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**Notice of Privacy Practices: Confidentiality of Patient Records Related to 42 CFR-Part 2 Regulations  
South Peninsula Hospital Clinic Services**

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Effective 2/13/26

This notice describes:

- How your health information may be used and disclosed in regards to Substance Use Disorder (SUD) regulations
- 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 your rights concerning your information
- You have a right to a copy of this notice, in paper or electronic form

This notice supplements the information in our HIPAA Notice of Privacy Practices and describes the additional protections for records related to SUD treatment information. SPH is required to provide patients with this notice of our legal duties and privacy practices with respect to SUD records and to notify affected patients should a breach of their SUD information occur.

This notice is applicable to SUD treatment information protected under 42 CFR Part 2 which is limited to the SUD treatment services and does not apply to information related to care provided outside these services such as substance abuse screening that is performed in an emergency department or by your primary care provider.

Patients may provide a single authorization for all future uses or disclosures for treatment, payment, and health care operations. SPH will abide by the terms of this Notice in effect and the patients authorization is required once unless changes to this Notice occur or patient revokes their authorization.

How We May Use and Share Your Information

The confidentiality of SUD patient records maintained by SPH is protected under Federal law and regulations. SPH will share your SUD information amongst our staff as needed to provide you services. SPH will maintain your privacy as a patient receiving SUD treatment and will not share outside of the minimum necessary standards allowed through HIPAA.

SPH may share your information *without* your consent when the disclosure is:

- Made to medical personnel for treatment in a medical emergency.
- Made to law enforcement to report a crime you commit, or threaten to commit, in our facility or against our personnel.
- Made to the Office of Children's Services (OCS) to report suspected child abuse and neglect, as required by Alaska state law.
- Conducted by qualified personnel on behalf of a federal, state, or local government agency, third-party payer or quality improvement organization to improve care, mandate costs or audit/evaluate performance who:
  - a) Agree in writing to re-disclosure limitations and protect the information as required under Health Insurance Portability and Accountability Act (HIPAA).
  - b) Represent federal, state, or local government agencies that are authorized by law to oversee our program; or
  - c) Provide financial assistance to the program or provide payment for health care such as the Department of Mental Health and Addiction Services.
- The disclosure is allowed by a specialized Part-2 compliant court order, not a standard subpoena.
- Made to 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.
- Made to qualified personnel for audit research, which is subject to ethics board approval and oversight.
- Please note that records, or testimony about your records, cannot be shared in any civil, administrative, criminal, or legislative proceedings against you unless there is a specific written consent or a court order.
  - If there is a court order, the patient or holder of the record must be provided notice to allow the opportunity to be heard.
  - A subpoena or similar legal mandate must accompany the court order prior to disclosure of the record.

In circumstances not listed above, and in accordance with 42 CFR-Part 2, *SPH will ask for your consent* to release your information. Examples where SPH may share information with your authorization:

- When sharing the information is at the written request of the patient.
- When patients authorize SPH to share their information for all future treatment, payment, and healthcare operations purposes.
- Please note: Entities receiving your information for these purposes, are required by Federal law or contract to protect your SUD information according to HIPAA regulations.



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Patient Rights:

As a patient of South Peninsula Hospital, Inc., receiving SUD treatment, you have certain rights with regard to your information in addition to those rights described in our HIPAA Notice of Privacy Practices:

- You have a right to request restrictions of disclosures made with your prior consent for purposes of treatment, payment, and healthcare operations by notifying the SPH Privacy Officer.
  - SPH will review your request but is not required to agree unless the request relates to sharing information with your insurance provider and your care has been paid in full by another source. Reminder: Refer to when SPH may disclose your information without consent.
- Under regulations 42 CFR-Part 2, you have a right to an accounting of disclosures through an electronic medical record for the three (3) years prior to the date on which the accounting is requested, for records related to treatment, payment and healthcare operations. Timelines for responding to the request follow the HIPAA regulations.
- If you provided consent to share your information for treatment through a health information exchange, care management organization, or other intermediaries, you have a right to a list of disclosures by an intermediary which are limited to disclosures within the past three (3) years. Timelines for responding from an intermediary must be thirty (30) days or fewer after receipt of written request.
- You have a right to access to your own records, including the opportunity to inspect and copy any records related to SUD treatment.
- You have a right to obtain a paper or electronic copy of this notice as well as our HIPAA Privacy Practices Notice upon request. You may also find this notice at [www.sphosp.org](http://www.sphosp.org).
- To discuss this notice, for requests to restrict your records or an accounting of disclosures, please contact the SPH Privacy Officer. Contact information below.

How to terminate a requested restriction:

- The patient agrees or requests to revoke the restriction in writing.
- The patient orally agrees to revoke the restriction and the oral agreement is documented.
  - If authorization is provided to SPH and the patient changes their mind, SPH will be unable to stop any information that has already been released.
- SPH informs the patient they are terminating its agreement to a restriction.

Our Commitment to You

SPH respects the need to maintain the confidentiality of your care. SPH is required to follow the terms of the notice currently in effect. If we made changes to how we manage your records, we will change our notice and provide you with a new notice at your next visit if you are still receiving care. If you are no longer receiving SUD care, you may request an updated copy of our notice or you may find the most recent notice in effect on our website, [www.sphosp.org](http://www.sphosp.org)

For questions or concerns regarding the privacy and security of your health information or would like to file a complaint, you can do so by contacting the SPH Privacy Officer through the contact below. In addition, you have a right to file a complaint to the Secretary of the Department of Health and Human Services.

SPH will not retaliate or discriminate against any patient who voices a concern or files a complaint. For additional information, please refer to our Notice of Non-Discrimination found on the SPH website.

Director of Risk Management  
SPH Privacy/Compliance Officer  
Phone: 907-235-0389  
Email: [Compliance@sphosp.org](mailto:Compliance@sphosp.org)  
Website: [www.sphosp.org](http://www.sphosp.org)

US Department of Health and Human Services  
Office of Civil Rights (OCR)  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
Website: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

