



NOTICE OF PRIVACY PRACTICES OF ASHLEY ADDICTION TREATMENT

FEDERAL LAW PROTECTS THE CONFIDENTIALITY OF SUBSTANCE USE
DISORDER PATIENT RECORDS.

THIS NOTICE DESCRIBES:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
- 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 OUR PRIVACY OFFICER AT 1-800-799-HOPE OR [COMPLIANCE@ASHLEYTREATMENT.ORG](mailto:compliance@ashleytreatment.org) IF YOU HAVE ANY QUESTIONS..

Ashley Addiction Treatment will be referred to in this Notice of Privacy Practices (“Notice”) as “Ashley.” This Notice is given to you by an Ashley facility to describe the ways in which Ashley may use and disclose your medical information (called “protected health information” or “PHI”) and to notify you of your rights with respect to PHI in the possession of Ashley. PHI is information that may identify you and that relates to your past, present, or future physical or mental health condition; the provision of health care products and services to you; or the payment for such services. This Notice applies to the locations listed at the end of this Notice, which are part of the Ashley Affiliated Covered Entity.

Ashley protects the privacy of PHI, which is also protected from disclosure by state and federal law. In certain circumstances, pursuant to this Notice, upon patient authorization or applicable laws and regulations, PHI can be used by Ashley or disclosed to other parties. Below are categories describing these uses and disclosures, along with some examples to help you better understand each category.

Ashley is required by law to maintain the privacy of your PHI, to provide individuals with notice of their legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. Ashley reserves the right to change the terms of this Notice and of its privacy policies, and to make the new terms applicable to all of the PHI it maintains. Before Ashley makes an important change to its privacy policies, it will promptly revise this Notice and post a new Notice in registration and admitting areas.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Ashley may use or disclose your PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining written authorization

from you. The protections afforded to substance use disorder information are discussed in a separate section below.

FOR TREATMENT Ashley may use and disclose PHI in the course of providing, coordinating or managing your medical treatment, including the disclosure of PHI for treatment activities at another health care facility. These types of uses and disclosures may take place between physicians, nurses, technicians, student and other health care professionals who provide your health care services or are otherwise involved in your care. For example, if you are being treated by a primary care physician, that physician may need to use/disclose PHI to a specialist physician whom they consult regarding your condition or to a nurse who is assisting in your care.

FOR PAYMENT Ashley may use and disclose PHI in order to collect payment for the health care services provided to you. For example, Ashley may need to give PHI to your health plan in order to be reimbursed for the services provided to you. Ashley may also disclose PHI to their business associates, such as billing companies, claims processing companies and others that assist in processing health claims. Ashley may also disclose PHI to other health care providers and health plans for the payment activities of such providers or health plans.

FOR HEALTH CARE OPERATIONS Ashley may use and disclose PHI as part of their operations, including for quality assessment and improvement, such as evaluating the treatment and services you receive and the performance of our staff in caring for you. Other activities include hospital training, underwriting activities, compliance and risk management activities, planning and development, and management and administration. Ashley may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants and others for review and learning purposes. These disclosures help make sure that Ashley is complying with all applicable laws and continuing to provide health care to patients at a high-quality level. Ashley may also disclose PHI to other health care facilities and plans for certain of their operations, including their quality assessment and improvement activities, credentialing and peer review activities, and health care fraud and abuse detection or compliance, provided that those other facilities and plans have, or have had in the past, a relationship with the patient who is the subject of the information.

FOR SHARING PHI AMONG ASHLEY AND PROFESSIONAL STAFF Ashley works together with physicians and other care providers on their professional staff to provide medical services to you when you are a patient at an Ashley facility. Ashley and members of their respective professional staff will share PHI with each other as needed to perform their treatment, payment and health care operations activities.

OTHER USES AND DISCLOSURES FOR WHICH AN AUTHORIZATION IS NOT REQUIRED

In addition to using or disclosing PHI for treatment, payment and health care operations, Ashley may use and disclose PHI without your written authorization under the following circumstances:

BUSINESS ASSOCIATES Ashley may use or disclose your PHI with outside companies that perform services for us, such as accreditation, legal, computer or auditing services. These outside companies are called “Business Associates” and are required by HIPAA and by contract to keep your medical information confidential.

INDIVIDUALS INVOLVED IN YOUR CARE Ashley may share your PHI with a family member, guardian or other individuals who are involved in your care or who help pay for your care. If you have any objection to sharing your PHI in this way, please contact the Health Information Management team by emailing medicalrecords@ashleytreatment.org or Ashley’s Privacy Officer, whose contact information is listed at the end of this notice.

TO YOU OR YOUR PERSONAL REPRESENTATIVE Ashley may disclose your PHI to you or a representative appointed by you or designated by applicable law.

AS REQUIRED BY LAW AND LAW ENFORCEMENT Subject to any limitations otherwise discussed in this Notice, Ashley may use or disclose PHI when required by law, Ashley may also disclose PHI when ordered to in a judicial or administrative proceeding, in response to subpoenas or discovery requests, to identify or locate a suspect, fugitive, material witness, or missing person, when dealing with gunshot and other wounds, about criminal conduct, to report a crime, its location or victims, or the identity, description or location of a person who committed a crime, or for other law enforcement purposes.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS Subject to any limitations otherwise discussed in this Notice, your PHI may be disclosed in response to a court or administration order, subpoena, discovery request or other lawful process.

FOR PUBLIC HEALTH ACTIVITIES AND PUBLIC HEALTH RISKS Ashley may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, reports of child abuse or neglect, and of other victims of abuse, neglect, or domestic violence, reactions to medications or product defects or problems, or to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

FOR HEALTH OVERSIGHT ACTIVITIES Subject to any limitations otherwise discussed in this Notice, Ashley may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS Ashley may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

ORGAN, EYE AND TISSUE DONATION Ashley may release PHI to organ procurement organizations to facilitate organ, eye and tissue donation and transplantation.

RESEARCH Under certain circumstances, Ashley may use and disclose PHI for medical research purposes. A researcher may have access to information that identifies you only through the special review process or with your written permission. In addition, researchers may contact patients regarding their interest in participating in certain research studies. Researchers may only contact you if they have been given approval to do so by the special review process. You will only become a part of one of these research projects if you agree to do so and sign a consent form.

TO AVOID A SERIOUS THREAT TO HEALTH OR SAFETY

Ashley may use and disclose PHI to law enforcement personnel or other appropriate persons to prevent or lessen a serious threat to the health or safety of a person or the public.

LAWSUITS AND DISPUTES Subject to any limitations otherwise discussed in this Notice, If you are involved in a lawsuit or a dispute, Ashley may disclose health information about you in response to a court or administrative order.

SPECIALIZED GOVERNMENT FUNCTIONS Ashley may use and disclose PHI of military personnel and veterans under certain circumstances and may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

WORKERS’ COMPENSATION Ashley may disclose PHI to comply with workers’ compensation or other similar laws that provide benefits for work-related injuries or illnesses.

HEALTH-RELATED BENEFITS AND SERVICES; LIMITED MARKETING ACTIVITIES Ashley may use and disclose PHI to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you, such as disease management programs.

DISASTER RELIEF Ashley may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

DISCLOSURES FOR HIPAA COMPLIANCE INVESTIGATIONS Ashley must disclose your PHI to the Secretary of the U.S. Department of Health and Human Services (the “Secretary”) when requested by the Secretary in order to investigate compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)

USES AND DISCLOSURES OF PHI FOR WHICH AUTHORIZATION IS REQUIRED

Types of uses and disclosures of your PHI not described above will be made only with your written authorization, which you have the limited right to revoke in writing. Your PHI may not be used or disclosed for marketing purposes or sold by Ashley without your prior written authorization. If you sign a written authorization permitting uses and disclosures of your PHI other than those described in this Notice, you may revoke your authorization by submitting a written request to the Health Information Management team at any time by emailing medicalrecords@ashleytreatment.org. However, Ashley is unable to retract or invalidate any uses or disclosures that were made with your permission before you revoked your authorization.

HIPAA provides additional protection for psychotherapy notes, and most uses or disclosures of psychotherapy notes require your written permission. Psychotherapy notes are the personal notes of a mental health professional about a private or group counseling session.

In addition, other types of information may have greater protection under federal or state law, such as certain drug and alcohol information, substance use disorder counseling notes, HIV/AIDS and other communicable disease information, genetic information, mental health information or

information about developmental disabilities. For this type of information, we may be required to get your written permission before disclosing it to others; we may seek that permission in Ashley's intake forms if permitted by law. If you have any questions about this, contact Ashley's Privacy Officer, whose contact information is provided at the end of this Notice.

YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI. All requests must be submitted in writing to the Health Information Management team by emailing medicalrecords@ashleytreatment.org. Please contact Ashley's Privacy Officer for additional information regarding any of these rights. The contact information for the Privacy Officer is listed at the end of this notice.

You may request Ashley restrict the use and disclosure of your PHI. Ashley is not required to agree to any restrictions you request, but if the entity does, so it will be bound by the restrictions to which it agrees except in emergency situations. To request restrictions, you must make your request in writing. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

You have the right to request that communications of PHI to you from Ashley be made by particular means or at particular locations. For instance, you might request that communications be conducted through your work address, or by email rather than regular mail.

Your requests must be in writing and sent to the Health Information Management team by emailing medicalrecords@ashleytreatment.org. Ashley will accommodate your reasonable requests without requiring you to provide a reason.

Generally, you have the right to inspect and/or copy your PHI in the possession of Ashley within a Designated Record Set if you make a request in writing to the Health Information Management team. Send requests to the Health Information Management team by emailing medicalrecords@ashleytreatment.org. Within fifteen (15) days of receiving your request, Ashley will inform you of the extent to which your request has or has not been granted. In some cases, Ashley may provide you a summary of the PHI you request if you agree in advance to such a summary and any associated fees. If you request copies of your PHI or agree to a summary of your PHI, Ashley may impose a reasonable fee to cover copying, postage and related costs. If Ashley denies access to your PHI, it will explain the basis for denial and your opportunity to have the denial reviewed by a licensed health care professional (not involved in the initial denial decision) designated as a reviewing official. If Ashley does not maintain the PHI you request, it will tell you how to redirect your request, if it knows where that PHI is located.

If you believe that your PHI maintained by Ashley in a Designated Record Set contains an error or needs to be updated, you have the right to request that Ashley correct or supplement your PHI. Your request must be made in writing and it must explain why you are requesting an amendment to your PHI. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), Ashley will inform you of the extent to which your request has or has not been granted. Ashley generally can deny your request if your request relates to PHI: (i) not created by Ashley; (ii) that is not part of the records Ashley maintains; (iii) that is not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, Ashley will give you a written denial that explains the reason for the denial and your rights to: (i)

file a statement disagreeing with the denial; (ii) submit a request that any future disclosures of the relevant PHI be made with a copy of your request and Ashley's denial attached if you do not file a statement of disagreement; and (iii) complain about the denial. You generally have the right to request and receive a list of certain types of disclosures of your PHI Ashley has made during the six (6) years prior to your request. The list will not include disclosures (i) for which you have provided a written authorization; (ii) for treatment, payment, and health care operations; (iii) made to you; (iv) for an Ashley patient directory or to persons involved in your health care; (v) for national security or intelligence purposes; (vi) to correctional institutions or law enforcement officials; or (vii) of a limited data set. You should submit any such request to the Privacy Officer, and within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), Ashley will respond to you regarding the status of your request. Ashley will provide the first accounting you request in any 12-month period free of charge. Ashley may impose a reasonable, cost-based fee for each subsequent request for accounting within the 12-month period. Ashley will notify you of the fee in advance and provide you with an opportunity to withdraw or modify your request.

You have the right to receive PHI in an electronic format if your information is maintained in electronic medical records.

You have the right to receive a paper copy of this notice upon request even if you have agreed to receive this notice electronically. You can view a copy of this notice on Ashley's website, AshleyTreatment.org. To obtain a paper copy of this notice, please contact the Privacy Officer, whose contact information is provided at the end of this notice.

You have the right to receive notice in the event of a breach of confidentiality. As required by law, Ashley will notify you of any breach of your PHI that is unsecured, as defined by law.

You have the right to opt out of fundraising communications. We may contact you to request a tax-deductible contribution to support Ashley's important fundraising activities. (If you do not want to receive fundraising requests, call 1-866-313-6307 ext. 246 or email development@ashleytreatment.org).

You have the right to restrict disclosures of PHI to health plans if you have paid for services out of pocket in full.

YOUR RIGHTS RELATED TO SUBSTANCE USE DISORDER RECORDS.

Federal law and regulations, 42 USC § 290dd-2 and 42 CFR Part 2, provide additional protections for the confidentiality of information related to the diagnosis, treatment, and referral for treatment or prevention of substance use disorders. The following rights are in addition to those set forth above. Except as described in this Notice, Ashley will not disclose to anyone outside the program that a person attends the program or disclose any protected substance use disorder information identifying an individual without written consent. For example, Ashley cannot disclose your protected substance use disorder information to your employer without your written consent. Ashley may disclose your information pursuant to your written consent. You may revoke your consent at any time. You may provide a single consent for all future uses or disclosures for treatment, payment and health care operations purposes. You may request a restriction of disclosures made with prior consent for treatment, payment and health care operations.

In addition to the right of accounting described above, for substance use disorder information, you have a right to an accounting of disclosures for treatment, payment and healthcare

operations for the past three years where such disclosures were made through an electronic health record.

Ashley may disclose information identifying an individual as having or having had a substance use disorder without consent, in the following situations: (1) when the disclosure is made to medical personnel in a medical emergency; (2) to law enforcement agencies that are directly related to a patient's commission or threat of a crime on Ashley's premises or against Ashley's personnel; (3) when relating to the cause of death of a patient under laws requiring the collection of death or other vital statistics; (4) when the disclosure is made under state law to report suspected child abuse or neglect; (5) when the disclosure is allowed by a court order in limited circumstances; (6) to individuals within the criminal justice system who have made participation in the program a condition of the disposition of a criminal proceeding or of the patient's parole; (7) to medical personnel of the FDA in limited circumstances; and (8) for audit and evaluation purposes, subject to certain requirements.

The restrictions on disclosure also do not apply to, and Ashley may also disclose substance use disorder information through, communications of information between or among personnel having a need for the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of patients with substance use disorders if the communications are within Ashley. Similarly, substance use disorder records that are disclosed to a part 2 program, covered entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without your written consent to the extent the HIPAA regulations permit such disclosure.

Substance use disorder records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against a patient unless based on specific written consent or a court order. 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 the patient or the holder of the record, where 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.

Ashley is required by law to inform you that information related to a patient's commission of a crime on Ashley's premises or against Ashley's personnel is not protected and that reports of suspected child abuse and neglect made under state law to appropriate state or local authorities are not protected.

Violation of federal law and regulations by Ashley is a crime, and suspected violations may be reported to the United States Attorney for the judicial district in which the violation occurs:

District of Maryland: Tel: 410-209-4800

Reporting to the Substance Abuse and Mental Health Services Administration (www.SAMHSA.gov) may also be proper.

Patients who have consented to disclose their patient identifying information using a general designation will be provided, upon submitting a written request to the Privacy Officer, a list of the entities to which their information has been disclosed pursuant to the general designation. The request must be made in writing and is limited to disclosures made within the last two years. Ashley will respond within thirty (30) days and provide the following for each

disclosure: the names of the entities to which the disclosure was made, the date of the disclosure, and a brief description of the patient identifying information disclosed.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the new notice apply to health information we already have as well as any information we receive in the future. We will post a copy of the new notice on our website. The notice will contain the effective date on the final page.

COMPLAINTS

You may complain to Ashley if you believe your privacy rights with respect to your PHI have been violated by contacting Ashley's Privacy Officer, whose contact information is provided at the end of this Notice, and submitting a written complaint at the following link: <https://www.ashleytreatment.org/compliance-forms/>.

Ashley will not penalize you or retaliate against you for filing a complaint regarding their privacy practices.

You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. To submit a complaint to the Department of Health and Human Services, you must contact the Office for Civil Rights of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201. Further information and regional contact information is also available on the Office for Civil Rights' website at: www.hhs.gov/ocr/hipaa.

CONTACT INFORMATION

If you have any questions about this notice, please contact the Privacy Officer at the address or telephone number provided below.

Ashley Addiction Treatment
Attn: Privacy Officer
800 Tydings Lane
Havre de Grace, MD 21078
1-800-799-HOPE (4673)

EFFECTIVE: October 9, 2025

This notice applies to the following facilities/programs:

Ashley (Main Campus)
800 Tydings Lane
Havre de Grace, MD 21078

Ashley Bel Air Outpatient
802 Baltimore Pike
Bel Air, MD 21014

Emerging Adult Extended Care Recovery Residence

