

Notice of Privacy Practices of Georgia Recovery Campus

Effective Date: February 16, 2026

THIS NOTICE DESCRIBES:

- **HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**
- **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 HEALTH INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH OUR PRIVACY OFFICER AT 478-216-1110 OR AJ.VISSAGE@GARECOVERY.COM WITH ANY QUESTIONS.

What This Notice Covers. This Notice applies to all health information that **Georgia Recovery Campus** creates, receives, maintains, or transmits about you, including both your general medical records and, if you receive services at our substance use disorder ("SUD") program(s), your SUD patient records. **SUD patient records are subject to additional and stricter protections under Part 2, which are described throughout this Notice and in the dedicated Section 2 below.**

Section 1: How We May Use and Share Your General Health Information

We use and share your health information to provide care, operate our organization, and bill for services. We are allowed or required to share your information without your authorization in other ways as described in this section, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. Once information has been shared as described in this Notice, it may be subject to redisclosure and no longer protected by federal or state law.

Some federal and state laws impose special privacy protections for certain health information about you, including mental health information, HIV/AIDS status, and other health information that is given special privacy protection under laws other than HIPAA ("**Sensitive Health Information**"). We will not share your Sensitive Health Information without your written consent unless a law requires or permits us to share the information.

For SUD patient records, we require your written consent for most uses and disclosures, including for treatment, payment, and health care operations, except as described in Section 2.

- **Treat You:** We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for a chronic condition consults with another provider about your overall health and current medications to avoid complications.

- **Run Our Organization:** We can use and share your health information to manage our practice, improve your care, conduct quality reviews, and contact you when necessary.

Example: We use health information to evaluate staff performance, manage treatment, and conduct workforce training.

- **Bill for Your Services:** We can use and share your health information to bill and receive payment from health plans or other payers.

Example: We share information about your condition and services with your health insurance plan so it can pay for your care.

- **Public Health and Safety:** We may share your health information for public health activities such as preventing or controlling disease, helping with product recalls, reporting adverse medication reactions, reporting suspected abuse or neglect, and preventing serious and imminent threats to health or safety.
- **Health Oversight:** We may share your health information with health oversight agencies for legally authorized audits, investigations, inspections, and licensing activities.
- **Research:** We may use or share your health information for health research.
- **Required by Law:** We will share your health information when required by state or federal law, including with the Department of Health and Human Services if it needs to confirm our compliance with federal privacy law.
- **Legal Proceedings:** We may share your health information in response to a court or administrative order, or in response to a subpoena, when all applicable legal requirements are met. **For SUD patient records, the additional restrictions in Section 2 apply.**
- **Law Enforcement:** We may share your health information with law enforcement when all applicable legal requirements are met, including for court orders, warrants, grand jury subpoenas, and reporting crimes.
- **Organ and Tissue Donation:** We may share your health information with organ procurement organizations to facilitate organ, eye, or tissue donation and transplantation.
- **Medical Examiner and Funeral Director:** We may share your health information with a coroner, medical examiner, or funeral director as necessary for them to perform their duties.
- **Workers' Compensation:** We may share health information as necessary to comply with workers' compensation laws.
- **Military, National Security, and Specialized Government Functions:** We may share your health information as authorized by law for military activities, national security and intelligence activities, and other specialized government functions.

Section 2: Additional Protections for Substance Use Disorder (SUD) Patient Records

Federal law provides stronger privacy protections for SUD patient records than for general health information. If there is a conflict between Part 2 and HIPAA with respect to SUD patient records, the more protective rule applies.

Written Consent Required for Most Uses and Disclosures. We must obtain your written consent before using or disclosing your SUD patient records for treatment, payment, or health care operations. You may provide:

- **A single ("TPO") consent** covering all future uses and disclosures for treatment, payment, and health care operations. You may revoke this consent at any time in writing, which will stop future use but will not undo disclosures already made.
- **A limited consent for specific purposes** (e.g., disclosure only to a named provider). This may affect the services we can provide.
- **A general consent to share through a health information network or research institution**, allowing your treating providers to access your SUD records.

Redisclosure Note. When you provide a TPO consent and we share your SUD records with another Part 2 Program, another HIPAA covered entity, or a HIPAA business associate, that entity may use and re-share your records in all the ways HIPAA allows, **except that your SUD records may never be used in legal proceedings against you** without your separate written consent or a court order and subpoena.

Additional Consent-Based Disclosures. With your written consent, we may also use or share your SUD records for:

- Any person or entity you specifically name in a consent form
- Preventing multiple enrollments in withdrawal management or maintenance treatment programs (central registry)
- Reporting your participation in treatment required by the criminal justice system as a condition of a criminal disposition
- Reporting prescribed SUD medications to a state Prescription Drug Monitoring Program (PDMP) when required by law

Disclosures Permitted Without Your Consent. We may use or share your SUD patient records without your consent only in the following limited circumstances:

- **Program Operations:** We may share SUD records within our program, with an organization that has direct administrative control over our program, and with contractors who help us run our program.
- **Medical Emergencies:** We may share SUD records with medical personnel responding to a bona fide medical emergency when you are unable to consent. We may also share limited information with the FDA to notify you or your doctor about an unsafe product you may be using.
- **Public Health:** We may share de-identified SUD record information with public health authorities for purposes such as preventing disease and reporting adverse medication reactions. No patient-identifying information may be disclosed.
- **Research:** We may use or share SUD records for research. Researchers may not include patient-identifying information in published reports.
- **Audits and Program Evaluations:** We may disclose SUD records to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law. Recipients must agree to destroy or return the information when finished and not to use it against you.
- **Cause of Death Inquiries:** We may share patient-identifying information about a deceased patient as required by laws governing cause-of-death reporting.
- **Reporting Suspected Child Abuse and Neglect:** We will report suspected child abuse or neglect to appropriate authorities as required by state law, disclosing only the minimum information required by law.
- **Crime on Program Premises or Against Staff:** We may report to law enforcement when a patient commits or threatens to commit a crime on our premises or against our staff.

Prohibition on Use in Legal Proceedings. Your SUD patient records may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless (1) you provide specific written consent, or (2) a court issues an appropriate order accompanied by a subpoena or similar legal mandate. We will only use or share your SUD records in proceedings against you after you or we receive notice and a

meaningful opportunity to be heard. A court order authorizing disclosure of SUD records must be accompanied by a subpoena or other similar legal mandate before we may comply.

However, we may use or share SUD records in proceedings against our own program based on a court order without advance notice to you, but you retain the right to seek to modify or overturn the order once you learn of it.

Section 3: When We Must Obtain Your Written Authorization to Use or Share Your Health Information

Except as described in this Notice, we will obtain your written authorization for any other use or sharing of your health information.

- **Marketing:** We will not use or share your health information for marketing purposes without your written authorization.
- **Sales of Health Information:** We will not sell your health information without your written authorization.
- **Psychotherapy Notes:** We will not share psychotherapy notes about you without your written authorization except as permitted by law.

If you provide your written authorization to use or share your information, you may revoke that authorization at any time. Once information has been shared pursuant to an authorization, it may be subject to redisclosure and no longer protected by federal or state law.

Section 4: Your Rights

You have the following rights regarding your health information, including your SUD patient records. To exercise any of these rights, please contact our Privacy Official at the information above.

- **Get a Copy of Your Health Records:** You can ask to see or receive an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask Us to Correct Your Records:** You can ask us to correct health information about you that you think is incorrect or incomplete. We may say no, but we will tell you why in writing within 60 days.
- **Request Confidential Communications:** You can ask us to contact you in a specific way (for example, a cell phone rather than a home number) or to send mail to a different address. We will say yes to all reasonable requests.
- **Ask Us to Limit What We Use or Share:** You can ask us not to use or share certain health information for treatment, payment, or our health care operations. We are not required to agree, and we may say no if it could affect your care. If we agree, we may still share your information in an emergency. If you pay for a service in full out-of-pocket, you can ask us not to share that information for payment purposes with your health insurer; we will say yes unless a law requires otherwise.
- **Get an Accounting of Disclosures:** You can ask for a list of the times we shared your health information during the last six years, who we shared it with, and why (excluding disclosures for treatment, payment, health care operations, and certain other purposes). **For SUD patient records disclosed pursuant to your written consent, we will provide an accounting consistent with HIPAA and Part 2.** One accounting per year is free; additional requests within 12 months may carry a reasonable fee.

- **Get a Copy of This Notice:** You can ask for a paper copy of this Notice at any time, even if you agreed to receive it electronically. We will provide a copy promptly.
- **Choose Someone to Act for You:** If someone has authority to act as your personal representative (such as a medical power of attorney holder or legal guardian), that person can exercise your rights and make choices about your health information. We will confirm the person has this authority before taking action.
- **Get a List of Disclosures of SUD Patient Records Made by an Intermediary:** If you consented to the sharing of your SUD patient records through a third-party organization named on your consent form that serves as an intermediary to distribute your records to your treating providers, such as a health information exchange or care management organization, you have the right to ask that intermediary for a list of everyone to whom your records were disclosed.
- **Discuss This Notice with Someone in Our Program:** You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the contact person at the top of this Notice.
- **Elect Not to Receive Fundraising Communications:** You have the right to elect not to receive fundraising communications that use your SUD patient records. However, we do not use your health information for fundraising purposes.

Section 5: Your Choices

For the following situations, you can tell us your preferences and we will follow your instructions. If you cannot communicate your preference, we may use professional judgment to act in your best interest.

- **Sharing with Family, Friends, and Caregivers:** We may share relevant health information with a family member, close friend, or other person involved in your care or the payment for your care. You may tell us not to share, or limit what we share. If you are unavailable or incapacitated, we may share information when necessary to lessen a serious and imminent threat to health or safety.
- **Disaster Relief:** In a disaster, we may share your information with disaster relief organizations to coordinate your care or notify your family. We will seek your agreement when possible.

Section 6: Our Responsibilities

We are committed to complying with all applicable state and federal privacy laws, including HIPAA and Part 2. We are required to:

- **Maintain the privacy and security** of your protected health information.
- **Follow the duties and practices** described in this Notice and provide you a copy.
- **Not use or share your information** other than as described in this Notice, unless you give us written permission. You may revoke that permission at any time in writing.
- **Notify you promptly** if a breach occurs that may have compromised the privacy or security of your health information.
- **Obtain your written consent** for most uses and disclosures of your SUD patient records, as required by Part 2.

Section 7: Changes to This Notice

We reserve the right to change the terms of this Notice at any time. Changes will apply to all health information we have about you, including information received before the change. The updated Notice will be available on request, posted at our facility, and on our website. The effective date at the top of this Notice will reflect when the current version took effect.

Section 8: Contact Information and How to File a Complaint

If you have questions about this Notice or believe your privacy rights have been violated, please contact our Privacy Officer by phone at 478-216-1110 or email at aj.vissage@garecovery.com.

You may file a complaint if you believe your privacy rights have been violated by contacting our Privacy Officer using the information above.

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

- By mail: 200 Independence Avenue, S.W., Washington, D.C. 20201
- By phone: 1-877-696-6775
- Online: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

We will not retaliate against you for filing a complaint. You may report suspected Part 2 violations to OCR in the same manner as HIPAA violations.