



Advanced Behavioral Health, Inc.

ADVANCED BEHAVIORAL HEALTH, INC. NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 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.

This Notice of Privacy Practices applies to Advanced Behavioral Health, Inc. and its affiliates, including, without limitation, Behavioral Health Connecticut, LLC d/b/a Solutions EAP (collectively, "ABH"). All references in this Notice to the "Practice" or "We" or "Us" or "Our" shall apply to ABH, individually and collectively.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable cost-based fee.
- You must submit your request in writing. Contact our Privacy Officer for more information on how to request access to your medical record.

Ask us to correct your medical record.

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.
- You must submit your request in writing, including a description of the proposed correction and a reason that supports your request for the correction. Contact our Privacy Officer for more information on how to request a correction.

Request confidential communications.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

- You must submit your request in writing and specify how or where you wish us to contact you. Contact our Privacy Officer for more information on how to request confidential communications.

Ask us to limit what we use or share.

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- Contact our Privacy Officer for more information on how to request a correction to your medical record.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information.

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- Contact our Privacy Officer for more information on how to request an accounting.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Notice.

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting our Privacy Officer at (860) 638-5309.
- You can 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/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a facility directory

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Provide health care services.

We can use your health information and share it with other professionals who are treating you.

Example: We may share information you provide to us with those professionals who we may arrange to provide you with the necessary care.

Run our organization.

We can use and share your health information to run our Practice, improve your care, and contact you when necessary. We may also share your information with our business associates who carry out such activities on our behalf.

Example: We use and share health information about you to coordinate your treatment.

Bill for your services.

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to

meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues.

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Perform research.

We can use or share your information for health research.

Comply with the law.

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests.

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests.

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions.

We can share health information about you in response to a court or administrative order, or in response to a subpoena under certain conditions.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our offices, and on our web site.

SPECIAL RESTRICTIONS

State Law Restrictions for HIV-Related and Mental Health Records.

We may disclose HIV-related information and mental health records only as permitted by applicable Connecticut laws. With certain exceptions, your consent is required by such laws for most disclosures of such information and records.

Federal Law Restrictions for Substance Use Disorder (SUD) Records.

The Federal law protecting SUD records (42 CFR Part 2) may impose stricter requirements on the use and disclosure of SUD records received or maintained by ABH. In some cases (e.g., when you consent to our receipt of the records for treatment purposes), the SUD records may be redisclosed as described above. In other cases, your consent to redisclosure is necessary. In particular, SUD records we receive from programs subject to 42 CFR Part 2, or testimony relaying the content of the records, may never be used or disclosed by us in connection with any civil, administrative criminal, or legislative proceedings against you unless you have provided appropriate written consent or a court order after notice and an opportunity to be heard is provided to you or the record holder, as provided in 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the requested SUD records are used or disclosed.

PRIVACY OFFICER

If you have any questions or concerns regarding this Notice or our privacy practices, please contact ABH's Privacy Officer by phone at (860) 638-5309 or by mail to:

Advanced Behavioral Health, Inc.
213 Court Street
Middletown, CT 06457
Attn: Privacy Officer