NEZIH Z. HASANOGLU, DO, SC

PART 2 PATIENT NOTICE — SUBSTANCE USE DISORDER TREATMENT PROGRAM

10150 W. National Ave., Suite 202, West Allis, WI 53227 · Telephone: 414-213-1505

Effective Date: **October 8, 2026**

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

Your Information. Your Rights. Our Responsibilities.

Your substance use disorder (SUD) treatment records are protected by a federal law and regulations, 42 U.S.C. 290dd-2 and 42 CFR Part 2 ("Part 2"), as well as HIPAA and other applicable federal and Wisconsin privacy laws. Generally, we may not say to anyone outside our program that you attend the program, or share any information identifying you as a person with a substance use disorder, unless you consent in writing or the law specifically permits it, as described in this notice.

YOUR RIGHTS

- **Get a copy of your records.** You may ask to see or get an electronic or paper copy of your records. We will respond usually within 30 days and may charge a reasonable, cost-based fee.
- **Ask us to correct your records.** You may ask us to correct information you believe is incorrect or incomplete. We may say no, but we will tell you why in writing.
- **Request confidential communications.** You may ask us to contact you in a specific way or at a specific place. We will say yes to all reasonable requests.
- **Ask us to limit what we use or share.** You may ask us to restrict uses and disclosures of your records, including those for treatment, payment, and health care operations. We are not required to agree, except as described next.
- **Limit what we share with a health plan when you pay in full.** If you pay out of pocket in full for a service, you may ask us not to share information about it with your health plan for payment or health care operations. We will say yes unless a law requires us to share it.
- **Get a list of disclosures.** You may ask for a list (accounting) of disclosures of your records as provided by law, including who received them and why.
- **Get a list of disclosures by an intermediary.** If you consented to share your records with an intermediary, such as a health information exchange, you may ask for a list of the people and organizations to whom the intermediary shared your information in the past 3 years.
- **Discuss this notice.** You may discuss this notice with our Privacy Officer and ask for a paper or electronic copy at any time.
- **Choose someone to act for you.** If someone has legal authority to act as your personal representative, that person may exercise your rights.
- **File a complaint.** You may complain to us or to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate against you, and we will never require you to give up these rights as a condition of treatment.

YOUR CONSENT

For most uses and disclosures of your Part 2 records, we must have your written consent. A consent must meet the requirements of Part 2. It will identify the information to be shared, who may share it, who may receive it, the purpose, and when the consent expires. You may revoke a consent in writing at any time, except to the extent we have already acted in reliance on it.

One consent for treatment, payment, and health care operations. You may sign a single consent allowing us to use and share your records for all future treatment, payment, and health care operations. If we share your records under that consent with another HIPAA covered entity or business associate (such as another of your health care providers or your health plan), that recipient may further use and share them as HIPAA allows. However, they still may not use your records in legal proceedings against you, as explained below.

Counseling notes. Notes recorded by a clinician documenting a counseling session, kept separately from the rest of your record, require a separate written consent to be shared.

Legal proceedings consent. A consent to use your records in a civil, criminal, administrative, or legislative proceeding must be separate from any other consent.

WHEN WE MAY USE OR SHARE YOUR RECORDS WITHOUT YOUR CONSENT

Part 2 permits us to use or share your records without your written consent only in limited situations:

- **Within our program.** Staff who need the information to provide your care or run the program may use it.
- **Medical emergencies.** We may share information with medical personnel to the extent needed to treat a genuine medical emergency when your consent cannot be obtained.
- **Qualified service organizations.** We may share information with organizations that provide services to our program, such as a laboratory, under a written agreement that requires them to protect your information as Part 2 requires.

- **Suspected child abuse or neglect.** We may make reports of suspected child abuse or neglect as required by Wisconsin law.
- **Crimes on our premises or against our staff.** We may report limited information to law enforcement about a crime committed, or threatened, on program premises or against program personnel.
- **Research.** We may share information for research when the requirements of Part 2 and other applicable law are met.
- **Audits and evaluations.** We may share information with government agencies and other authorized organizations that audit or evaluate our program, under strict confidentiality requirements.
- **Public health.** We may share information with public health authorities only after it has been de-identified so it does not identify you.
- **Court orders.** We may share information when a court issues an order that meets the requirements of Part 2.
- **Reporting deaths.** We may report information about a patient's death to public authorities as required by law, such as for vital statistics.

LEGAL PROCEEDINGS

Your Part 2 records, or testimony about their content, may not be used to investigate or prosecute you for a crime, or as evidence against you in any civil, criminal, administrative, or legislative proceeding by a federal, state, or local authority, unless you give specific written consent, or a court issues an order that meets the requirements of Part 2 and is accompanied by a subpoena or similar legal requirement.

REDISCLOSURE

Information we share under Part 2 may be redisclosed by the recipient only as Part 2 or other applicable law permits. If you sign a consent for treatment, payment, and health care operations and we share your records with a HIPAA covered entity or business associate, that recipient may redisclose them as HIPAA permits, **but may never use them in legal proceedings against you** unless the requirements above are met. Recipients who are not covered by HIPAA generally may not redisclose your information without your further consent.

FUNDRAISING

We do not use your records for fundraising.

BREACH NOTIFICATION

We will notify you if a breach of your unsecured Part 2 records occurs, as required by law.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your SUD treatment records.
- We must give you this notice and follow the privacy practices it describes.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your records.
- We will not use or share your records other than as described in this notice unless you give written consent when consent is required.

CHANGES TO THIS NOTICE

We may change the terms of this notice, and the changes will apply to all records we maintain about you. The current notice will be available upon request and on our website.

QUESTIONS OR COMPLAINTS

If you have questions about this notice or believe your privacy rights have been violated, please contact: **Privacy Officer: Debra Hasanoglu**, Nezih Z. Hasanoglu, DO, SC, Substance Use Disorder Treatment Program, 10150 W. National Ave., Suite 202, West Allis, WI 53227 · Telephone: 414-213-1505.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/complaints. We will not retaliate against you for filing a complaint.

✂ Cut here: patient keeps the notice above; please return this section to the office

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received the Part 2 Patient Notice of the Nezih Z. Hasanoglu, DO, SC Substance Use Disorder Treatment Program, effective October 8, 2026.

Patient name: _____ Date: _____

Signature: _____

Representative name & relationship (if applicable): _____

Office use: ☐ Patient declined to sign; reason: _____ Staff initials: _____