

NOTICE OF PRIVACY PRACTICES
OF
PORTLAND RECOVERY GROUP, LLC
d/b/a
GRACE HOUSE FOR WOMEN

Effective Date: July 1st, 2026

THIS NOTICE DESCRIBES:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- 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 **JAMIE JONES, PORTLAND RECOVERY GROUP PROGRAM ADMINISTRATOR**, BY PHONE AT **(207) 352-1904** OR VIA EMAIL AT **Jamiej@gracehouseforwomen.com** IF YOU HAVE ANY QUESTIONS.

Federal laws and regulations protect the confidentiality of substance use disorder treatment program patient records. These laws are found at 42 U.S.C. §290ee-3 and §290dd-3, and the regulations are found at 42 C.F.R. Part 2 (“Part 2”). Additional regulations are set forth in the HIPAA Privacy Rule, which is found at 45 C.F.R. Parts 160 and 164 (“HIPAA”). This Notice contains a summary of these federal laws and regulations. For convenience, this Notice may refer to substance use disorder treatment program patient records or related information that could identify you as a substance use disorder treatment program patient as “Part 2 records” or “Part 2 information.”

Portland Recovery Group is required by law:

- To maintain the privacy of patient records;
- To provide patients with notice of its legal duties and privacy practices with respect to patient records and to abide by the terms of the notice currently in effect; and
- To notify affected patients following a breach of unsecured patient records.

Portland Recovery Group reserves the right to change the terms of this Notice and to make the new provisions effective for patient records that it maintains. If Portland Recovery Group changes the terms of this Notice, Portland Recovery Group will notify you using the mailing address or email address that you have provided.

When We May Acknowledge Your Presence or Disclose Part 2 Information

Disclosures with Consent: We may disclose Part 2 information with your written consent. For example, any use or disclosure of your Part 2 information to a family member (other than a guardian, surrogate, or holder of a valid health care power of attorney) requires your written consent. You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.

Acknowledging Your Status as a Part 2 Patient: We will not acknowledge your status as a patient receiving substance use disorder treatment services subject to Part 2 unless (i) you provide us with your written consent, or (ii) another exception under Part 2 applies. If we get a request about you, we will not affirmatively reveal that you have been, or are being, diagnosed or treated for a substance use disorder unless permitted or required by law.

Medical Emergencies: We may disclose Part 2 information to medical personnel if that information is needed to treat a medical emergency, and you are not able to give consent to disclose the information.

Communications to an Entity with Administrative Control: We may communicate Part 2 information to an entity that has direct administrative control over our Part 2 program. These disclosures are only made to personnel who have a need for the information in connection with their duties that arise out of our services subject to Part 2.

Disclosures to Qualified Service Organizations: We may disclose your Part 2 information to a contracted “qualified service organization” or “QSO” when the information is needed by the QSO to provide services to our Part 2 program.

Crimes on Portland Recovery Group Premises or Against Portland Recovery Group Personnel: Information related to a patient’s commission of a crime on our premises or against our personnel is not protected by Part 2. We may communicate limited information to law enforcement that is directly related to a patient’s commission of a crime on our premises or against our personnel, or to a threat to commit such a crime.

Reports of Suspected Child Abuse and Neglect: Reports of suspected child abuse and neglect made under state law to appropriate state authorities are not protected by Part 2.

Disclosures to the FDA to Avert a Health Threat: We may disclose Part 2 information to the Federal Food and Drug Administration (“FDA”) in certain cases if a patient may be harmed by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction. The information will be used only to notify patients or their physicians of potential dangers.

Uses and Disclosures for Research Purposes: We may use and disclose Part 2 information for the purpose of conducting scientific research if certain legal requirements are met.

Disclosures for Audits and Oversight: We may disclose Part 2 information to government agencies that provide financial assistance to our Part 2 program or that are authorized by law to regulate our Part 2 program’s activities, and to third-party payors that cover Part 2 program patients (including Medicare and Medicaid/MaineCare), for the purpose of conducting audit or evaluation activities.

Disclosures to Comply with Subpoenas and Court Orders: We may disclose Part 2 information when compelled by law to comply with a subpoena and a special court order that meets the requirements of Part 2. However:

- (1) Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against the patient unless based on specific written consent or a court order;
- (2) 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; and
- (3) 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.

Disclosures to Comply with Vital Statistics Reporting Laws: We may disclose your Part 2 information relating to the cause of death of a patient under laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

Disclosures to Prevent Multiple Enrollments in Part 2 Programs: In the event that we receive information that a patient is enrolled in another Part 2 program, we may communicate with other Part 2 programs to prevent or end any multiple enrollments.

Disclosures for Other Purposes when Required or Authorized by Law: We may disclose Part 2 information for other purposes when such disclosure is required or authorized by law.

Your Rights

We will make uses and disclosures not described in this Notice only with your written consent.

Please note that records we disclose for treatment, payment, and health care operations to a Part 2 program, a HIPAA covered entity, or a business associate, pursuant to your written consent may be further disclosed by the recipient, without your written consent, to the extent HIPAA permits such disclosure.

We may use or disclose records to fundraise for the benefit of our Part 2 program only if you are first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.

You have the following rights with respect to your records:

- (A) You have the right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations; however, Portland Recovery Group is not required to agree to such requests.
- (B) You have the right to request and obtain restrictions of disclosures of Part 2 records to your health plan for those services for which you have paid in full, in the same manner as 45 C.F.R. § 164.522 applies to disclosures of protected health information.
- (C) You have the right to an accounting of disclosures of electronic Part 2 records for the past 3 years, as provided in 42 C.F.R. § 2.25, and a right to an accounting of disclosures that meets the requirements of 45 C.F.R. § 164.528(a)(2) and (b) through (d) for all other disclosures made with your consent.
- (D) You have the right to a list of disclosures by an intermediary for the past 3 years as provided in 42 C.F.R. § 2.24.
- (E) You have the right to obtain a paper or electronic copy of this notice from Portland Recovery Group upon request.
- (F) You have the right to discuss this notice with Portland Recovery Group's Program Administrator listed below.
- (G) You have the right to elect not to receive fundraising communications.

You may revoke your written consent by giving written notice to Portland Recovery Group at the address provided on this notice:

- At any time, except to the extent that Portland Recovery Group or another lawful holder of patient identifying information that is permitted to make the disclosure has already acted in reliance on it; or
- If your written consent was a condition of the disposition of any criminal proceedings against you, or of your parole or other release from custody, after the date or other event noted on the written consent.

Complaints and Reporting Suspected Violations

Violating Part 2 privacy requirements is a crime. Suspected violations may be reported to appropriate authorities consistent with Part 2. Portland Recovery Group will not retaliate against you for filing a complaint. If you believe your privacy rights have been violated, you may report the suspected violation to:

Portland Recovery Group, LLC
ATTN: Program Administrator
PO Box 702
Portland, Maine 04104
Phone: (207) 352-1904

United States Attorney for the District of Maine
100 Middle Street, East Tower, 6th Floor
Portland, ME 04101
Telephone: (207) 780-3257
Fax: (207) 780-3304
TTY: (207) 780-3060

Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857
Telephone: (240) 276-1660