

42 CFR Part 2 Addendum to the Northside Hospital Behavioral Health Services Department Notice of Privacy Practices

Effective Date: February 16, 2026

This 42 CFR Part 2 Addendum (“Addendum”) supplements the Northside Hospital Behavioral Health Services Department’s (“BHS”) HIPAA Notice of Privacy Practices (“Notice”) to the extent that a patient receives substance use disorder treatment at BHS, or BHS receives or generates records and other information that would identify a patient as having or having had a substance use disorder (collectively, “SUD Records”). SUD 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 Addendum applies to the extent that BHS offers any “SUD Programs,” which are facilities, units, departments, and staff at BHS which primarily specialize in providing diagnosis and treatment for substance use disorders. In this Addendum, when we say “we,” “us,” “our,” or “Programs,” we mean any SUD Programs at BHS to the extent applicable. For information regarding how BHS may use or disclose any SUD Records it receives as a lawful holder under Part 2 see Section “Receipt of SUD Records” at the end of this Addendum.

This Addendum describes:

- How your SUD Records may be used and disclosed
- Your rights with respect to your SUD Records
- How to file a complaint concerning a violation of the privacy or security of your SUD Records or of your rights concerning your SUD Records.

This Addendum only applies to SUD Records. It does not apply to health information related to services you receive outside of a SUD Program at BHS. For example, records of an

appointment with your primary care provider at Northside Hospital, 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 SUD Records. However, we may use and disclose your SUD Records without your written consent in the limited circumstances described below.

Medical Emergency. Your SUD Records may be used and disclosed in a medical emergency where your consent cannot be obtained. We may also disclose your SUD 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 SUD Records will be used for the exclusive purpose of notifying you or your physicians of potential danger.

Court Order with Compulsory Process. We may disclose your SUD 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 and/or the applicable Program, if required by Part 2. The court order must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the SUD Record is used or disclosed.

Audit and Evaluation Activities. We may disclose your SUD 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 our Programs, or (iii) provide financial assistance to our Programs or provide payment for health care.

Internal Communication. We may share your SUD Records with our personnel and with personnel at Northside 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 SUD Records to qualified service organizations (“QSOs”) to provide services to us or on our behalf.

Law Enforcement. We may disclose your SUD 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 SUD 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 SUD Records to public health authorities for public health purposes. However, the contents of your SUD Records will be de-identified in accordance with HIPAA.

Vital Statistics. We may disclose certain information relating to the cause of death of a patient where required by law.

WHEN IS YOUR WRITTEN CONSENT REQUIRED?

We will use and disclose your SUD Records for purposes not described in the previous section only with your written consent. Examples of where your written consent is required include the following:

Treatment, Payment, and Healthcare Operations. With your written consent, we may use and disclose your SUD Records for the purposes of treatment, payment, or health care

operations (“TPO”) as described in this Notice. You may provide a single consent for all future TPO uses or disclosures. If your SUD Records are shared under a consent for this purpose with another Part 2 program or a HIPAA regulated entity (including the components of BHS or Northside which are not 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 SUD Records, or testimony relaying the content of such records, in any civil, administrative, criminal, or legislative proceedings against you requires your written consent. Your consent for this purpose must be separate from your consent for any other use or disclosure.

Prescription Drug Monitoring Programs. We may, with your consent, report any medication prescribed or dispensed by the Program to the applicable state prescription drug monitoring program (PDMP) if required by applicable state law.

SUD Counseling Notes. Most uses and disclosures of your substance use counseling notes will only be made with your written consent. This consent will be separate from your consent for any other use or disclosure.

YOUR SUPPLEMENTAL RIGHTS REGARDING YOUR SUD RECORDS

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

- **Right to Request Restrictions on Uses or Disclosures of Your SUD Records.** You have a right to request restrictions on how we use or disclosure your SUD Records for the purposes of treatment, payment, and health care operations, including those made with your prior written consent as set forth in the Notice.

- **Right to a list of disclosures by an intermediary.** If you provided consent to share your SUD Records through an intermediary, you have a right to a list of disclosures by that intermediary for the past 3 years.
- **Right to a Paper Copy of This Addendum:** You have the right to a paper copy of this Addendum. You may ask us to give you a copy of this Addendum at any time. Even if you have agreed to receive this Addendum electronically, you are still entitled to a paper copy of this Addendum. You may obtain a copy of this Addendum at our website. To obtain a paper copy of this Addendum, you may contact Northside Hospital Behavioral Health Services, 6105 Peachtree Dunwoody Road, Building F, Suite 155 Atlanta, GA 30328 or call us at 404-851-8960.
- **Right to Revoke Consent.** You may revoke your consent at any time by submitting a request in writing to the Privacy Office. If you revoke your consent, we will stop any future sharing of your SUD Records but will be unable to stop any information that has already been released.

RECEIPT OF SUD RECORDS

To the extent that BHS receives or maintains any SUD Records as a lawful holder (i.e. outside a BHS SUD Program), we will only use the SUD Records in accordance with your consent or as permitted under Part 2 and will not use or disclose your SUD Records or testify regarding the content of such records, so that they can be used in a civil, criminal, administrative, or legislative proceeding against you unless (i) we have your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure has been issued after a notice and an opportunity to be heard has been given in accordance with Part 2.

CHANGES TO THIS ADDENDUM

We reserve the right to change this Addendum and the revised or changed Addendum will be effective for medical information

we already have about you as well as any information we receive in the future. The current Addendum will be posted in BHS Program facilities and on our website and you may request a copy of our current Addendum at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Northside Privacy Officer whose contact information is below or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

NORTHSIDE PRIVACY OFFICER

Privacy Officer Contact Phone: 404-845-5534

1000 Johnson Ferry Road Atlanta, GA 30342