

Notice of Privacy Practices

Effective October 19, 2026 | HIPAA and substance use disorder records

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND HOW TO FILE A PRIVACY COMPLAINT. PLEASE REVIEW IT CAREFULLY.

Questions, requests, and complaints

Privacy contact: Privacy Officer, Suboxone Health

Phone: 313-217-1008

Email: admin@suboxonehealth.com

Mailing address: Suboxone Health, 2785 E Grand Blvd, Suite 229, Detroit, MI 48211

Website: www.suboxonehealth.com

The Detroit address is for mailing correspondence only. No patient visits take place at this address.

About this notice

This notice describes how Suboxone Health protects information created or received in providing your care, including telemedicine care. It explains your rights under the Health Insurance Portability and Accountability Act (HIPAA) and the additional protections that apply to substance use disorder (SUD) records under 42 CFR Part 2. When more than one law applies, we follow the applicable rule that provides greater protection. A general permission described here does not override a stricter consent requirement.

Your right to obtain and correct your record

Access: Ask the privacy contact for an electronic or paper copy of your medical and billing records, or use the patient portal when available. We generally respond within 30 days. If a legally permitted extension is necessary, we will explain the reason and deadline in writing. A reasonable, cost-based copying fee may apply. If access is denied, we will explain the reason and any right to review.

Corrections: You may ask us in writing to amend information you believe is inaccurate or incomplete. We generally respond within 60 days. If we decline, we will explain why and how you may submit a statement of disagreement. Any permitted extension will be explained in writing.

Confidential communications

You may ask us to contact you in a particular way or at an alternative location, such as a different telephone number or mailing address. We will accommodate reasonable requests. To protect your privacy, avoid including sensitive medical details in ordinary email; contact us to arrange secure communication.

Your rights and choices

Request limits on sharing

You may request restrictions on uses or disclosures for treatment, payment, or health care operations. We are not required to accept every request. If we agree, we will follow the restriction except as otherwise allowed by law, including in a medical emergency. If you pay for an item or service out of pocket in full and ask us not to disclose related information to your health plan for payment or operations, we must agree unless disclosure is required by law.

Receive an accounting of disclosures

You may request an accounting of disclosures covered by HIPAA for the six years before your request, or a shorter period you specify. Certain disclosures, including many for treatment, payment, operations, or those you authorized, are excluded. One accounting in a 12-month period is free; we will tell you in advance about any permitted fee for additional requests. Additional Part 2 accounting rights apply when legally effective. You may also request a list of entities that received your Part 2 records through an intermediary when that right applies.

Get a copy; choose a representative

You may obtain a paper or electronic copy of this notice and discuss it with our privacy contact, even if you previously agreed to electronic delivery. A legally authorized personal representative may exercise your rights to the extent the law allows. We verify that person's authority before taking action. Special rules may apply to minors and to care for which a minor may consent independently.

Written permissions and your choices

When written authorization or Part 2 consent is required, we will obtain it before using or disclosing your information. You may revoke permission in writing, except to the extent we have already acted on it. A general treatment consent is not permission to use your records in proceedings against you.

We obtain a separate written permission when required for marketing, sale of protected information, or disclosure of separately maintained psychotherapy notes or SUD counseling notes. These categories of notes, if created, have additional protections. Exceptions are limited to those permitted by law. Other uses not described in this notice require the permission required by applicable law.

When allowed by law, you may tell us whether information may be shared with family, friends, or others involved in your care or payment. If you cannot communicate a preference, limited sharing may be permitted based on professional judgment; Part 2 consent rules still apply to protected SUD records. If we send fundraising communications, you may opt out without affecting treatment or payment.

Stricter confidentiality rules

Applicable state laws may require additional consent or stricter protection for mental health, SUD, HIV-related, genetic, or minor-patient information. We honor those requirements and the limits on a representative's authority, even when HIPAA would otherwise allow disclosure. Contact us for information about the protections applicable to your records.

How information is used and shared

Treatment, payment, and practice operations

HIPAA generally permits these activities without a separate authorization. When records are protected by Part 2, we first obtain the consent Part 2 requires unless a specific exception applies:

Treatment: We use information to assess your condition, prescribe and monitor medication, and coordinate care. For example, we may share medication information with a treating clinician or pharmacy to support safe treatment, subject to applicable consent requirements.

Payment: We use information to collect payment and, when applicable, submit claims or answer payment questions. For example, a bill or claim may identify the services provided. We follow an accepted restriction on sharing fully self-paid services with your health plan.

Operations: We use information to schedule visits, review quality and safety, maintain records, and administer the practice. Service providers receive only the access allowed for their work and must meet applicable privacy and security obligations, including required agreements.

Additional protection for Part 2 records

Part 2 generally protects information identifying someone as having or having had an SUD when that information is maintained in connection with a federally assisted SUD program. Most uses and disclosures of these records require your consent. You may provide one consent covering future treatment, payment, and health care operations, or a more limited consent. Limits may affect coordination of care or payment arrangements. You may revoke consent in writing, subject to actions already taken.

With the required consent, we may share records with people or organizations you identify, coordinate treatment, report participation in court-referred treatment, prevent multiple program enrollments, or report SUD medication information to a prescription drug monitoring program. We follow any additional consent requirements for those activities.

Redisclosure and legal proceedings

A HIPAA-covered recipient or business associate receiving Part 2 records under a consent for treatment, payment, and health care operations may redisclose them as HIPAA permits, subject to Part 2's continuing restrictions. Other recipients remain subject to applicable Part 2 limits.

Part 2 records and testimony about them cannot be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without the specific consent required by Part 2 or a qualifying Part 2 court order accompanied by a subpoena or similar legal mandate. An ordinary subpoena alone is not sufficient. Applicable notice and opportunity-to-be-heard protections must be followed. Different procedures may apply to proceedings against the program.

Other disclosures and responsibilities

Limited disclosures without consent

For Part 2 records, exceptions are narrow and subject to specific conditions. They may allow necessary communications within the program and with qualifying contractors; responses to bona fide medical emergencies; specified FDA safety activities; qualifying research, audits, and evaluations; reports of suspected child abuse or neglect; limited reports of crimes or threats on program premises or against staff; and certain cause-of-death inquiries. Public health disclosures under Part 2 must meet applicable de-identification requirements. A child-abuse report does not make the underlying SUD record available for other purposes.

For information not subject to Part 2 or another stricter law, HIPAA may permit or require disclosures for public health and safety, abuse reporting, research, health oversight, organ donation, coroners and funeral directors, workers' compensation, specified government functions, law enforcement, or judicial proceedings. We disclose only when the applicable legal conditions are met. These general HIPAA permissions do not create exceptions to Part 2.

Our responsibilities

We must protect the privacy and security of your health information, provide this notice, and follow the privacy practices currently in effect. We must notify you as required by law if a breach compromises the privacy or security of your unsecured information. We limit disclosures as required by law, use reasonable safeguards, and obtain the authorization or consent required for uses not otherwise permitted. We do not retaliate for exercising privacy rights or filing a complaint.

How to file a complaint

You may complain to **Privacy Officer, Suboxone Health** by telephone at **313-217-1008**, by email at **admin@suboxonehealth.com**, or by mail to **Suboxone Health, 2785 E Grand Blvd, Suite 229, Detroit, MI 48211**. Describe your concern and how we may contact you. You may also ask for help understanding or exercising your rights.

You may file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights**:

200 Independence Avenue SW, Washington, DC 20201

Phone: 1-877-696-6775

Online: www.hhs.gov/ocr/complaints/

You will not be penalized or retaliated against for filing a complaint.

Changes and copies of this notice

We may revise this notice and our privacy practices as allowed by law. Revised terms may apply to information we already maintain and to information received later. The current notice will be available at www.suboxonehealth.com and on request from the privacy contact. A revised notice will state its effective date. Receiving or acknowledging this notice does not itself authorize disclosure of your records.

Effective date: October 19, 2026