sign one consent form that allows us to use and share your SUD information for treatment, payment, and healthcare operations. This means we can share your information with healthcare providers involved in your care, your health insurance plan for payment, and others who help us operate our healthcare services, as allowed by law.

- Your consent will remain in effect until you tell us in writing that you want to cancel it. If you cancel your consent, we will stop using or sharing your information going forward. However, we cannot take back information that was already shared based on your consent.

- We will not use or share your Substance Use Disorder treatment information for anything not described in this notice unless you give us written permission. If you do give us permission, you can change your mind at any time

- Records protected by 42 CFR Part 2 that are disclosed with your consent for treatment, payment, or healthcare operations may be redisclosed by recipients as permitted by HIPAA and applicable law. However, recipients remain subject to restrictions against using or disclosing the information in civil, criminal, administrative, or legislative proceedings against you unless specifically authorized by law.

415 N 26th Street
Lafayette, IN 47904
1-866-6VALLEY
www.valleyoaks.org

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.

Electronic Communications: We may communicate with you electronically through secure patient portals, text messages, email, or telehealth platforms. While we take reasonable safeguards to protect your information, electronic communications may involve privacy and security risks. You may request alternative methods of communication.

Changes to the Terms of This Notice: We reserve the right to change the terms of this of this notice, and the changes will apply to all the information we have about you. The new notice will be available upon request, electronically or printed copy. It will also be posted in all of our locations and on our website.

Effective Date: This Notice is effective as of June 26, 2026.

Contact Information:

Director of Compliance and Privacy
Email: healthinformation@valleyoaks.org
Phone: (765) 771-7534
Address: 415 N 26th Street, Lafayette, IN 47904

Acknowledging Receipt of this Notice: When you visit us, we may ask you to sign saying you received this Notice of Privacy Practices. This is just to show that we gave you a copy. We are required to ask you to state in writing that you received the notice. However, you do not have to sign the form.

- Signing does not mean you agree to anything.
- If you choose not to sign, we still will provide you with care and follow the law.
- If you don't sign, we will make a note that we offered you the notice.

You can ask for a copy of this notice at any time.