Notice of Privacy Practices of CODA, Inc.

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

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

Uses and Disclosures:

We will use and disclose your health information to provide services to you.
We will make uses and disclosures not described in this notice only with your written consent/authorization.

This section summarizes circumstances in which we may use or disclose your health information with or without your consent/authorization as permitted by HIPAA, Part 2 and other applicable law.

A. **Uses and Disclosures without Your Consent:** Generally, your consent/authorization is required for us to use and disclose your health information. However, we may disclose your health information without your consent in the following circumstances:

   1. **CODA Staff:** Your CODA provider may talk about you with other CODA staff for consultation about your care. This is always done in a professional way with respect to you as a person, and only relevant information specific to your needs is shared.

   2. **Medical Emergencies:** We may disclose your health information with other agencies in a medical or mental health emergency, or for follow up after such an emergency, if your previous consent could not be obtained.

In the event that you are considering harming yourself or others, we will work with the appropriate community providers to ensure that you and others are safe.

3. **Abuse of Children/Vulnerable Populations:** There are laws that require us to notify authorities if we learn of child or vulnerable population abuse (physical abuse, neglect, mental injury or emotional maltreatment, sexual abuse or exploitation, etc.)

4. **Crimes against CODA, Inc.:** We will notify authorities about clients who commit a crime, or threaten to commit a crime, at any of our programs or locations. This includes threats to our staff.

5. **FDA:** In rare circumstances, we may also disclose your health information to the medical personnel of the U.S. Food and Drug Administration ("FDA") who assert a reason to believe that the health of any individual may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or the physicians of potential dangers.

6. **Scientific Research:** We may use and disclose your health information for the purposes of the recipient conducting scientific research if we make certain determinations required by 42 CFR 2.52, including whether (i) the recipient is subject to HIPAA and has obtained required patient authorization or waiver for the research, and (ii) recipient is in compliance with applicable federal laws governing scientific research involving human subjects. Typically, but not always, data used for research is aggregated and/or de-identified, so it may not be used to identify you.

7. **Management Audits, Financial Audits and Program Evaluation:** We may use and disclose your health information for performing audits and evaluations of our operations, including audits and evaluations performed by independent third-party auditors and government agencies to assess our compliance with applicable laws, payer requirements, and for performing quality assurance activities. This helps us improve the quality of care provided to you and other members of our community.

8. **Public Health:** We may disclose your de-identified health information to a public health authority but only if the health information has been de-identified such that there is no reasonable basis to believe that the information can be used to identify you.

9. **Court Orders:** We may be required to disclose your health information pursuant to a valid court order accompanied with a subpoena or similar legal mandate issued in accordance with Part 2 requirements. For the avoidance of doubt, a court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the health information is used or disclosed. A court order may authorize disclosure of confidential communications between you and us if such disclosure is (i) necessary to protect against existing threat to life or serious bodily injury including child abuse/neglect and verbal threats, or to investigate or prosecute an extremely serious crime, or (ii) is in connection with civil, criminal, administrative or legislative proceeding in which you offer the confidential communications as testimony or evidence; or (iii) necessary to investigate or prosecute CODA or its employees or agents in connection with a criminal or administrative matter.

   Part 2 Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written consent or a court order. Part 2 Records shall only be used or disclosed in such proceedings based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record, where required by Part 2.

10. **Qualified Service Organizations or Business Associates:** We partner with vendors and third parties that help us operate and provide services to you. Such vendors and third parties may qualify as a “Qualified Service Organization” (as defined in 42 CFR 2.11) and/or “business associate” (as defined in 45 CFR 160.103). As permitted by Part 2 and HIPAA, in certain circumstances we may need to share your health information with such vendors and third parties as may be necessary for such vendors and third parties to provide services to us.

B. **Use and Disclosures with Your Consent.** Other than the limited circumstances in which your health information may be used and disclosed without your consent/authorization (as discussed above), we are required to obtain your consent/authorization prior to using and disclosing your Part 2 records. Your consent/authorization is required when your health information is used for the following purposes, among others:

1. **Treatment:** "Treatment" means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

   Example: A physician, nurse, counselor, other member of your healthcare team will document information in your record to assess your need for treatment and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what they expect other members of the healthcare team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

   We will also provide your physician, other healthcare professionals or a subsequent healthcare provider with copies of your records to assist them in treating you.

2. **Payment:** "Payment" broadly means activities undertaken by a health care provider to obtain reimbursement for the health care provided to you.

   Example: We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

3. **Health Care Operations:** “Health care operations” broadly consist of activities that are necessary to carry out the operations of CODA, including but not limited to quality assessment and improvement, peer review, credentialing of providers, conducting or arranging for medical review/legal services/auditing functions, business planning and development, implementation of a compliance program, customer service, sale/merger of CODA, fundraising, etc.

   Example: Members of our clinical staff, the risk or quality improvement manager or members of the quality assurance team may use information in your health record to assess the quality of care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

   Example: We provide some services through contracts with vendors and third parties that are business associates or qualified service organizations of CODA. Examples include a record shredding company. When we use these services, we may disclose your health information to the business associate or qualified service organization so that they can perform the function(s) we have contracted with them to do. To protect your health information, however, we require the business associate or qualified service organization to appropriately safeguard your information.

4. **Notification to or Sharing Information with your Family, Friend or Personal Representative:** We may use or disclose your health information to your family or support group.

   Example: With written consent/authorization from you, we may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location, general condition or progress in treatment.

5. **Other Purposes:**

Subject to applicable limitations discussed in this notice, HIPAA, Part 2 and applicable state law:

- You have a right to use and access your health information, including Part 2 Records; and
- We will disclose your health information, including Part 2 Records, as requested by you pursuant to a valid written authorization/consent signed by you or your legal personal representative.

C. **Single Consent:** You may provide a single consent/authorization to us for all future uses or disclosures for treatment, payment and health care operations purposes. Part 2 Records that are disclosed to a Part 2 program, HIPAA 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 HIPAA and Part 2 permit such disclosure.

D. **Redisclosure:** Once we use or disclose your health information, then such information may be subject to redisclosure by the recipient and may no longer be protected by HIPAA or Part 2.

E. **Revocation of Consent:** You may revoke your authorization/consent for use and disclosure of health information (including Part 2 Records) at any time by sending a written request to CODA's Medical Records Department via email ROIRequests@codainc.org or by mail to 1027 E Burnside, Portland, Oregon 97214, except with respect to uses and disclosure by CODA made in reliance of your consent prior to the revocation.

If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, your right to revoke consent may be more limited and should be clearly explained on the consent you sign.

Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to hear is provided to you (the patient) and/or the holder of the record, 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.

Your Rights:

Although we are the owners and custodian of your health care records prepared by us, you have certain rights with regard to the information contained in your record. You may exercise the following rights by sending a written request to CODA's Medical Records Department at Medicalrecords@codainc.org or mail at 1027 E Burnside, Portland, Oregon 97214.

Subject to limitations under HIPAA, Part 2 and applicable state law, you have the right to:

A. **Request Restriction** on (i) uses and disclosure of your health information for treatment, payment and health care operations; and/or (ii) disclosure of health information to your health plan for services that have been paid in full if the disclosure is for the purposes of carrying out payment or health care operations and is not otherwise required by law.

   We do not have to agree to your request for restriction on use and disclosure of your health information, except with respect to a request for a restriction of disclosure of health information to your health plan if (a) the services that have been paid in full; and (b) the disclosure is for the purposes of carrying out payment or health care operations and is not otherwise required by law. If we do agree to a request for a restriction, we will adhere to it unless you request otherwise or we give you advance notice. Even if we agree to a restriction on use and disclosure of your health information, we may use and disclose such restricted health information if such information is needed to provide emergency treatment to you.

The right to request a restriction does not extend to uses or disclosures permitted or required under 45 CFR §164.502(a)(2)(ii), disclosures to the Secretary of the U.S. Department of Health and Human Services to assess CODA's compliance with HIPAA, and 45 CFR §164.510(a), for internal CODA patient directories, subject to CODA initially providing you with an opportunity to object to such uses as required by HIPAA, or 45 CFR §164.512, or uses and disclosures not requiring a consent or an authorization. The latter uses and disclosures include, for example, those required by law, describe how patients may exercise the right.

B. **Receive Confidential Communications.** You may request us to communicate with you by alternate means or locations and, if the method of communication is reasonable, we must grant the alternate communication request.

C. Obtain a Paper or Electronic Copy of this Notice of Information Practices.

Although we have posted a copy in a prominent location at each program, you have a right to a hard or electronic copy upon request.

D. **Inspect and Copy your Health Information** maintained in a designated record set upon request.

This right is not absolute. In certain situations, detailed in 45 CFR 164.524 and applicable Oregon law (e.g., ORS 179.505), such as if access would cause harm, we can deny you access. In addition, you do not have a right of access to the following:

1. Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
2. If we are acting under the direction of a correctional institution, then access by an inmate may be denied if obtaining a copy of the records may jeopardize the health and safety of the inmate or any officer, employee or other person at the correctional institution or responsible for transporting the inmate.
3. Protected health information created or obtained during the course of research for as long as the research is in progress, if you consented to such denial of access.

4. Information was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

In some situations, we may deny you access but, if we do, we must provide you with a review of the decision denying access. These grounds for denial include:

1. Licensed healthcare professional has determined, in the exercise of judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.

2. Protected health information makes reference to another person (other than a healthcare provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.

3. The request is made by the individual's personal representative and licensed healthcare professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person. Another licensed professional must review the decision of the provider denying access within 60 days.

If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access.

Under applicable Oregon law (e.g., ORS 179.505(9)), we have a right to deny access to certain psychiatric or psychological information contained in a written account if such disclosure would constitute an immediate and grave detriment to your treatment.

CODA reserves the right to charge a reasonable, cost-based fee for making copies of your records as permitted by HIPAA and Part 2.

E. **Request Amendment/Correction** of your protected health information maintained in a designated record set by CODA.

We do not have to grant this request if:

1. We did not create the record. In the case of a report from another provider, we did not create, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party who created the record. If they amend or correct the record, we will put the corrected information in our records.
2. The record is accurate and complete.
3. The record is not a part of the designated record set of your protected health information maintained by us.
4. You would not otherwise have a right to inspect or copy the record you are requesting to amend.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those you identify to us that you want to receive the corrected information.

F. **Obtain an Accounting of Disclosures** of your protected health information and Part 2 Records, including a list of disclosures of your Part 2 Records made by an "intermediary."

An "intermediary" is a person or entity, other than CODA or other Part 2 program, covered entity or business associate, who has received your Part 2 Records under a general designation in a written consent provided by you. The "intermediary" then relies on your consent to disclose your Part 2 records to one or more of its member participants who has a treating provider relationship with you.

Not all health information disclosed by us is required to be included in an accounting of disclosures. For example, among other information, we are not required to provide an accounting of disclosures made for treatment, payment and health care

operations purposes, except for disclosures of Part 2 Records made pursuant to your consent through an electronic health record.

The accounting may cover disclosures made up to 6 years prior to the request (or a shorter time-period if requested by you), except for an accounting of Part 2 Records disclosed through an electronic health record pursuant to your consent which will cover disclosures made within the past 3 years only. We must provide the accounting within 60 days but may exercise its right to a 30-day extension if needed to fulfill your request. The accounting typically includes:

1. Date of each disclosure.
2. Name and address of the organization or person who received the protected health information.
3. Brief description of the information disclosed.
4. Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost- based fee as permitted by HIPAA and Part 2.

G. **Revoke your Consent/Authorization** to use or disclose health information except to the extent that we have already taken action in reliance on the consent/authorization.

H. **Receive Notification of a Breach.** You have the right to be notified if we discover a breach of your unsecured protected health information as required by HIPAA, Part 2 and applicable state law.

I. **Discuss this Notice with CODA's Privacy Officer.** If you have any questions, you may contact CODA's Privacy Officer via email Qualitymanagement@codainc.org, phone (971) 202-7911 or mail (Quality Management, 1027 E Burnside, Portland, Oregon 97214).

CODA's Responsibilities under HIPAA and Part 2

We are required by law to:

A. Maintain the privacy of your protected health information (including Part 2 Records.)
B. Provide you with this notice as to our legal duties and privacy practices with respect to your protected health information (including Part 2 Records) that we collect and maintain about you.
C. Abide by the terms of this notice as currently in effect.
D. Notify you following a breach of unsecured protected health information (including unsecured Part 2 Records).

We reserve the right to change the terms of this notice and to make the new terms effective for all protected health information (including Part 2 Records) that we maintain, including protected health information we created or received before making the revision. Should we change the terms of this notice, the new notice will be available upon request, and in program intake areas. We will not use or disclose your health information without your consent/authorization, except as described in this notice or otherwise required by law.

How to Get More Information or To Report a Problem

If you have questions about this notice, you would like to file complaint or believe your privacy rights may have been violated, you may contact CODA's Privacy Officer via email Qualitymanagement@codainc.org, phone (971) 202-7911 or mail (Quality Management, 1027 E Burnside, Portland, Oregon 97214).

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by contacting the HHS Office for Civil Rights or accessing https://www.hhs.gov/hipaa/filing-a-complaint/index.html.
We will not retaliate against you for filing a complaint.

EFFECTIVE DATE: This notice is effective as of February 5th, 2026