Notice of Privacy Practices

Natural State Recovery Centers 10025 Oakland Drive, North Little Rock, AR 72118 Phone: (501) 319-7074 · Email: compliance@naturalstaterecovery.com

Effective date: August 25, 2026

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

Who We Are and Who Follows This Notice

Natural State Recovery Centers provides substance use disorder treatment in Arkansas. This notice applies to all records of your care created or kept by our facility, and it is followed by all of our staff, clinicians, volunteers, and trainees at every location we operate.

Our Legal Duties

We are required by law to keep your health information private, to give you this notice of our legal duties and privacy practices, to follow the terms of the notice currently in effect, and to notify you if a breach occurs that may have compromised the privacy or security of your information.

Added Protection for Substance Use Disorder Records

Because we provide substance use disorder treatment, your records receive added protection under federal law, 42 CFR Part 2, on top of the protections of the Health Insurance Portability and Accountability Act (HIPAA). In general, we may not tell anyone outside our facility that you attend our program, and we may not disclose any information identifying you as having or having had a substance use disorder, unless one of the following applies:

- You consent in writing. Under current federal rules, a single written consent may cover all future uses and disclosures for treatment, payment, and health care operations until you revoke it in writing.
- The disclosure is allowed by a court order that meets the special requirements of 42 CFR Part 2.
- The disclosure is made to medical personnel in a genuine medical emergency.
- The disclosure is made to qualified personnel for audit, evaluation, or research purposes under conditions the law sets out.
- The disclosure relates to a crime committed on our premises or against our personnel, or is a report of suspected child abuse or neglect that state law requires us to make.

Notice to recipients of these records: Federal law prohibits any person who receives records protected by 42 CFR Part 2 from making further disclosure of them except as expressly permitted by the written consent of the individual, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the appropriate authorities in accordance with federal regulations.

How We May Use and Disclose Your Information

For treatment. With your written consent, we may use and share your information to provide, coordinate, and manage your care, including sharing information among the members of your treatment team and with other providers involved in your care.

For payment. With your written consent, we may use and share your information to bill and collect payment for your care, for example when we verify your insurance benefits or submit claims to your health plan.

For health care operations. With your written consent, we may use and share your information to run our facility, improve quality of care, train staff, and meet accreditation and licensing requirements.

Business associates and qualified service organizations. Some services are provided through contracted organizations, such as billing, secure data hosting, our admissions management system, and our communication systems. These organizations are bound by written agreements that require them to protect your information to the standards federal law requires.

Without your consent, in limited circumstances. As described in the section above, we may use or disclose your information without your consent only in the narrow circumstances 42 CFR Part 2 allows, such as a qualifying medical emergency, a qualifying court order, mandated child abuse or neglect reporting, a crime on our premises or against our staff, or audit and evaluation activities.

Uses that always require your specific written authorization. We will not use or sell your information for marketing purposes, and we will not disclose psychotherapy notes, without a separate written authorization from you. You may revoke an authorization at any time in writing, except to the extent we have already relied on it.

Your Rights Regarding Your Information

You have the right to:

- **See and get a copy of your records.** Ask us in writing. We will provide a copy, usually within 30 days, and may charge a reasonable cost-based fee.
- **Ask us to correct your records.** If you believe information in your records is wrong or incomplete, you may ask us in writing to amend it. We may deny the request in certain cases, and we will tell you why in writing.
- **Ask for confidential communications.** You may ask us to contact you in a specific way, for example only at a certain phone number, or to send mail to a different address. We will accommodate reasonable requests.
- **Ask us to limit what we use or share.** You may request restrictions on certain uses and disclosures. We are not always required to agree, but if we do, we will honor the restriction. If you pay for a service in full out of pocket, you may require us not to share that information with your health plan for payment or operations purposes.
- **Get a list of certain disclosures.** You may request an accounting of certain disclosures of your records made in the six years before your request.
- **Get a paper copy of this notice.** You may ask for a paper copy at any time, even if you agreed to receive it electronically.
- **Be notified of a breach.** We will notify you if a breach occurs that may have compromised the privacy or security of your information.
- **Revoke your consent.** You may revoke a written consent at any time, in writing, except to the extent we have already acted on it.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us and with the federal government. **You will not be punished, retaliated against, or denied care for filing a complaint.**

With us: Compliance Department, Natural State Recovery Centers, 10025 Oakland Drive, North Little Rock, AR 72118. Phone: (501) 319-7074. Email: compliance@naturalstaterecovery.com.

With the federal government: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201, or online at www.hhs.gov/ocr/complaints.

Changes to This Notice

We may change this notice and our privacy practices at any time, as long as the change is consistent with law. A new notice will apply to all information we hold, including information created before the change. The current notice will always be posted at our facility and on our website, with its effective date at the top.

Questions

If you have questions about this notice or about how we handle your information, contact our Compliance Department at (501) 319-7074 or compliance@naturalstaterecovery.com.