

## **42 CFR Part 2 Addendum to Deaconess Health System Notice of Privacy Practices**

This Addendum to the NPP covers substance use disorder treatment records and other information that would identify a patient as having or having had a substance use disorder (collectively, “Part 2 Records”). Part 2 Records are protected by the federal Confidentiality of Substance Use Disorder Patient Records law and regulations (collectively, “Part 2”) in addition to HIPAA and state law.

This 42 CFR Part 2 Addendum (“Addendum”) supplements the Deaconess Health System HIPAA Notice of Privacy Practices (“Notice”) and applies to Deaconess Health System’s “SUD Programs.” These are facilities, units, departments, and staff at Deaconess Health System which specialize in providing diagnosis and treatment for substance use disorders. In this Addendum, when we say “we,” “us,” “our,” or “Programs,” we mean the SUD Programs at Deaconess Health System.

This Addendum describes:

- how your Part 2 Records may be used and disclosed
- your rights with respect to your Part 2 Records
- how to file a complaint concerning a violation of the privacy or security of your Part 2 Records or of your rights concerning your Part 2 Records

This Addendum only applies to your Part 2 Records. It does not apply to health information related services you receive outside of the SUD Programs. For example, records of an appointment with your primary care provider at Deaconess Health System, including if they screen you for a substance use disorder, are not covered by Part 2.

You have a right to a copy of this Addendum, in paper or electronic form, and to discuss it with our Privacy Officer whose contact information is listed at the end of this Addendum if you have any questions.

### **How will we use and disclose information about you?**

Generally, we must obtain your written consent to use or disclose your Part 2 Records. However, we may use and disclose your Part 2 Records without your written consent in the limited circumstances described below.

- **Medical Emergency.** Your Part 2 Records may be used and disclosed in a medical emergency where your consent cannot be obtained. We may also disclose your Part 2 Records to medical personnel of the Food and Drug Administration (FDA) who assert (i) a reason to believe that your health may be threatened by an error in the manufacturer, labeling, or sale of a product under the FDA jurisdiction; and (ii) that your Part 2 Records will be used for the exclusive purpose of notifying you or your physicians of potential danger.
- **Research.** Under certain circumstances, we may use and disclose your Part 2 Records for research purposes to the extent permitted by HIPAA, FDA and HHS regulations related to human subject research where a waiver of consent has been granted.
- **Court Order with Compulsory Process.** We may disclose your Part 2 Records, or testimony relaying the content of such records, where required by a specific court order after notice and an opportunity to be heard is provided to you (the patient) and/or the

applicable SUD Program (the record holder), if required by Part 2. The court order must also be accompanied by a subpoena or other similar legal mandate compelling disclosure before the Part 2 Record is used or disclosed.

- **Audit and Evaluation Activities.** We may disclose your Part 2 Records to qualified personnel for audit or program evaluation purposes who (i) agree in writing to protect the information as required under our policies, (ii) represent federal, state, or local government agencies that are authorized by law to oversee the SUD Programs, or (iii) provide financial assistance to the SUD Programs or provide payment for health care.
- **Treatment.** We may share your Part 2 Records with our personnel and with personnel at Deaconess Health System who need these records in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of patients with substance use disorders.
- **QSOs.** We may disclose your Part 2 Records to qualified service organizations to provide services to us or on our behalf (similar to provisions in the Notice regarding business associates).
- **Law Enforcement.** We may disclose your Part 2 Records to law enforcement to report a crime you commit, or threaten to commit, at our facilities or against our personnel.
- **Abuse Reporting.** We may disclose your Part 2 Records to the appropriate state or local authorities to report suspected child abuse and neglect as required by law.
- **Public Health.** We may disclose your Part 2 Records to public health authorities for public health purposes. However, the contents of your Part 2 Records will be de-identified in accordance with HIPAA.

#### **When is your written consent required?**

We will use and disclose your Part 2 Records for purposes not described in this Addendum only with your written consent. Examples of where your written consent is required include the following:

- **Treatment, Payment, and Healthcare Operations (“TPO”).** With your written consent, we may use and disclose your Part 2 Records for treatment, payment, or health care operations purposes as described in the Notice. You may provide a single consent for all future TPO uses or disclosures. If your Part 2 Records are shared under a consent for this purpose with another Part 2 program or a HIPAA regulated entity (including the components of Deaconess Health System which are not SUD Programs) your records may be further disclosed by the recipient to the extent permitted by HIPAA, or if the Part 2 program is not subject to HIPAA, to the extent permitted by your consent.
- **Proceedings Against You.** Except where required by a court order, any use or disclosure of your Part 2 Records, or testimony relaying the content of such records, in any civil, administrative, criminal, or legislative proceedings against you requires your written

Effective Date: February 16, 2026

consent. Your consent for this purpose must be separate from your consent for any other use or disclosure.

- **Prescription Drug Monitoring Programs.** We may report any medication prescribed or dispensed by the program to the applicable state prescription drug monitoring program (PDMP) if required by applicable state law.
- **Fundraising.** We will not use or disclose your Part 2 Records for fundraising purposes and will not send you fundraising communications related to your Part 2 records.
- **SUD Counseling Notes.** Except in limited circumstances, we may use or disclose your substance use counseling notes only with your written consent. This consent must be separate from your consent for any other use or disclosure.

### **Revoking Your Consent**

You may revoke your consent at any time by submitting a request in writing to Privacy Officer, Deaconess Health System, 600 Mary Street, Evansville, IN 47747. If you revoke your consent, we will stop any future sharing of your Part 2 Records but will be unable to stop any information that has already been released.

### **Supplemental Rights Regarding your Part 2 Records**

In addition to the rights described in the Notice, you have the following rights with respect to Part 2 Records:

- **Right to Request Restrictions on Uses or Disclosures Your Part 2 Records.** You have a right to request restrictions on how we use or disclosure your Part 2 Records for the purposes of treatment, payment, and health care operations, including those made with your prior written consent. See Section “Right to Request Restrictions on How Deaconess Health System Will Use or Disclose Information About You” of the Notice for how to make this request and when we are required to agree to your request.
- **Right to a list of disclosures by an intermediary.** If you provided consent to share your Part 2 Records through a health information exchange, accountable care organization, care management organization, or other intermediary, you have a right to a list of disclosures by that intermediary for the past 3 years. You may request in writing by email to [privacy@deaconess.com](mailto:privacy@deaconess.com) or by mail to Privacy Officer, Deaconess Health System, 600 Mary Street, Evansville, IN 47747.
- **Right not to Opt Out of Fundraising Communications.** You have the right to elect not to receive fundraising communications. You can exercise that right by contacting Deaconess Health System Privacy Officer by calling 812-450-7223 or emailing [privacy@deaconess.com](mailto:privacy@deaconess.com).

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- **Your Right to a Copy this Notice.** You can request a copy of this Addendum at any time. You can request a paper copy or find it on Deaconess Health System's website at [www.deaconess.com](http://www.deaconess.com).

### **Our Commitment to You.**

We are required by law to maintain the privacy of Part 2 Records, to provide patients with notice of our legal duties and privacy practices with respect to Part 2 Records, and to notify affected patients following a breach of unsecured records.

### **Changes to this Notice**

Within legal requirements, we may change the privacy rules in this Addendum from time to time. This means we might change how we use or share your Part 2 Records. Additionally, we could change how you can access your information. If we make any changes, we will create a new version of this Addendum and publish it.

### **How to Share Your Concerns or Complaints**

We want to hear from you if you have questions about your privacy or how the Deaconess Health System SUD Programs use your Part 2 Records. We will not retaliate against you for making a complaint, and we will not treat you differently for speaking up. We take your privacy concerns seriously.

For questions, concerns, or complaints, please contact the Deaconess Health System Privacy Officer by calling 812-450-7223 or emailing [privacy@deaconess.com](mailto:privacy@deaconess.com).

### **For more information or to make a complaint to U.S. Department of Health & Human Services, Office for Civil Rights.**

You can find more information about your privacy rights at: [www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html](http://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html).

You can file a complaint at [www.hhs.gov/ocr](http://www.hhs.gov/ocr)