

## **ARCA Notice of Privacy Practices**

**Effective Date: October 14, 2024**

This privacy notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully.

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### **I. Who We Are**

This notice outlines the privacy practices of ARCA, which includes inpatient, outpatient, and virtual services we offer at our facilities.

### **II. Our Privacy and Confidentiality Obligations**

We are legally required to maintain the privacy and confidentiality of your health information, referred to as "protected health information" or "PHI," and to provide you with this notice of our legal duties and privacy practices. We are required to follow the terms outlined in this notice when using or disclosing your PHI.

#### **Substance Use Disorder Services:**

42 CFR Part 2 protects your health information if you are receiving services for substance use disorder. Generally, we may not disclose your involvement in substance use treatment to any outside person or entity unless specific conditions are met.

#### **All Other Protected Health Information:**

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule also governs how we use and disclose your health information. If you are not receiving services for substance use disorder, we follow slightly different rules, which are outlined below.

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### **III. Uses and Disclosures WITH Your Authorization: All Protected Health Information**

We will not use or disclose your PHI without your written authorization, except under certain circumstances detailed in Sections IV and V. You may revoke your authorization at any time, except when we have already taken action based on it. We do not sell your PHI to any third parties.

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### **IV. Uses and Disclosures WITHOUT Your Authorization: All Protected Health Information**

We may use or disclose your PHI under the following conditions without your written authorization. These apply to both general health information and substance use disorder-related information.

#### **A. Treatment**

We may use your PHI for treatment purposes, such as sharing information with other providers involved in your care.

#### **B. Health Care Operations**

We may use PHI for internal operations, quality assurance, and evaluation. This may include outcome evaluations, audits, and other necessary activities to improve the quality of care.

#### **C. Other Uses and Disclosures**

- **Appointment Reminders:** We may contact you to remind you of upcoming appointments.
- **Medical Emergencies:** We may disclose PHI to medical personnel in the event of an emergency.
- **Minors:** We may disclose certain information to parents or guardians if the minor is unable to make decisions and if it reduces a significant threat to their well-being.
- **Judicial and Administrative Proceedings:** We may disclose your PHI if ordered by a court or as part of legal processes.
- **Child Abuse and Threats of Harm:** We may disclose PHI to report child abuse or threats of harm to others as required by law.
- **Audits and Evaluations:** We may disclose PHI for audits or evaluations by health oversight agencies.
- **Marketing and Fundraising Communications:** We may use PHI for fundraising or to send you information about our programs, unless you opt out.

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#### **V. Uses and Disclosures WITHOUT Your Authorization—Non-Substance Use Disorder-Related Information**

For individuals not receiving substance use disorder services, the following additional disclosures may apply:

- **Required by Law:** We may disclose PHI if required by state or federal law.
  - **Health and Safety:** We may disclose information to prevent or reduce a serious threat to your health or the safety of others.
  - **Law Enforcement and Public Health:** We may disclose PHI for law enforcement purposes or public health activities.
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## VI. Your Individual Rights

You have several rights regarding your protected health information:

- **Right to Receive Confidential Communications:** You can request that we communicate with you via alternative means or at alternative locations.
  - **Right to Request Restrictions:** You can request additional restrictions on how we use or disclose your PHI, though we may not be obligated to agree.
  - **Right to Inspect and Copy:** You may access your medical records to inspect and request copies, subject to certain limitations.
  - **Right to Amend:** You have the right to request amendments to your records.
  - **Right to Receive an Accounting of Disclosures:** You may request a list of instances where your PHI was disclosed.
  - **Right to Receive Notification of Breach:** You will be notified if a breach occurs involving your PHI.
  - **Right to a Paper Copy of This Notice:** You may request a paper copy of this notice at any time.
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## VII. Effective Date and Duration of This Notice

- **Effective Date:** This notice is effective as of [Insert Date].
- **Right to Change Terms:** We reserve the right to update or change this notice. If changes occur, they will apply to all PHI we maintain. The updated notice will be posted in our facilities and on our website.

For further information, or if you have questions or complaints regarding your privacy rights, please contact:

**ARCA Privacy Office**

Phone: 314-645-6840

Email: [csyberg@arcamidwest.com](mailto:csyberg@arcamidwest.com)

Address: 1430 Olive Street Suite 4100 St. Louis, MO 63103

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This privacy notice complies with 42 CFR Part 2, HIPAA, and applicable state laws.

Violations of federal law regarding confidentiality of substance use disorder records may be reported to the U.S. Attorney in the district where the violation occurs.