*Tailor this document for the specific needs of your department, and location if applicable. The yellow highlighted content is meant to be addressed in your NPP (remove the highlight along with this instruction) before finalizing for use. Also remove any non-required sections that do not pertain to your specific needs.*

# Model Notice of Privacy Practices

Effective date of the NPP [[1]](#footnote-1)

Notice of Privacy Practices of [Name of the state entity (Part 2 Program)]

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 US. PLEASE FIND THE CONTACT INFORMATION ON THE LAST PAGE OF THIS NOTICE.

## Your Rights

When it comes to your health information, you have certain rights. You have the right to:

|  |  |
| --- | --- |
| Ask us to limit what we use or share | * You may request to restrict or limit disclosures made with prior authorization for purposes of treatment, payment, or our health care operations. * If you have paid for the item or service in full, you may ask us to restrict the disclose of that health information with your health plan. |
| Request an accounting of disclosures we have made to share your information | * You can request a list (accounting) of disclosures where we have shared your health information, to include who we shared it with, and why, for the past three (3) years. * This includes the right to a list of disclosures by an intermediary for the past three (3) years. |
| Receive a 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. Contact us using the information on the back page to promptly receive a copy of this notice. * You may also obtain a copy of this notice at our website: [insert website address] |
| We never share your information unless you give us written permission | * To receive fundraising communications. * A single authorization (consent) may be provided for all future uses or disclosures for treatment, payment, or health care operations purposes |

## Our Responsibilities

* We will not use or share your information other than as described in this notice unless you tell us we can in writing.
* If you give us permission to share information, you may change your mind at any time. Let us know in writing if you change your mind. This will stop any further use or disclosure of your information for the purposes covered by your written authorization.

## Our Uses and Disclosures of your Health Information

We are allowed, or required, to share your health information or records without your authorization for the following purposes. The sharing of this information includes the strictest conditions we must meet in the law (for example, state laws that are more restrictive than federal laws) for the purposes described.

|  |  |
| --- | --- |
| Description of purpose for use/ disclosure the state entity is permitted or required.  (Include a new row for each item) | Include a description of the use/disclosure and give examples as appropriate.  The description must include enough detail to explain to the patient that the uses and disclosures are permitted or required by Part 2 or other applicable law.  Records that are disclosed to a Part 2 program, covered entity, or business associate with the patient’s written authorization (consent) for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without the patient’s written authorization (consent), as permitted under the HIPAA regulations. |
| Respond to lawsuits and legal actions. | We can disclose information about you in response to a court or administrative order, or in response to a subpoena.  Records, or testimony disclosing the content of Part 2 records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceeding against the patient unless based on a patient’s written authorization (consent), or a court order.  Records shall only be used or disclosed based on a court order, after notice and an opportunity to be heard is provided to the patient or the holder of the record, when required by 42 U.S.C. 290dd-2 and Part 2.  A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed. |

## Changes in the Terms of this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for information we already have about you as well as any information we receive in the future. The new notice will be available on request, on our website and in our facility [for providers]. The updated notice will contain the effective date with the revisions.

## Contact Information

For questions regarding this notice, additional information, or requests, contact [Name of the state entity (Part 2 Program)] at [insert address, website address, privacy contact email address and phone number].

1. Verify paper and website notice effective dates are the same. [↑](#footnote-ref-1)