

NOTICE OF PRIVACY AND CONFIDENTIALITY

| |
|--|
| <p>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.</p> |
|--|

General Information:

This Notice applies to each of the legal entities affiliated with Monroe Capital Holdings, LLC (“Newport Healthcare”):

- Monroe Operations LLC d/b/a Newport Academy
- Monroe Operations LLC d/b/a Center for Families
- Maryland Health Operations LLC d/b/a Newport Academy
- Virginia Health Operations LLC d/b/a Newport Academy
- CA YA Services LLC d/b/a Newport Institute
- Washington Health Operations LLC d/b/a Newport Academy

The confidentiality of mental health and alcohol and drug abuse client records maintained by Newport Healthcare is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 set forth at 42 U.S.C. § 132d et seq. as well as its implementing regulations at 45 C.F.R. Parts 160 & 164 (“**HIPAA**”), and the laws and regulations governing the confidentiality of substance use disorder patient records set forth at 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2 (“**Part 2**”). Newport Healthcare is a “covered entity” under HIPAA and a “Part 2 program” under Part 2.

Newport Healthcare is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Newport Healthcare is required by law to abide by the terms of this Notice. In general, Newport Healthcare may not acknowledge to a person outside the Part 2 program that you attend the program, nor disclose any information identifying you as having a substance use disorder or disclose any other protected information except as permitted or required by federal law, described below.

Disclosures Permitted without Your Consent:

HIPAA and Part 2 permit us to use and disclose information without your written authorization in limited circumstances. For example, personnel having a need for health information in connection with their duties arising out of your care within our program and between or among our program and certain administrative entities under which we work may share your health information to coordinate care, evaluate quality, and improve our services. Federal law also permits Newport Healthcare to disclose information without your written consent as follows:

- To Qualified Service Organization/Business Associate: We may disclose your information to individuals and organizations providing services to us, such as data processing, billing, laboratory analyses, or legal, accounting, population health management, medical staffing, or other professional services under contract who have agreed to protect the privacy of your information and be bound by Part 2.
- To Medical Personnel in a Medical Emergency: We may disclose your information to medical personnel to the extent necessary to treat you in a bona fide medical emergency.

- **Research:** We may disclose your information for research purposes without your consent if certain conditions are met, such as approval by an Institutional Review Board.
- **Audit and evaluation activities:** We may disclose your information to persons conducting certain audit and evaluation activities, provided the person agrees to certain restrictions on disclosure of information.
- **Crime on Premises:** We may disclose your information to police or other law enforcement officials if you commit a crime on the premises of Newport Healthcare or against Newport Healthcare’s personnel or threaten to commit such a crime.
- **Reports of Suspected Child Abuse or Neglect and Duty to Warn:** We may disclose your information for the purpose of reporting child abuse or neglect to public health authorities or other government authorities authorized by law to receive such reports. We also may have a duty to warn third parties of specific threats of serious and imminent harm and consider our reporting obligations that permit disclosure.
- **Court Order:** We may disclose information required by a court order, provided certain regulatory requirements are met.

Disclosures Permitted with Your Consent:

Generally, we may use or disclose your health information when you give your authorization to do so in writing on a form that meets the requirements of applicable laws and regulations. Any such written consent may be revoked by you in writing, except to the extent that Newport Healthcare has already made a disclosure in reliance on your consent. If you wish to revoke your consent, please contact Newport Healthcare’s Privacy Officer using the contact information provided below. The following are some examples of common disclosures for which we must obtain your consent for external disclosures:

- **Payment:** Newport Healthcare must obtain your written consent before it can disclose information about you for payment purposes. For example, Newport Healthcare must obtain your written consent before it can disclose your substance use disorder records to your health insurer in order to be paid for services.
- **Healthcare Operations:** Newport Healthcare must obtain your written consent before it can disclose your substance use disorder records for healthcare operations purposes. For example, Newport Healthcare must obtain your written consent before disclosing information to a third party in order to perform quality improvement/quality assessment activities.

State Laws Regarding Confidentiality and Rights of Minors:

State laws regarding confidentiality of mental health and substance use disorder records and the rights of minors with respect to such information vary among states. To see the laws that apply to you, please select the state in which you are receiving services from Newport Healthcare:

California

[When California hyperlink is clicked, the following language should appear]

Under California law, a minor who is twelve (12) years of age or older may consent to medical care and counseling related to the diagnosis and treatment of a drug or alcohol-related problem. If you are a minor and have consented to receive treatment from Newport Healthcare, Newport Healthcare will obtain your written consent to disclose information regarding your treatment to your parent/legal guardian or your health insurance company in order to obtain payment for your treatment.

Part 2 also permits Newport Healthcare to share information regarding your treatment with your parent or legal guardian if we determine that: (1) your situation poses a substantial threat to the life or physical wellbeing of you or another individual; (2) that this threat may be reduced by communicating relevant facts to your parent or legal guardian; and (3) that you lack the capacity because of extreme youth or a mental or physical condition to make a rational decision regarding whether to disclose information regarding your treatment with your parent or legal guardian.

Connecticut

[When Connecticut hyperlink is clicked, the following language should appear]

Under Connecticut law, a minor may seek out and provide legal consent for treatment or rehabilitation for alcohol or drug dependence, and the fact that the minor sought such treatment or rehabilitation or the fact that the minor is receiving such treatment or rehabilitation may not be disclosed to the minor's parent or legal guardian without the minor's consent. If you are a minor and have consented to receive treatment from Newport Healthcare, Newport Healthcare will obtain your written consent to disclose information regarding your treatment to your parent/legal guardian or your health insurance company in order to obtain payment for your treatment.

Part 2 also permits Newport Healthcare to share information regarding your treatment with your parent or legal guardian if we determine that: (1) your situation poses a substantial threat to the life or physical wellbeing of you or another individual; (2) that this threat may be reduced by communicating relevant facts to your parent or legal guardian; and (3) that you lack the capacity because of extreme youth or a mental or physical condition to make a rational decision regarding whether to disclose information regarding your treatment with your parent or legal guardian.

Maryland

[When Maryland hyperlink is clicked, the following language should appear]

Under Maryland law, a minor has the same capacity as an adult to consent to treatment for or advice about drug abuse and alcoholism. If you are a minor and have consented to receive treatment from Newport Healthcare, Newport Healthcare will obtain your written consent to disclose information regarding your treatment to your parent/legal guardian or your health insurance company in order to obtain payment for your treatment.

Part 2 also permits Newport Healthcare to share information regarding your treatment with your parent or legal guardian if we determine that: (1) your situation poses a substantial threat to the life or physical wellbeing of you or another individual; (2) that this threat may be reduced by communicating relevant facts to your parent or legal guardian; and (3) that you lack the capacity because of extreme youth or a mental or physical condition to make a rational decision regarding whether to disclose information regarding your treatment with your parent or legal guardian.

[Pennsylvania](#)

[When Pennsylvania hyperlink is clicked, the following language should appear]

Under Pennsylvania law, a minor may consent to the furnishing of medical care or counseling relating to diagnosis or treatment of a substance use disorder. If you are a minor and have consented to receive treatment from Newport Healthcare, Newport Healthcare will obtain your written consent to disclose information regarding your treatment to your parent/legal guardian or your health insurance company in order to obtain payment for your treatment.

Part 2 also permits Newport Healthcare to share information regarding your treatment with your parent or legal guardian if we determine that: (1) your situation poses a substantial threat to the life or physical wellbeing of you or another individual; (2) that this threat may be reduced by communicating relevant facts to your parent or legal guardian; and (3) that you lack the capacity because of extreme youth or a mental or physical condition to make a rational decision regarding whether to disclose information regarding your treatment with your parent or legal guardian.

[Virginia](#)

[When Virginia hyperlink is clicked, the following language should appear]

Under Virginia law, a minor who is fourteen (14) years of age or older may consent to receive treatment or rehabilitation for a substance use disorder without parental consent. If you are a minor and have consented to receive treatment from Newport Healthcare, Newport Healthcare will obtain your written consent to disclose information regarding your treatment to your parent/legal guardian or your health insurance company in order to obtain payment for your treatment.

Part 2 also permits Newport Healthcare to share information regarding your treatment with your parent or legal guardian if we determine that: (1) your situation poses a substantial threat to the life or physical wellbeing of you or another individual; (2) that this threat may be reduced by communicating relevant facts to your parent or legal guardian; and (3) that you lack the capacity because of extreme youth or a mental or physical condition to make a rational decision regarding whether to disclose information regarding your treatment with your parent or legal guardian.

[Washington](#)

[When Washington hyperlink is clicked, the following language should appear]

Under Washington law, a minor who is thirteen (13) years of age or older may consent to receive inpatient or outpatient treatment for a substance use disorder without parental consent. If you are a minor and have consented to receive treatment from Newport Healthcare, Newport Healthcare will obtain your written consent to disclose information regarding your treatment to your parent/legal guardian or your health insurance company in order to obtain payment for your treatment.

Part 2 also permits Newport Healthcare to share information regarding your treatment with your parent or legal guardian if we determine that: (1) your situation poses a substantial threat to the life or physical wellbeing of you or another individual; (2) that this threat may be reduced by communicating relevant facts to your parent or legal guardian; and (3) that you lack the capacity because of extreme youth or a mental or

physical condition to make a rational decision regarding whether to disclose information regarding your treatment with your parent or legal guardian.

Your Rights with Respect to Your Health Information:

You have certain rights with respect to your health information under HIPAA and Part 2, including the right to:

- **Request Restrictions:** At your request, we will not disclose information to your health plan if the disclosure is for a health care item or service for which you have paid Newport Healthcare out of pocket in full. You may request additional restrictions on our use and disclosure of your health information for treatment, payment and healthcare operations purposes. Newport Healthcare is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.
- **Request Confidential Communications:** You have the right to request that we communicate with you by alternative means or at an alternative location. Newport Healthcare will accommodate such requests that are reasonable and will not request an explanation from you.
- **Request Access:** Under HIPAA you also have the right to inspect and copy your own health information maintained by Newport Healthcare except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.
- **Request Amendment:** You have the right to request that we amend your information in Newport Healthcare's records. Under certain circumstances, we have the right to deny your request to amend your records and will notify you of this denial as provided in the HIPAA regulations. If your requested amendment to your records is accepted, a copy of your amendment will become a permanent part of the medical record.
- **Request Accounting of Disclosures:** Upon request, you may obtain a list of instances that we have disclosed your health information other than when you gave written authorization or those related to your treatment and payment for services, or our health care operations. The accounting will apply only to covered disclosures prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve (12) month period, there may be a charge. You will be told the cost prior to the request being filled.
- **Be Notified of a Breach:** You will be notified in the event we discover a breach has occurred such that your health information may have been compromised.
- **Receive a Copy of this Notice:** Upon request, you may obtain a paper copy of this Notice.

Revisions to this Notice:

Newport Healthcare reserves the right to revise the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective to all health information that we maintain, including any information created or received prior to issuing the new Notice. If we change this Notice, we will post the new Notice in public access areas at our service sites and on our Internet site at

[www.newporthealthcare.com and www.newportinstitute.com]. You may also obtain any new Notice by contacting our Privacy Officer.

Questions and Complaints:

If you have questions about this Notice, desire further information about your privacy and confidentiality rights or would like to file a complaint you may contact Newport Healthcare’s Privacy Officer at [203-598-2118 and inquiries@newporthealthcare.com].

If you believe that your privacy rights have been violated, you also may file a written complaint with the Secretary of the United States Department of Health and Human Services. Upon request, we will provide you with the correct address and procedures for submitting a complaint. We will not retaliate against you if you file a complaint.

Violation of the federal law and regulations on Confidentiality of Substance Use Disorder Patient Records is a crime and suspected violations of 42 CFR Part 2 may be reported to the United States Attorney in the district where the violation occurs. Upon request, we will provide you with the appropriate agency contact information if you would like to report a violation.

Effective Date: This Notice became effective on May 1, 2009 and was last revised on May 6, 2020.

Acknowledgement: I hereby acknowledge that I received a copy of this Notice.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Newport Healthcare was unable to obtain this acknowledgement of receipt due to:

- Client refused to sign acknowledgement Client was unable to sign acknowledgement
- Client left the facility before the end of the assessment and is not entering treatment
- Other: _____

Newport Healthcare Staff Signature: _____ **Date:** _____