Sound Community Services, Inc. ("SCSI")
Notice of Privacy Practices (this "Notice")

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. This Notice also describes your other rights with respect to your health information, as well as 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 this Notice with SCSI's Compliance Officer at 1-860-439-6400 or HIPAAprivacy@soundct.org. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get 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. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.*

Ask us to correct your medical record - *You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.*

Request confidential communications - *You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.*

Ask us to limit what we use or share - *You can ask us not to use or share certain health information, including substance use disorder records, for treatment, payment, or our operations, even after you sign the one-time consent with respect to substance use disorder records described in this Notice. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care 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 insurer. We will say "yes" unless a law requires us to share that information.*

Get a list of those with whom we've shared information - *You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve months.*

Get a list of disclosures by any intermediaries - *If SCSI uses an intermediary, you have the right to obtain a list of disclosures by such intermediary for the past three years as more particularly stated in 42 CFR Section 2.24, which is part of the federal regulations that govern substance use disorder records (such regulations referred to as "Part 2").*

Get a copy of this privacy notice - *You can ask for a paper or electronic copy of this Notice at any time. We will provide you with the requested copy promptly.*

File a complaint if you feel your rights are violated - *If you feel we have violated your rights, you may file a complaint in writing, including a description of the alleged violation, with SCSI's Compliance Officer using the contact information at the end of this Notice. You can also file a complaint with the U.S. Department of Health and Human Services Office for*

Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Opt-Out of Fundraising: *You have the right to ask to not receive fundraising communications.*

Get Information: *You have the right to discuss this Notice with SCSI's Compliance Officer.*

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*
- *Include your information in a facility directory (although, we do not maintain such a directory)*

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.

Special Part 2 Protections for Substance Use Disorder Records: Part 2 does not permit the above disclosures of substance use disorder records without your written consent.

In these cases, we *never* share your information unless you give us written permission:

- *Marketing purposes*
- *Sale of your information*
- *Most sharing of psychotherapy notes or substance use disorder counseling notes*

For example, when sharing substance use disorder records with another treating provider pursuant to the one-time consent for treatment, payment and health care operations purposes described in this Notice, we may not include substance use disorder counseling notes, unless we obtain your written consent.

In the case of fundraising: *We may contact you for fundraising efforts. For example, we may mail you an announcement regarding a fundraising event.* ***You have the right to opt out of receiving fundraising communications****.*

Our Uses and Disclosures

We typically use or share your health information in the following ways.

Treat you - *We can use your health information and share it with other professionals who are treating you.*

Example: A doctor treating you for a medical issue asks us about your mental health.

Run our organization - *We can use and share your health information to run our programs, improve your care, and contact you when necessary.*

Example: We use health information about you to manage your treatment and services.

Bill for your services - *We can use and share your health 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.

Special Part 2 Protections for Substance Use Disorder Records: We may not use or disclose your substance use disorder records for treatment, payment or health care operations without your consent. However, Part 2 permits you to sign a single consent for all future uses or disclosures of your substance use disorder records for treatment, payment and health care operations purposes. We will require you to sign this one-time consent at the time of intake. If SCSI uses or discloses substance use disorder records to other Part 2 programs, covered entities and business associates pursuant to this one-time consent, the records may be further disclosed without your written consent to the extent permitted under HIPAA.

Special State Law Protections for HIV-Related and Mental Health Information: In some cases, your consent may be required under state law for use or disclosure of HIV-related and/or mental health information for treatment, payment, and health care operations. We will ask you to sign a one-time consent at the time of intake.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. The descriptions below are intended to give you enough detail to put you on notice but do not contain all of the details about the specific applicable conditions. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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.*

Help with public health and safety issues - *We can share health information about you for certain situations such as:*

- *Preventing disease*
- *Reporting adverse reactions to medications*
- *Assisting with product recalls*
- *Reporting suspected abuse, neglect, or domestic violence*
- *Preventing or reducing a serious threat to anyone's health or safety*

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're complying with federal privacy law.*

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 organ and tissue donation requests - *We can share health information about you with organ procurement organizations.*

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.*

Do research - *We can use or share your information for health research.*

Communications with Business Associates/Qualified Service Organizations - *We can share health information about you with a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of SCSI.*

Special Part 2 Protections for Substance Use Disorder Records: Part 2 is more restrictive than HIPAA. Your consent is required for most of the uses and disclosures of substance use disorder records for the purposes described above. There are certain situations, however, where substance use disorder records must or may be disclosed without your consent. Specifically, Part 2 does not apply to SCSI's internal communications or SCSI's communications (a) with its business associates/qualified service organizations, (b) with law enforcement related to crimes on SCSI's premises or against SCSI's personnel, or (c) with state or local authorities related to reporting suspected child abuse and neglect under state law. Additionally, SCSI must disclose substance use disorder records to the Secretary of the Department of Health and Human Services when requested for the purpose of investigating or determining SCSI's compliance with Part 2, and SCSI may use or disclose substance use disorder records for the following purposes, subject to certain circumstances and conditions: (i) your bona fide medical emergencies; (ii) scientific research or audit and program evaluation purposes; or (iii) public health purposes.

Substance use disorder records, or testimony relaying the content of the records, whether created or obtained by SCSI, may not be used or disclosed in any civil, administrative, criminal, or legislative proceeding against you unless you have provided written consent to, or a court order permits, the use or disclosure. Substance use disorder records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the record holder, if required by Part 2, and if the court order is accompanied by a subpoena or other similar legal mandate compelling disclosure.

Special State Law Protections for HIV-Related, Mental Health, Gender-Affirming Health Care, and Reproductive Health Care Information: Your consent is required for most disclosures of HIV-related and mental health information although applicable state laws provide some exceptions. For example, SCSI may disclose your mental health information to prevent substantial risk of imminent harm to you or to others. As another example, SCSI may disclose your HIV-related health information in the event of a significant exposure to HIV-infection to SCSI personnel or a known partner. Any use and disclosure for such purposes will be to someone able to reduce the outcome of the exposure and limited in accordance with Connecticut and federal law. Your consent is also required under Connecticut law prior to disclosure of any gender-affirming health care and reproductive health care Information sought for most legal proceedings.

Except as described above in this Notice, SCSI will not use or disclose your health information without your written authorization. You may revoke an authorization at any time by contacting SCSI's Compliance Officer in writing or otherwise following the instructions on the authorization form. If you revoke an authorization, SCSI will no longer use or disclose health information covered by the authorization, except to the extent SCSI has already relied on the authorization.

Information disclosed with your authorization or otherwise in accordance with this Notice may be subject to redisclosure by the recipient and no longer protected by HIPAA or other applicable federal or state laws.

Connecticut Health Information Exchange

We share electronic medical records for treatment, payment and healthcare operations through the Connecticut Health Information Exchange known as "CONNIE". Through CONNIE, many of your hospitals, physicians, clinics, and other health care providers may request and be provided with access to health information generated by us to facilitate treatment, patient safety and care consistency. For more information about CONNIE, please contact the administrators of CONNIE directly at 888-783-4410 or info@conniect.org. You may opt out of having your medical record information shared through CONNIE by completing CONNIE's opt-out form accessed on-line at https://connect.conniect.org/OptoutForm.

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 unsecured health information. We must follow the duties and privacy practices described in this Notice and give you a copy of it.

You may also find more information regarding HIPAA and your rights on the following website: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticeapp.html.

Effective Date; Changes to the Terms of This Notice. The effective date of this Notice is February 16, 2026. We can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Sound Community Services, Inc.
21 Montauk Avenue, New London, CT 06320

To contact SCSI's Compliance Officer please
Call 1-860-439-6400 or Email HIPAAprivacy@soundct.org
Visit Web: www.soundcommunityservices.org