

Your Information. Your Rights. Our Responsibilities.

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.

If you have any questions about this notice, please contact the Northern Counties Health Care (NCHC) Privacy Officer at:

Northern Counties Health Care
165 Sherman Drive
St. Johnsbury, VT 05819
802-748-9405

OUR PLEDGE REGARDING MEDICAL INFORMATION (PROTECTED HEALTH INFORMATION (PHI))

We understand that your protected health information and your health conditions are personal. We are committed to safeguarding your protected health information as required by law.

WHO WILL FOLLOW THIS NOTICE?

This notice describes NCHC's practices and that of all employees, staff, other NCHC personnel, and any volunteers we allow to help you while you are in NCHC's facilities. All the entities, sites and locations listed below will follow the terms of this notice:

- Caledonia Home Health Care & Hospice
- Concord Health Center
- Danville Health Center
- Hardwick Area Health Center
- Island Pond Health & Dental Center
- Northern Counties Dental Center
- Northern Express Care – Newport
- Northern Express Care - St. Johnsbury
- Orleans Dental Center
- St. Johnsbury Community Health Center

WHAT INFORMATION IS COVERED BY THIS NOTICE?

THIS NOTICE IS APPLICABLE TO YOUR MEDICAL INFORMATION. FOR INFORMATION ON HOW NCHC USES AND DISCLOSES SUBSTANCE USE RECORDS, PLEASE SEE THE SECTION ENTITLED THE NOTICE OF PRIVACY PRACTICES FOR NCHC PART 2 PROGRAMS.

This notice applies to all of the records NCHC creates to document the care and services you receive at NCHC, whether the record is made by NCHC personnel or your NCHC providers.

WHY AM I RECEIVING THIS NOTICE?

This notice is designed to tell you about the ways in which we may use and disclose your protected health information. It also describes your rights and certain obligations we have regarding the use and disclosure of protected health information.

We are required by law to:

- Make sure that your protected health information is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your protected health information;
- Follow the terms of the notice that is currently in effect;
- Inform you that you have a right to or will receive notification following a breach of your unsecured protected health information; and
- Inform you that we reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for your protected health information we already have as well as any information we receive in the future. We will post a copy of the current notice in NCHC's facilities, on our website, and in our patient portal. The notice will contain on the first page the effective date. In addition, each time you register at an NCHC facility, you may obtain a copy of the current notice in effect, if you so desire.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We may use and disclose protected health information about you in a variety of ways that can be grouped into the broad categories below. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Please note that for protected health information related to your participation in a substance use disorder program or any other information covered by 42 CFR Part 2, we will not disclose this information without your written consent except in a medical emergency, as otherwise allowed by law, and as described below under the section entitled "Notice of Privacy Practices for NCHC Part 2 Programs."

For Treatment. We may use your protected health information to provide you with medical treatment or coordinate services with a third party that will assist you in fulfilling your treatment plan. We may disclose your protected health information to doctors, nurses, technicians, medical students, volunteers or other clinic personnel who are involved in taking care of you at NCHC. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

Different departments of NCHC may share your protected health information in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

- **Health Information Exchanges:** NCHC participates in electronic Health Information Exchanges (HIEs). HIEs allow NCHC to electronically transmit your health information in a secure and confidential manner to other health care providers involved in your care through a state and/or national health information exchange, such as Vermont Health Information Exchange (VHIE), CommonWell or Carequality. For example, if you go to an emergency room, that emergency room and hospital may be able to access parts of your NCHC electronic medical record so that they can treat you more safely and quickly. For additional information on any of the health information exchanges used by us, including how to opt-out, please contact your provider's office.
- **Sharing your Information with your Community's "Community Health Team":** We participate in the Vermont Blueprint for Health, a statewide public-private initiative to improve health outcomes and enable everyone in the State of Vermont to receive seamless, well-coordinated care. As part of the Blueprint for Health, we may share some of your medical information with community health teams that have been established to help us assess your needs, coordinate community-based support services, and provide multi-disciplinary care.
- **Sharing your Information with NEK ARC Organizations to Implement Team-Based Care:** We participate in the NEK Access, Resources, Coordination (NEK ARC) Organized Health Care Arrangement with Northeastern Vermont Regional Hospital, Northeast Kingdom Human Services, and Northeast Kingdom Council on Aging to identify priorities that enhance Team Based Care, including improving transitions of care, reducing unnecessary utilization and improving quality of care. The members of the NEK ARC share limited patient information to ensure that patients are able to access the full range of health care services necessary to meet their needs.

For Payment. We may use and disclose your protected health information so that the treatment and services you receive at NCHC may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about services you received so your health plan will pay us or reimburse you for the services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose your protected health information for health care operations. These uses and disclosures are necessary to run NCHC and make sure that all of our patients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students, and other NCHC personnel for review and learning purposes.

Fundraising Activities. We may use demographic information about you to contact you in an effort to raise money for NCHC and its operations. If you do not want NCHC to contact you for fundraising efforts, you may opt out of fundraising communications by notifying the NCHC Privacy Officer in writing. For records related to your participation in a substance use disorder program, we will provide you with a clear and obvious

opportunity to elect not to receive any fundraising communications prior to any such use of your information described in greater detail below.

Individuals Involved in Your Care or Payment for Your Care. We may release your protected health information to a friend or family member who is involved in your medical care or to a public or private entity that will notify your family as part of their disaster relief efforts. For example, we may tell your family or friends your condition and that you are in the hospital. We may also give information to someone who helps pay for your care. Unless doing so is inconsistent with any prior expressed preference of the patient that is known to NCHC, we may also disclose protected health information of a deceased patient to family members or friends who may have been involved in the care or payment for health care of the deceased patient. Such protected health information disclosed would be relevant to the level of involvement of the family member or friend.

Research. We may use and disclose your protected health information for research studies (both records and clinical research) that have obtained a waiver of authorization from a body that is responsible for reviewing research and ensuring the rights and welfare of potential research participants are protected. We may also use and disclose your protected health information in preparation for research or for the purpose of sharing research participation opportunities with you. In general, use of your protected health information for research purposes requires your written authorization; however, we may further use and disclose your protected health information without your authorization (1) when necessary to prepare a research study or for other activities preparatory to research and, in these instances, protected health information is not allowed to be removed from NCHC; (2) when the research will only involve a limited amount of health information that could identify you; or (3) when you or your loved one has passed away and the access is necessary for research purposes.

As Required By Law. We will disclose your protected health information when required to disclose it by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. When permitted or required by law, disclosure of your protected health information for the purposes stated above may be made electronically.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Except as otherwise permitted or required under 45 C.F.R. Parts 160 and 164, NCHC will never use or disclose protected health information without your authorization for the following purposes:

Substance Use Disorder Records. For specific information regarding uses and disclosures of your Substance Use Disorder Records, please see the section entitled the Notice of Privacy Practices for NCHC Part 2 Programs.

Psychotherapy Notes. We must obtain written authorization for use or disclosure of psychotherapy notes. However, the following uses of psychotherapy notes do not require your authorization to carry out the following treatment, payment, or health care operations:

- Use by the originator of the psychotherapy notes for treatment;
- Use or disclosure by NCHC for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling;
- Use or disclosure by NCHC to defend itself in a legal action or other proceeding brought by the patient; or
- A use or disclosure that is required or permitted with respect to the oversight of the originator of the psychotherapy notes.

Substance Use Disorder Counseling Notes. We must obtain written consent for the use or disclosure of substance use disorder counseling notes in most circumstances. For further information, see Notice of Privacy Practices for NCHC Part 2 Programs.

Marketing. We must obtain written authorization for any use or disclosure of protected health information for marketing, except if the communication is in the form of a face-to-face communication made by NCHC to you or a promotional gift of nominal value provided by NCHC.

Sale of Protected Health Information (PHI). We must obtain written authorization for any disclosure of protected health information that is a sale of protected health information. Such authorization must state that the disclosure will result in a payment or benefit to NCHC. However, it is our policy not to sell PHI.

SPECIAL SITUATIONS/OTHER USES AND DISCLOSURES

How else can we use or share your health information? We are allowed or required to share your information in other ways. We have to meet many conditions in the law before we can share your information for these purposes. For more information see <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

Organ and Tissue Donation. If you are an organ donor, we may release protected health information to organizations that handle organ procurement, organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify patients of product recalls;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Abuse, Neglect, or Domestic Violence. We may disclose your protected health information to the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Law Enforcement or Judicial/Administrative Proceedings. We may disclose your protected health information for law enforcement purposes, as required by law OR in response to a valid court order or subpoena.

Coroners, Medical Examiners and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release protected health information about patients of the hospital to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, presidential protection, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official whose custody you are in. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding your protected health information:

Right to Inspect and Copy. You have the right to inspect and request a copy of the information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and request a copy of healthcare information that may be used to make decisions about you, you must submit your request in writing to the NCHC Privacy Officer. If you request a copy of the information, we may charge a reasonable, cost-based fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. A licensed health care professional chosen by NCHC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

If you request an electronic copy of your protected health information that is maintained in one or more designated record sets electronically, NCHC must provide you with access to the protected health information in the electronic form and format as requested by you, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as agreed by you and NCHC.

You may direct NCHC to transmit a copy of your protected health information directly to another person who you designate. Such request must be in writing, signed, and clearly identify the designated person and where to send the copy of the protected health information. See our website (www.nchcvt.org) for Authorization to Disclose Protected Healthcare Information form. Alternatively, you can contact the NCHC Privacy Officer at:

Northern Counties Health Care - Attn: Medical Records
165 Sherman Drive
St. Johnsbury, VT 05819
802-748-9405

Right to Amend. If you feel that the protected health information we maintain about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for NCHC. To request an amendment, your request must be made in writing, to the NCHC Privacy Officer, and submitted on the Request for Amendment of the Designated Record Set form. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by or for NCHC;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request is denied you may submit a "Statement of Disagreement" to the NCHC Privacy Officer:

Northern Counties Health Care - Attn: Medical Records OR Attn: Billing Records
165 Sherman Drive
St. Johnsbury, VT 05819
802-748-9405

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of your protected health information. To request an accounting of disclosures, you must submit your request in writing to the NCHC Privacy Officer. Your request must state a time period that is no longer than six years prior to your request date. Your request should indicate in what form you want the accounting (e.g., on paper, electronically). The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on how we use or disclose your protected health information for treatment, payment or health care operations. You also have the right to request that we limit the protected health information we might otherwise disclose to someone who is

involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a service you received. NCHC must agree to restrict disclosure of protected health information concerning a treatment or procedure to a health plan if you, or someone on your behalf, pays NCHC in full for that particular treatment or procedure. For all other situations, NCHC is not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the NCHC Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the NCHC Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website: www.nchcvt.org or in the patient portal. To obtain a paper copy of this notice, submit your request to:

NCHC Privacy Officer
Northern Counties Health Care
165 Sherman Drive
St. Johnsbury, VT 05819
802-748-9405

PRESERVATION OF RECORDS

We may authorize the disposal of your medical records on or after the 10th anniversary of the date on which you were last treated at NCHC. If you were younger than 18 years of age when you were last treated, we may authorize the disposal of medical records relating to you on or after the date of your 20th birthday or on or after the 10th anniversary of the date on which you were last treated, whichever date is later. We will not destroy your medical records if they relate to any matter that is involved in litigation, if we are aware that the litigation has not been finally resolved.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with NCHC or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with NCHC, contact the NCHC Privacy Officer at the address and/or telephone number listed below. **You will not be penalized for filing a complaint.**

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of your protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose your protected health information, you may revoke that permission, in writing, at any time.

If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization; however, we are unable to take back any disclosures we have already made with your permission. Additionally, information that was previously lawfully disclosed by us is subject to re-disclosure by the recipient and is no longer protected. If you have any questions about this notice, please contact NCHC's Privacy Officer at:

Northern Counties Health Care
165 Sherman Drive
St. Johnsbury, VT 05819
802-748-9405

Notice of Privacy Practices for NCHC Part 2 Programs

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 NCHC PRIVACY OFFICER AT 802-748-9405 or compliance@nchcvt.org IF YOU HAVE ANY QUESTIONS.

If you receive treatment from NCHC for substance use disorder and are enrolled in a substance use disorder treatment program offered by NCHC, the health information these programs create is protected by the federal regulations governing the Confidentiality of Substance Use Disorder Patient Records listed in 42 CFR Part 2 ("Part 2"). Part 2 requires us to maintain the privacy of your records, to outline our privacy practices with respect to your substance use records, and to notify you of any breach of your unsecured substance use disorder records.

We will make any use and/or disclosure of your substance use disorder records in accordance with this Notice of Privacy Practices and will not use or disclose your records for any reason not described in this Notice without your written consent.

In general, as a patient of a substance use disorder program, NCHC may only use or disclose your substance use disorder records with your written consent. However, Part 2 permits us to disclose your substance use disorder records without your written consent only in the limited circumstances described below.

Permitted Uses & Disclosures of Substance Use Disorder Records Without Consent

- **Medical Emergency:** We may use or disclose your substance use disorder records with health care providers when it is necessary to meet a bona fide medical emergency and your prior written consent cannot be obtained, or when your health may be threatened by an error in the manufacture, labeling, or sale of a product under the control of the United States Food and Drug Administration ("FDA").
- **Court Order with Compulsory Process:** We may disclose your substance use disorder 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 use or disclosure.
- **Research:** We may use or disclose your substance use disorder records for research purposes if it is determined that one or any combination of the following is true:
 - The recipient of the information is a covered entity or business associate as those terms are defined under HIPAA and a patient authorization has been obtained or the authorization requirement has been waived under HIPAA; or
 - The research is conducted in accordance with the Department of Health and Human Subjects policy on the protection of human subjects research (45 CFR Part 46); 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 & Evaluation Activities:** We may use and/or disclose your substance use disorder records for auditing or evaluation activities that are performed on behalf of: any federal, state or local government; any third-party payer or health plan that provides insurance coverage to patients in a NCHC Part 2 program; a quality improvement organization or their contractors; or any entity with direct administrative control over a NCHC Part 2 program. These disclosures must be made in accordance with the requirements of 42 CFR Part 2, Subpart D.
- **Public Health:** We may disclose your de-identified substance abuse disorder records for public health purposes to a public health authority pursuant to 42 CFR Part 2, Subpart D.
- **Commission of Crime:** We may disclose your substance use disorder records to law enforcement if your records are related to your commission of a crime on NCHC property, against a NCHC employee, or the threat to do either. Any disclosure for this purpose will be limited to circumstances of the incident, your name, address, and last known whereabouts.
- **Child Abuse/Neglect:** We may disclose your substance use disorder records when it is necessary to report incidents of suspected child abuse or neglect to the appropriate state or local authorities.

However, we may not disclose your substance use disorder records as part of any civil or criminal proceeding against you that may arise from report of suspected child abuse or neglect.

Uses and Disclosures With Consent

In addition to the uses and disclosures above, we may only use or disclose your substance use disorder records with your written consent for the purposes described below:

- **In Accordance with Consent:** We may use and/or disclose your substance use disorder records to a person or class of persons you identify or designate in your written consent, so long as the consent doesn't obligate us to disclose your records to persons within the criminal justice system and central registries who do not have a need for the information. For example, a consent may authorize us to disclose your substance use disorder records to a family member or a friend.
- **Treatment, Payment, or Healthcare Operations:** We may use and/or disclose your substance use disorder records for treatment, payment, or health care operations purposes, in the same manner as described with regards to your protected health information. When your substance use disorder 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 as allowed in the section above regarding your rights with respect to your protected health information. In addition, to reduce the number of consent forms you must sign, you may choose to provide a single consent for all future uses and/or disclosures of your substance use disorder records that we may make for treatment, payment or healthcare operations purposes.
- **Civil, Criminal, Administrative Proceedings:** With your consent or pursuant to a court order, we may use and/or disclose your substance use disorder records in connection with any civil, criminal, or administrative proceeding brought against you. Any consent to use and/or disclose substance use disorder records in a civil, criminal or administrative proceeding may not be combined with a consent for any other purpose.
 - Your records shall only be used or disclosed based on a court order after notice and opportunity to object is provided to the patient or the holder of the records; and
 - A court order authorizing the use or disclosure must be accompanied by a subpoena or similar order compelling the disclosure before your substance use disorder records may be used or disclosed.
- **Substance Use Disorder Counseling Notes:** Substance use disorder counseling notes are notes recorded by a substance use disorder provider or mental health professional that document or analyze the content of a conversation with you, whether during a private conversation or a group, joint, or family substance use disorder counseling session. These notes are kept separate from your medical record. We may not use and/or disclose substance use disorder counseling notes without your written consent except in the following circumstances:
 - Use by the substance use disorder provider or mental health professional who created the counseling notes for your treatment;
 - Use or disclosure by NCHC for our own training programs in which students, trainees, or practitioners in substance use disorder treatment or mental health learn under supervision to practice or improve their skills in group, joint, family or individual substance use disorder counseling;
 - Use or disclosure by NCHC to defend itself in a legal action or other proceeding brought against it by you;
 - Pursuant to a valid court order authorized by 42 CFR Part 2.

Patient Rights

We are fully committed to ensuring you are aware of your rights regarding your records. As a patient of a NCHC Part 2 Program, you have the following rights:

- A. 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.
- B. 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.

- C. The right to an accounting of disclosures of electronic substance use disorder records for the past 3 years, as provided in 42 CFR § 2.25.
- D. The right to a list of disclosures by an intermediary for the past 3 years as provided in 42 CFR § 2.24.
- E. The right to obtain a paper or electronic copy of this Notice of Privacy Practices upon request.
- F. The right to discuss this Notice of Privacy Practices with the NCHC Privacy Officer or his or her designee.
- G. The right to elect not to receive fundraising communications. Additionally, NCHC may use and/or disclose your substance use disorder records for its own Part 2 programs fundraising purposes only with your consent and only if you are provided a clear opportunity to elect to not to receive fundraising communications.
- H. 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 substance use disorder records. You may revoke your consent by contacting NCHC's Privacy Officer in the above identified manner.

Revisions to NCHC's Notice of Privacy Practices Regarding Substance Use Disorder Records

We reserve the right to change the terms of our Notice of Privacy Practices as it pertains to its patients' substance use disorder records and to make the new Notice of Privacy Practices provisions effective for records that it maintains. In the event that we change the terms of this Notice of Privacy Practice, we will post a copy of the current notice in our facilities, on our website, and in the patient portal.

Complaints

As a patient, if you believe your privacy rights have been violated with respect to your substance use disorder records, you may file a complaint with us by contacting the NCHC Privacy Officer at:

Northern Counties Health Care
165 Sherman Drive
St. Johnsbury, VT 05819
802-748-9405

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

NCHC 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.