



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

### PLEASE REVIEW CAREFULLY

This Notice of Privacy Practices applies to all employees, members, and Medical Staff of the Aspire Rural Health System ("Aspire", "We" or "Us") when they provide care for you at any Aspire location but does not apply to independent physicians' private medical practices. Aspire and its Medical Staff cooperate in the protection of your health information and privacy rights, but such cooperation should not be construed to mean that Aspire and members of its Medical Staff are the agents or representatives of the other, or in any way are responsible for each other's actions or failure to act.

To obtain copies of your medical records or request additional information about Aspire's privacy practices, contact the Health Information Department at the following locations:

Aspire @ Hills & Dales & 989-912-6252

Deckerville:

Aspire @ Marlette: 989-635-4214

You may also direct questions or complaints to the Compliance and HIPAA Privacy Officer:

Phone (989) 912-6296

Address Aspire Rural Health System,  
4675 Hill Street,  
Cass City, MI 48726  
Attn: Privacy Officer

**Part 2 Notice:** We follow the confidentiality protections of 42 C.F.R. Part 2 ("Part 2") for substance use disorder records subject to Part 2 ("SUD Records") as further described under the Part 2 Program Addendum ("Addendum"). Please note the Addendum only applies if you are receiving services from a Part 2 Program, as further defined and identified in the Addendum.

### How Aspire Rural Health System May Use or Disclose Your Health Information

Aspire collects and creates personally identifiable information related to your mental and physical health, the provision of your healthcare, or the payment of the healthcare provided to you. Much of that information is "protected health information" (PHI), which is maintained in a physical or electronic medical record that is the property of Aspire. *Aspire has a legal obligation to maintain the confidentiality of your PHI and may only use or disclose PHI for purposes authorized by you or otherwise permitted or required under the law.* Your PHI is protected by law for up to 50 years after death.

**Authorization:** Except for the reasons listed below, We will not use or disclose your PHI for any other purpose unless you have signed a form authorizing such use or disclosure. Without your authorization, We are prohibited from selling your PHI or using your PHI for marketing in exchange for payment, and we are limited in how we may use or disclose PHI that includes psychotherapy notes, including SUD counseling notes. At any time, you have the right to revoke an authorization to disclose your information if you do so in writing, however, such revocation will not apply to any action We had taken prior to the revocation of your original authorization.

### **Aspire Does Not Require Your Authorization to Use and Disclose your PHI for the following reasons:**

**For Treatment:** Aspire providers may use and disclose your medical record to determine your treatment plan, document your health status, or discuss your treatment-related information with other personnel who are a part of your healthcare team. Aspire may disclose PHI to outside healthcare providers involved in your care.

**For Payment:** Aspire may use and disclose your health information to others for purposes of receiving payment for treatment and services that you received. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and any treatment or supplies used in the course of treatment.

**For Health Care Operations:** Aspire may use and disclose health information about you for operational purposes. For example, your PHI may be disclosed to members of the medical staff, risk, or quality improvement personnel, and to others to:

- Evaluate the performance of our staff.
- Assess the quality of care and outcomes in your cases and similar cases.
- Learn how to improve our facilities and services.

**For Our Patient Directory.** If you are receiving emergency services, inpatient care, or lengthy outpatient procedures, Aspire personnel may direct people to your room or give your room’s phone number to anyone who calls or visits and asks for you by your name. In some circumstances, We may disclose general statements about your medical condition (for instance “fair” or “critical”). During registration, you may request that We not disclose your information as part of our Patient Directory.

**To Persons Involved in Your Care.** Unless you object, We may from time to time disclose relevant PHI to family, friends, or others whom you have designated, who are with you during care, or may be notified after your death. We disclose only the minimum PHI necessary to assist the individuals involved in caring for you or paying for your care. Additionally, if you are unable or unavailable to make healthcare decisions or are facing an emergency medical situation or there is a public disaster, We may share limited PHI with your family and friends, or with an organization involved in disaster relief efforts, if We believe such a disclosure is in your best interest.

**For Fundraising.** From time to time, We may use your PHI to contact you to raise money as part of our charitable fundraising efforts. You have the right to opt out of receiving fundraising communications and how to do this will be described in the communications you receive.

**For Research.** In limited circumstances, We may use and disclose your PHI for research purposes. For example, a research organization may need to review a series of medical records in order to compare the outcomes of all patients who received a particular drug. In all cases, We will obtain your specific authorization or protect your privacy by applying strict confidentiality requirements imposed by the Institutional Review Board that reviews and approves research conducted at Aspire, or as otherwise required by applicable law.

**To Our Business Associates:** Aspire may contract with business associates that provide healthcare services, such as a business that creates the technology where your electronic medical record is stored or businesses that provide automatic appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. Aspire’s business associates are always required to implement safeguards to protect your PHI from impermissible or unauthorized disclosure.

- As Required by law:** Aspire may use and disclose information about you as required by law, which may include:
- For judicial and administrative proceedings pursuant to legal authority, such as a court order.
  - To report information related to victims of abuse, neglect, or domestic violence.
  - To assist law enforcement officials in their law enforcement duties.
  - For purposes of organ donation.
  - To avoid harm to a person or the public.
  - For specific government functions like tracking communicable diseases or reporting a drug or device issue to the Food and Drug Administration.
  - To workers’ compensation agencies, if applicable, for workers’ compensation benefits determinations.
  - To coroners and/or funeral directors.
  - As otherwise required by law to disclose the information.

**PHI related to Substance Use Disorders:** If Aspire receives information about you from a substance use disorder (SUD) treatment program covered by 42 CFR Part 2 in accordance with your general authorization for the purposes of healthcare treatment, payment, or operations, We may use or re-disclose that information in accordance with this Notice, except that such information will not be used or disclosed in court proceedings without your written authorization or pursuant to a court order.

**YOUR RIGHTS:**

You have the following rights with respect to your PHI:

- To inspect and obtain a copy of your medical record upon request. You must make such request in compliance with Aspire’s policies and Aspire will disclose your PHI to you or to another individual authorized by you.
- To receive a paper copy of this notice. Upon your request to the appropriate personnel, Aspire will provide to you a copy of this notice containing its legal duties and privacy practices with respect to your PHI.
- To restrict disclosures of your PHI to your health plan with respect to health care for which you have paid out of pocket in full.
- To receive confidential communications with respect to your PHI, including the method and manner of communications to you. You may desire, for example, that We contact you only during certain hours or at a certain location.
- To request that Aspire restricts its use and disclosure of your PHI. Aspire is not required to agree to a restriction but Aspire will accommodate reasonable requests or notify you if Aspire is unable to agree to a requested restriction. You have the right to terminate any agreed-to restriction at any time.
- To request an amendment to inaccurate or incomplete information contained in your Aspire-created medical record.
- To obtain an accounting of the certain disclosures of your PHI. The first accounting in any 12-month period is free; you may be charged a reasonable cost-based fee for each subsequent accounting you request within the same 12-month period. Requests must be in writing.
- To receive notification of breaches of your unsecured PHI.

- To opt out of receiving fundraising communications.
- To opt out of being listed in our Patient Directory.
- To make a complaint if you feel your rights under this policy have been violated without retaliation.

All such requests may be submitted in writing to: Attn. Privacy Officer, Aspire Rural Health System, 4675 Hill Street, Cass City, MI 48726.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint in writing with Aspire’s Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in writing within 180 days of discovering a violation of your rights. Aspire may not retaliate against you for filing a complaint.

**Acknowledgment of Receipt of Notice:** You may be asked to sign an acknowledgment form that you received this Notice of Privacy Practices.

***This notice is effective as of February 14th, 2026. Aspire Rural Health System reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you upon request.***

## PART 2 PROGRAM ADDENDUM

This Addendum only applies if you are receiving services from a “Part 2 Program” affiliated with Aspire. Our Part 2 Programs include those designated Aspire programs or sites that hold themselves out as providing, and provide, substance use disorder diagnosis, treatment, or referral for treatment (“SUD Services”), or Aspire medical professional personnel whose primary function is the provision of SUD Services and who are identified as an provider of SUD Services. Aspire’s Part 2 Programs include our Office Based Addiction Therapy program and sites.

*This Addendum 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 THE COMPLIANCE OFFICER AT (989) 912-6296 IF YOU HAVE ANY QUESTIONS.

### **How a Part 2 Program May Use or Disclose SUD Records**

Our Part 2 Programs create, receive, and acquire medical records related to the substance use disorders of patients that receive SUD Services (“SUD Records”). Our Part 2 Programs are required by law under 42 U.S.C. 290dd-2 42 C.F.R. Part 2 (collectively, “Part 2”) to maintain the privacy of SUD Records, to provide you with notice of our legal duties and privacy practices with respect to SUD Records, and to notify affected patients following a breach of unsecured records.

We are required to abide by this Addendum and will only use or disclose your SUD Records without your written consent as described in this Addendum. We also follow Aspire’s *Notice of Privacy Practices* to the extent it is more restrictive or provides you with more rights than this Addendum. To the extent other applicable law is more protective than Part 2 (42 U.S.C. 290dd-2 42 C.F.R. Part 2), we comply with that law.

**We may not use and disclose your SUD Records without your written consent except in the following circumstances:**

- **For Medical Emergencies:** We may disclose your SUD Records to medical personnel to the extent necessary to meet a bona fide medical emergency and (i) your prior written consent cannot be obtained; or (ii) we are closed and unable to provide services or obtain your prior written consent during a temporary state of emergency declared by a state or federal authority as the result of a natural or major disaster, until such time as we resume operations.
- **To Federal Agencies:** We may also disclose your SUD Records to medical personnel of the Food and Drug Administration (FDA) who assert (i) a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under the FDA’s jurisdiction; and (ii) that your SUD Records will be used for the exclusive purpose of notifying you or your professional medical provider(s) of potential dangers. Additionally, we may disclose SUD Records to the U.S. Department of Health and Human Services (“HHS”) if required for an investigation or to determine compliance with Part 2.
- **For Scientific Research.** Under certain circumstances, we may use or disclose your SUD Records for research purposes without your consent, to the extent permitted by HIPAA, the FDA and HHS regulations regarding the protection of human subjects.
- **For Audits and Program Evaluations.** Under certain circumstances we may use or disclose your SUD Records in connection with a management or financial audit or a program evaluation. The entities to which we disclose SUD Records for such reasons are representatives or agents of federal, state, local government agencies that are authorized by law to oversee a Part 2 Program, provide financial assistance to a Part 2 Program, provide payment for SUD Services provided in a Part 2 Program, or quality improvement organizations performing reviews of Part 2 Programs. These entities shall not be permitted to obtain copies of your SUD Records without agreeing in writing to comply with the confidentiality standards required by Us and applicable law.
- **Public Health.** We may disclose SUD Records to a public health authority for public health purposes. However, the contents of the information from SUD Records disclosed will be de-identified in accordance with the requirements of the HIPAA regulations, such that there will be no reasonable basis to believe that the information can be used to identify you.
- **Court Order with Legal Mandate.** We may disclose SUD Records as required by a valid court order and accompanying subpoena, or other similar legal mandate, but only after you are given notice and an opportunity to be heard is provided to you (the patient) and/or Us (as the SUD Record holder), when such notice and hearing is required under Part 2. The court order must also be accompanied by a subpoena or other similar legal mandate compelling

disclosure before the Part 2 Record is used or disclosed.

- **Qualified Service Organizations (QSOs).** We may share SUD Records with QSOs with whom we contract to provide certain services to us or on our behalf. All QSOs are contractually required to agree, in writing, to protect the information in the same way that we are required to protect the information.
- **To Report a Crime or Suspected Child Abuse and Neglect.** We may disclose your SUD Records to law enforcement if you commit, or threaten to commit, a crime in our facilities or against our personnel, or to report suspected child abuse and neglect as required by applicable law.
- **To Protect a Minor Patient.** We may disclose facts relevant to reducing or mitigating a substantial threat to the life or physical well-being of a minor patient or any person to the personal representative of the minor patient if certain conditions are met and consistent with applicable law.
- **For Cause of Death or Vital Statistics Purposes.** We may disclose patient identifying information relating to a patient's cause of death or death investigation under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.
- **For Fundraising.** We may use or disclose your SUD Records to fundraise for the benefit of the Part 2 Program. **You have the right to opt-out of receiving fundraising communications from us, as noted in Aspire's *Notice of Privacy Practices*.**
- **Other Permissible Purposes.** We may use or disclose SUD Records without your consent as otherwise permitted by Part 2.

**With your written consent, we may use and disclose your SUD Records in the following circumstances.**

- **Treatment, Payment, and Healthcare Operations (TPO).** We may use and disclose your SUD Records for TPO purposes, as described in Aspire's *Notice of Privacy Practices*, with your written consent. **You may provide a single consent for all future TPO uses or disclosures.** For example, if you give Us permission to share your SUD Records with your providers and/or health plans for TPO purposes, We may disclose your Part 2 Records for TPO purposes to a 'covered entity' subject to the HIPAA regulations. Your SUD Records may then be further disclosed by such covered entity to the extent permitted by the HIPAA regulations, or if the Part 2 program is not a covered entity under HIPAA, to the extent permitted by your consent. However, your Part 2 Records cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order, as explained in this Addendum.
- **Central Registry or Withdrawal Management Program.** We may disclose your SUD Records to a central registry or to any withdrawal management or treatment program with your written consent. For example, if you consent to participating in a drug treatment program, We can disclose your information to the program to coordinate care or to a central registry to avoid duplicate enrollment.
- **Criminal Justice System or Mandated Treatment.** We may disclose information from your SUD Records to persons within the criminal justice system or a court who mandated your participation in the SUD Program as a condition of the disposition of any criminal proceeding against you with your written consent. The time or occurrence upon which your consent becomes revocable may be no later than the final disposition of the conditional release or other action in connection with which written permission was given. For example, if you consent, We can inform a court-appointed officer, prosecutor or law enforcement about your treatment status as part of a legal agreement or sentencing conditions.
- **Prescription Drug Monitoring Program.** We may report any medication prescribed or dispensed by us to the applicable state prescription drug monitoring program (PDMP) if required by applicable state law. However, We will obtain your consent prior to reporting such information.
- **Legal Proceeding Against a Patient.** We will not use or disclose SUD Records, or testimony relaying the content of SUD Records, in any civil, administrative, criminal, or legislative proceeding against you unless such use or disclosure is pursuant to your specific written consent (separate from consent for any other use or disclosure) or a court order, as described within this Addendum.
- **Designated Person or Entities.** We may use and disclose your SUD Records in accordance with your written consent to any other person or category of persons identified or generally designated in your consent. For example, if you consent to a disclosure of your Part 2 Records to your spouse or a healthcare provider, We will share your health information with them as outlined in your consent.

## **YOUR RIGHTS**

You have the following additional rights with respect to your SUD Records:

- The right to **revoke your consent for future uses and disclosures of your SUD Records**. Revoking your consent will not affect any uses or disclosures that were already made based on your consent;
- The right to **request restrictions on disclosures** of your Part 2 Records for purposes of treatment, payment, and health care operations made with your prior written consent (see our *Notice of Privacy Practices* for when we are required to agree to your request);
- The right to **request a list of SUD Record disclosures** by an intermediary for the prior 3 years, including information about who received your records, the date of the disclosure, and a brief description of the information that was disclosed;
- The right to **discuss the *Notice of Privacy Practices* or this *Part 2 Addendum*** with our Privacy Officer.

**Contact Information for the Privacy Officer:** To exercise your rights under this Addendum, please submit a written request to the Privacy Officer at:

Phone: (989) 912-6296

Address Attn: Privacy Officer, Aspire RHS  
4675 Hill Street,  
Cass City, MI 48726  
Attn: Privacy Officer

**Part 2 Complaints:** If you believe your rights under Part 2 or this Part 2 Program Addendum have been violated, you may file a complaint with the Part 2 Program and/or with the Secretary of the HHS. You will not be retaliated against for filing a complaint.

**Acknowledgment of Receipt of Notice:** You may be asked to sign an acknowledgment form that you received this Addendum.

***This Addendum is effective as of February 14th, 2026. We reserve the right to change its information practices and to make the new provisions effective for all SUD Records it maintains. Revised notices will be made available to you upon request.***