

FLORIDA PARISHES HUMAN SERVICES AUTHORITY NOTICE OF PRIVACY PRACTICES

Health Information Portability & Accountability Act (HIPAA)
and 42 Code of Federal Regulations (CFR,) Part 2

Effective December 1, 2025



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND RE-DISCLOSED

In compliance with both HIPAA and 42 CFR, Part 2 rules, this notice explains:

- How health information about you may be used and disclosed by FPHSA and other healthcare providers
- Your rights with respect to your health information and who can have access to it
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information

Please review carefully.

AN ELECTRONIC COPY IS AVAILABLE ON THE FPHSA WEBSITE

www.fphsa.org

Florida Parishes Human Services Authority

Form: Notice of Privacy Practices: HIPAA and 42 CFR Part 2
Form No.: 600.1.2

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW CAREFULLY

A. HIPAA Privacy Rules

I. COMMITMENT TO YOUR PRIVACY

Florida Parishes Human Services Authority (FPHSA) provides many types of services. FPHSA staff must collect information about you to provide these services. FPHSA knows that information we collect about you and your health is private. FPHSA is required to protect this information by Federal and State law. **We call this information “protected health information” (PHI).** We are required to give you a notice of our privacy practices for the information we collect and keep about you. FPHSA is required to follow the terms of the notice currently in effect. However, FPHSA may change its privacy practices and make that change effective for all PHI maintained by the Authority. This Notice of Privacy Practices is effective 12/01/2025.

FPHSA reserves the right to change the terms of this Notice and to make a new Notice effective for all health information that we maintain. This Notice of Privacy Practices tells you how FPHSA may use or disclose information about you.

II. FPHSA May Use and Disclose Information without Your Authorization

- **For Treatment within FPHSA and Emergency Treatment.** FPHSA staff may use or disclose health information about you to other FPHSA staff in order to provide you with medical treatment or health care services. We may disclose information about you to external health care providers, agencies, or facilities not affiliated with FPHSA to provide or coordinate the different things you need, such as prescriptions, lab work, and x-rays. We may contact you to provide appointment reminders, to collect registration information, to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you, or to follow up on your care..
- **For Payment.** FPHSA may use and disclose health information about you for billing and payment activities. For example, we may share your health information so that FPHSA can obtain payment from an insurance company or another third party. We may also tell your insurance company about a treatment that you need to obtain prior approval or check if your insurance will pay for the treatment.
- **For Health Care Operations.** FPHSA may use and disclose health information about you for our health care operations, which are various activities necessary to run FPHSA’s business, provide quality health care services, and contact you when necessary. For example, we may share your health information to coordinate your care, evaluate our providers’ performance in caring for you, and for quality improvement activities. We may disclose your health information to medical, nursing, or other students and trainees for review and learning purposes.

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- **Appointments and Other Health Information.** FPHSA may send you reminders for medical services, checkups, and eligibility renewal. FPHSA may send you information about health services that may be of interest to you.
- **For Health Oversight Activities.** FPHSA may use or disclose information to inspect or investigate health care providers.
- **For Public Health Activities.** FPHSA may disclose protected health information about you to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths;
 - Reporting child abuse or neglect;
 - Preventing or controlling disease, injury, or disability;
 - Notifying a person regarding potential exposure to a communicable disease;
 - Notifying a person regarding the potential risk for spreading or contracting a disease or condition;
 - Reporting reactions to drugs or problems with products or devices; or,
 - Notifying individuals if a product or device they may be using has been recalled.
- **As Required by Law and For Law Enforcement.** FPHSA will use and disclose information when required or permitted by Federal or State law or by a court order, subpoena warrant, summons, or similar process only with approval by FPHSA's attorney. Further FPHSA will also release information necessary to report a crime in a medical emergency or about criminal conduct in its facilities. If Federal or State law creates higher standards of privacy, FPHSA will follow the higher standard.
- **For Business Associates.** FPHSA may use and disclose your protected health information through contracts for services with businesses outside of FPHSA to assist in providing healthcare. For example, FPHSA may disclose information to third party billing companies.
- **Coroner and Medical Examiners.** FPHSA may release your protected health information to a coroner or medical examiner to assist in identifying a deceased individual or to determine cause of death.
- **Correctional Facilities:** FPHSA will release medical information on incarcerated individuals to correctional agents or institutions for the necessary welfare of the individual or for the health and safety of other individuals. The rights outlined in this Notice of Privacy Practices will not be extended to incarcerated individuals. If Federal or State law creates higher standards of privacy, FPHSA will follow the higher standard
- **For Abuse Reports and Investigations.** FPHSA is required by law to report any suspected abuse, neglect or exploitation of adults or children and adolescents who receive services. FPHSA does not investigate abuse, neglect or exploitation.
- **For Government Programs.** FPHSA may use and disclose information for public benefits under other government programs. For example, FPHSA may disclose information for the determination of Supplemental Security Income (SSI) benefits.
- **To Avoid Harm.** FPHSA may disclose PHI to law enforcement agencies in order to avoid a serious threat to the health, welfare and safety of a person or the public.

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- **For Research.** FPHSA uses de-identified information for studies and to develop reports. FPHSA may use and disclose your information, for certain research purposes in compliance with the requirements of applicable law. All research, however, is subject to a special approval process, which establishes protocols to ensure that your information will continue to be protected. When required, we will obtain a written authorization from you prior to using your information for research.
- **Disclosures to Family, Friends, and Others.** FPHSA may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.
- **Federal Law and Regulations** do not protect any information about plans to attempt suicide or cause harm to another. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal Laws and 42 CFR, Part 2 for Federal Regulations.)
- **Public or Private Agencies.** FPHSA may also disclose protected health information to public or private agencies authorized by law to engage in disaster relief efforts to carry out their responsibilities in specific disaster situations.
- **Health Information Exchanges:** A health information exchange (HIE) provides a way for us to share your health information with your other care providers (doctors' offices, hospitals, labs, radiology centers, and other providers) who also treat you through secure, electronic means. FPHSA is a member/affiliate of the HIE called PelEx. Pelican Exchange is an electronic record that combines records from various providers who also provide your health care. You may opt out of participation.

III. Prohibitions to Uses and Disclosures

For other situations, FPHSA will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. FPHSA cannot take back any uses or disclosures already made with your authorization.

- **Substance use disorder records.** You must sign a consent to share your records through an HIE. If your Part 2-protected records cannot be segregated or separated from your other health information, all your health information may be excluded from an HIE until you sign a consent to share your Part 2-protected records. FPHSA has a separate notice for Part 2-protected records that describes these additional protections. Please see page 10.

Lawsuits and other legal actions:

- We may disclose health information to courts, attorneys, court employees and others when we get a court order, subpoena, discovery request, warrant, summons, or other lawful instructions as mandated by Louisiana Revised Statutes. We may also disclose information about you to FPHSA's attorneys and/or attorneys working on FPHSA's behalf to defend ourselves against a lawsuit or other legal action.

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- If your health information includes Part 2-protected records, we may not use or disclose them in civil, criminal, administrative or legislative proceeds against you, unless you provide written consent or we receive a court order and subpoena, as described in FPHSA's separate notice for Part 2-protected records available below on page 10.

Law enforcement purposes/ law enforcement official:

- We may disclose health information to the police or other law enforcement officials to report or prevent a crime or as otherwise required or permitted by law.
- If your health information includes Part 2-protected records, we may not use or disclose them in civil, criminal, administrative or legislative proceeds against you, unless you provide written consent or we receive a court order and subpoena, as described in FPHSA's separate notice for Part 2-protected records available below on page 10.

Use and disclosure in special situations: We may use and disclose health information in the following special situations:

- Respond to organ and tissue donation requests: We can share health information with organizations that handle organ procurement, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.
- Workers' compensation claims: We may disclose health information for workers' compensation claims or similar programs as authorized or required by law.
- Presidential protective services: We may disclose health information to authorized federal officials so they may conduct special investigations or provide protection to the President of the United States, other authorized persons, or foreign heads of state as authorized by law.
- For members of the armed forces, domestic (United States) or foreign, we may release health information to the military authorities as authorized or required by law.
- National security and intelligence activities. We may disclose health information to authorized federal officials for intelligence, counterintelligence, and other national security activities as required by law.
- Inmates. For inmates of a correctional institution or under the custody of law enforcement officials, we may release health information to the correctional institution or law enforcement officials as authorized or required by law.

NOTICE OF DISCLOSURE UNDER HIPAA: Once your health information is shared, it may be redisclosed by the recipient and may no longer be protected by HIPAA.

IV. YOUR RIGHTS RELATED TO YOUR HEALTH INFORMATION

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Your Privacy Rights

- **Right to inspect and get a copy of your health information.** You have the right to inspect and/or receive a copy of the health information we maintain about you. You may request that we send a copy of your health information to a third party. To get a copy of your health information, you may:
 1. Request a copy from your service delivery site. You can request verbally or in writing.
 2. Access your electronic health information by using the electronic health record portal.

- **Right to request an amendment.** If you think the health information we have about you is incorrect or incomplete, you may ask us to correct the information, for as long as the information is kept by FPHSA in your medical and billing records. To request an amendment, submit your request in writing to the Privacy Officer (contact information provided below) and provide the reason for the request. If we agree to your request, we will notify you and will amend your record(s). In certain circumstances, we cannot remove what was in the record(s), however, we may be able to add supplemental information to clarify. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

- **Right to request confidential communications.** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you may ask that we contact you only at home, cellular phone, or only by mail. FPHSA will not ask you the reason for the request, and we will accommodate all reasonable requests. If we are unable to contact you using the methods or locations that you have requested, we may contact you using other information that we have.

- **Right to request restrictions or limits.** You have the right to request a restriction or limitations on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. To request a restriction, submit your request in writing to the service delivery site manager. Share the following information: (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. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment or if we are required by law to disclose it. 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 agree, unless a law requires us to share that information. We are allowed to end the restriction if we tell you in advance. If we have reason to end the restriction, it will only affect the health information that was created or received after we notify you. We may deny your request if it would affect your care.

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- **Right to an accounting of disclosures.** You can ask for a list (accounting) of the times we have shared your health information, who we shared it with, and why. To request an accounting of disclosures, submit your request in writing to the FPHSA Privacy Officer (contact information provided below) and provide the time for the accounting (not more than six years from the date of your request). If we agree to your request, 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 will provide one accounting a year free and may charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Right to a paper copy of this notice.** You should have received a copy of this notice from the front desk. You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. Copies of this Notice are available at FPHSA facilities, from the service delivery site manager, Privacy Officer (contact information provided below) and on the FPHSA website at <https://fphsa.org/>
- **Right to choose someone to act for you.** If you have given someone a Mental Health Advanced Directive or Medical Power of Attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. The service delivery site manager can assist you with additional written information with next steps.
- **Right to revoke permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You cannot revoke information that has already been shared/disclosed.

V. YOUR CHOICES

For certain health information and in certain situations, you can tell us your choices about what we share.

1. You have both the right and the choice to tell us to share information with:

Individuals involved in your care or payment for your care. Unless you tell us not to, we may share health information with anyone involved in your medical care, such as a friend, family member, or any individual you identify. We may also give your information to someone who helps pay for your medical care. If you are unable to tell us your preference, for example, if you are not present or are unconscious, we may share health information that is directly relevant to the person's involvement with your care, if we believe it is in your best interest. Additionally, we may disclose information about you to your legal representative.

2. You must provide written permission for us to share your information as follows:

a) Marketing purposes b) Sale of your health information or c) Psychotherapy notes: FPHSA does not record psychotherapy notes and staff shreds any notes that may meet the legal definition once they have recorded their documentation.

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3. You can tell us not to contact you for:

Although FPHSA does not fundraise, should those circumstances change, and we contact you to raise funds you can tell us not to do so again.

VI. OUR RESPONSIBILITIES

- We are required to retain your health information regarding the care and treatment that we provide to you.
- We are required by law to maintain the privacy and security of your health information.
- We will let you know in writing if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. We are not able to take back any uses or disclosures that we have already made with your permission.

VII. QUESTIONS/COMPLAINTS

Complaints. If you have questions or believe that your privacy rights have been violated, you may file a complaint with:

- **FPHSA.** Write to FPHSA Privacy Officer, 835 Pride Drive, Ste B, Hammond LA 70401 Attention: Compliance/Privacy Office, or email at privacy@fphsa.org. You may also file a complaint on the FPHSA website by clicking on the link at the upper right of the page. <https://fphsa.info/complaints/updates/request-create.html> **TELL US HOW WE'RE DOING**
- **HHS. Secretary of the Department of Health and Human Services:** Write to the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, SW, Washington, DC 20201, or call 877.696.6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints..

You will never be penalized for filing a complaint. To file a complaint with FPHSA, contact the privacy officer:

To file a complaint with Medicaid:

Medicaid (Hotline): 1-800-52-8263

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To file a complaint with the State of Louisiana:

Louisiana Department of Health, Health Standards Section
Complaint Program Desk
P.O. Box 3767
Baton Rouge, LA 70821

Federal confidentiality rules (42 CFR part 2) prohibits FPHSA, subject to criminal penalty for violations, from making any further disclosure of information released to us and referencing **Substance Use Disorder** treatment unless you expressly give us written consent to do so. A general authorization for the release of medical or other information is **not** enough for this purpose. The federal rules restrict use of the information to criminally investigate or prosecute any alcohol or drug abuse clients. See 42 CFR Part 2 rules on page 10.

- **Information related to crimes committed on the premise is not protected under 42 CFR.**
- **Suspected or reported child abuse and neglect is not protected under 42 CFR.**

If you believe we have violated your rights under 42 CFR, Part 2, consistent with § 2.4 please contact the United States Attorney for your district:

Tangipahoa, St. Tammany, and Washington Parishes: Eastern District

500 Poydras Street,
New Orleans, LA 70130
Telephone: (504) 589-7750)

Livingston and St. Helena Parishes: Middle District

777 Florida Street, Suite 139,
Baton Rouge, LA 70801
Telephone (225) 389-3500

OR

U.S. Department of Health and Human Services, Office for Civil Rights

1-800-368-1019, TDD: 1-800-537-7697 or complete form at:

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

VIII. NOTICE OF AVAILABILITY OF LANGUAGE SERVICES AND AUXILIARY AIDS

FPHSA provides free aids and services to deaf and hard of hearing individuals to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

FPHSA also provides language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

IX. NONDISCRIMINATION NOTICE

FPHSA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, religion, sex, marital status, sexual orientation, gender identity or expression, English language proficiency, national origin, age, disability, veteran status or any other status protected by law.

X. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We reserve the right to change this Notice of Privacy Practices. We further reserve the right to make the revised or changed Notice effective for information that we already have about you, as well as any information that we receive in the future.

The Notice will specify the effective date of the Notice. Each time you visit our website you will see a link to the current Notice in effect.

Effective dates since the original 2/13/13 are: 05/01/14; 02/16/16; 08/25/17; 08/07/23, 12/01/2025

When you sign FPHSA's Authorizations and Acknowledgements of Receipt of Required Documents Form, you attest that you have been given a copy of this form.

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B. Substance Use Disorder: This notice describes how health information related to SUD treatment by Florida Parishes Human Services Authority may be used and disclosed, your rights with respect to your SUD treatment information and how to file a complaint concerning a violation of the privacy or security of your SUD treatment information, or of your rights concerning your SUD treatment information.

This notice supplements the information in FPHSA's HIPAA Notice of Privacy Practices and describes the additional protections for records related to SUD treatment information. We are required to provide clients with this notice of our legal duties and privacy practices with respect to SUD records and to notify affected clients following a breach of unsecured SUD records.

SUD treatment records are protected by federal, state, and/or Louisiana laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Certain substance use disorder records are also protected by federal regulations under 42 CFR Part 2 ("Part 2"). At FPHSA, the Part 2 regulations apply to treatment records from:

- 1) Outpatient Behavioral Health Clinics (Rosenblum, Bogalusa, Denham Springs, Mandeville and Slidell Behavioral Health Clinics.
- 2) Home and Community Based Programs (FFT and PSH)

I. Uses and Disclosures of Part 2-Protected Records: How we May Use or Disclose your Records.

FPHSA will use and disclose your Part 2-protected records only as described in this Notice or with your written consent

a) Using and Sharing Part 2-Protected Records without Consent: We are allowed to share your Part 2-protected records without your consent in the following situations:

- To communicate among staff members within FPHSA's Part 2 programs who have a need for the information in connection with their duties to provide diagnosis, treatment, or referral for treatment;
- To coordinate care with medical personnel in a medical emergency;
- To coordinate care with qualified service organizations providing services on our behalf who agree in writing to protect the information in the same way that we are required to protect the information;
- To law enforcement if you commit, or threaten to commit, a qualifying crime in our facilities or against our personnel;
- To report suspected child abuse and neglect as required by applicable law;
- To qualified personnel for research subject to approval and oversight laws;
- To qualified personnel for audit or program evaluation who a) agree in writing to protect the information as required under our policies, b) represent federal, state, or local government agencies that are authorized by law to oversee our program,

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or c) provide financial assistance to the program or provide payment for health care; or

- To a public health authority, if the information has been de-identified.

Consent Requirements for Using or Sharing Part 2-Protected Records

b) **When Consent is Required.** We will ask for your consent to share your Part 2-protected records in situations not listed in above Section I(a), including:

- **Treatment, payment and operations purposes.** To allow us to share your Part 2-protected records with the doctors treating you at the hospital or at another clinic, with your health insurance company so that we may be paid for the services you received from us, or for our quality improvement and other operations purposes, you must sign a Part 2 consent form.
- **Single consent: You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.** If the recipient is a HIPAA covered entity (such as another health care provider or insurance company) or a business associate (such as a company that assists a health care provider with storing medical records), they may disclose your information as permitted by HIPAA, except in civil, criminal, administration and legislative proceedings against you. You will need to sign a separate consent in order for us to share your Part 2-protected records with the health information exchanges (HIEs) that we participate in (PelEx). HIEs provide a way for us to share your health information with your other care providers (doctors' offices, hospitals, labs, radiology centers, and other providers) through secure, electronic means.
- **Mandated Treatment.** If you were mandated to receive treatment from FPHSA's Part 2 Programs through the criminal legal system (including drug court, probation, or parole), FPHSA requires your consent to disclose for LEGAL proceedings, which allows us to share your Part 2-protected records with the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement. The duration of your consent (how long it is in effect) and your right to revoke your consent may be more limited than under a standard Part 2 consent form and is a matter to discuss with your legal team. You also decide on the scope of your consent that tells FPHSA what it can share.
- **Civil, Criminal, Administrative or Legislative Proceedings.** To share your Part 2-protected records or testify about information in the records in a civil, criminal, administrative, or legislative investigation or proceeding against you, you must sign a separate Part 2 consent form that confirms your consent to disclose. As required by 42 USC 290dd-2 and 42 CFR Part 2, records will be used or disclosed under a court order after a notice and an opportunity to hear is provided to you and when the court order is accompanied by a subpoena and all other legal mandates compelling disclosure.
- **Other Uses and Disclosures.** FPHSA will make uses and disclosures of Part 2-protected records not described in this Notice only with your consent.

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Revoking (Canceling) Your Consent. You may revoke your consent at any time, except to the extent that FPHSA has acted in reliance upon it. You may revoke consent by submitting a request in writing to the FPHSA Privacy Officer, or you may request reasonable accommodation for an alternative revocation process by contacting your Part 2 provider.

c) Using or Sharing Part 2-Protected Records in Lawsuits and Legal Actions.

- Records, or testimony relating the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless you sign a specific consent form allowing the use or disclosure or a court orders the use or disclosure.
- Records shall only be used or disclosed based on a court order after notice and an opportunity to hear is provided to you and/or the holder of the record (FPHSA), where required by 42 USC § 290dd-2 and 42 CFR 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. FPHSA's legal counsel will only authorize the release of your records when all Louisiana legal requirements are met.

II. Your Rights Related to Your Part 2-Protected Records

As a client in the FPHSA Part 2 Program, you have the following rights regarding your Part 2-protected records:

1. **Right to request restrictions.** You have a right to request a restriction or limitation on the Part 2-protected records we use or disclose about you for purposes of treatment, payment, and health care operations, including when you have signed a consent for such disclosures. To request a restriction, submit your request in writing to the FPHSA Privacy Officer (contact information provided below) and 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. We will review your request. If we agree to your request, we may still share your information where needed for emergency care or where required by law.
2. **Right to request and obtain restrictions on disclosures to your health insurer.** You have the right to request and obtain restrictions of disclosures to your health plan for those services which you have paid (or which someone has paid on your behalf) in full. To request a restriction, follow the process in above Section II(a). We will agree to your request, unless a law requires us to share the information with your health plan.
3. **Right to an accounting of disclosures.** You have a right to ask for an accounting (list) of the times we have shared your Part 2-protected records, who we shared it with, and why. To request an accounting of disclosures, submit your request in writing to the FPHSA Privacy Officer (contact information provided below) and provide the time period for the accounting (not more than six years from the date of your request).
4. **Right to a list of disclosures by an intermediary, such as a Health Information Exchange.** FPHSA's intermediary HIE is PelEx. If you consented to share your Part 2-

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protected records through an intermediary, you have a right to a list of disclosures by an intermediary for the past 3 years. To request a list of disclosures by an intermediary, submit your request to the intermediary.

5. **Right to a copy of this notice and to discuss this Notice.** To get a paper or electronic copy of this notice or to discuss this Notice with the FPHSA Privacy Officer, submit your request to privacy@fphsa.org and/or at (985) 543-4730 Ext. 1406. Copies of this Notice are available from your Part 2 program and providers, from the FPHSA Privacy Officer, and on the FPHSA website at <http://www.fphsa.org/>.
6. **Right to opt-out of fundraising communications.** FPHSA does not engage in fundraising activities. We would advise you if we did. You would be given an opportunity to opt out.

III. Our Duties.

1. **Maintaining the privacy of Part 2-protected records.** FPHSA's Part 2 Programs are required by law to maintain the privacy of records, to provide clients with notice of its legal duties and privacy practices with respect to Part 2-protected records, and to notify affected clients following a breach of unsecured records.
2. **Following this Notice.** FPHSA's Part 2 Programs are required to abide by the terms of the Notice currently in effect.
3. **Changing this Notice.** FPHSA's Part 2 Programs reserves the right to change this Notice. We further reserve the right to make the revised or changed Notice effective for information that we already have about you, as well as any information that we receive in the future. We will post a copy of the current Notice on the FPHSA website at <http://www.fphsa.org/>

IV. Complaints. If you have questions or believe that your privacy rights have been violated, you may file a complaint with:

1. **FPHSA.** Write to FPHSA Privacy Officer, 835 Pride Drive, Ste B, Hammond LA 70401 Attention: Compliance/Privacy Office, or email at privacy@fphsa.org. You may also file a complaint on the FPHSA website by clicking on the link at the upper right of the page. <https://fphsa.info/complaints/updates/request-create.html>
2. **HHS. Secretary of the Department of Health and Human Services:** Write to the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, SW, Washington, DC 20201, or call 877.696.6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints.
3. **You will never be retaliated against for filing a complaint.**

V. For Additional Information. If you have any questions about this Notice or its contents, please let any staff member know. You may also contact FPHSA's Privacy Officer at privacy@fphsa.org and/or at 985-543-4333 ext. 1406.

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Other Sources that May be Useful for Filing Complaints

To file a complaint with Medicaid:

Medicaid (Hotline): 1-800-52-8263

To file a complaint with the State of Louisiana:

Louisiana Department of Health, Health Standards Section
Complaint Program Desk
P.O. Box 3767
Baton Rouge, LA 70821

Federal confidentiality rules (42 CFR part 2) prohibits FPHSA, subject to criminal penalty for violations, from making any further disclosure of information released to us and referencing **Substance Use Disorder** treatment unless you expressly give us written consent to do so. A general authorization for the release of medical or other information is **not** enough for this purpose. The federal rules restrict use of the information to criminally investigate or prosecute any alcohol or drug abuse clients. See 42 CFR Part 2 rules on page 10.

- **Information related to crimes committed on the premise is not protected under 42 CFR.**
- **Suspected or reported child abuse and neglect is not protected under 42 CFR.**

If you believe we have violated your rights under 42 CFR, Part 2, consistent with § 2.4 please contact the United States Attorney for your district:

Tangipahoa, St. Tammany, and Washington Parishes: Eastern District

500 Poydras Street,
New Orleans, LA 70130
Telephone: (504) 589-7750

Livingston and St. Helena Parishes: Middle District

777 Florida Street, Suite 139,
Baton Rouge, LA 70801
Telephone (225) 389-3500

OR

U.S. Department of Health and Human Services, Office for Civil Rights

1-800-368-1019, TDD: 1-800-537-7697 or complete form at:

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>