

Archway Station, Inc.
Notice of Privacy Practices

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) and 42 C.F.R. Part 2
Effective: November 1, 2025

This Notice describes the following: how health information about you may be used and disclosed; how you can get access to this information; 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. You have a right to a copy of this Notice (in paper or electronic form) and to discuss this Notice with Archway’s Compliance Officer at (301) 777-1700 ext. 2125 if you have any questions. Please review this information carefully.

Privacy Obligations:

Archway Station, Inc. is committed to providing you with quality services. An important part of that commitment is protecting your health information according to applicable law. This Notice of Privacy Practices (“Notice”) describes the privacy practices of Archway Station, Inc., including your rights and our duties under Federal Law. This Notice is prepared in accordance with the regulations governing the privacy of substance use disorder (“SUD”) treatment records found at 42 C.F.R. Part 2 (“Part 2”). Protected Health Information (“PHI”) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition; the provision of healthcare services; or the past, present, or future payment for the provision of healthcare services to you. All employees of Archway Station who are involved in providing and coordinating services are bound to follow the terms of this Notice of Privacy Practices. Archway staff will share Protected Health Information with each other only on a need-to-know basis to effectively provide you with services.

Your rights regarding your health information. You have the right to:

- **A copy of this Privacy Notice.** You will be provided a copy of this notice during enrollment and annually thereafter. You can ask for a copy of this notice at any time or by accessing our website: www.archwaystation.net
- **Give us your permission to share information** with your family, close friends, or other providers involved in your care.
- **Request a copy of your health information.** You can ask to see or get a copy of your records. We will provide you a copy or a summary of your health information within 30 days. A reasonable fee may apply.
- **Request us to amend, change or correct your record.** You can ask us to amend or change your information if you think it’s incorrect or incomplete. We may say ‘no’ to your request, but will tell you in writing within 60 days.
- **Request confidential communications.** You can ask us to contact you in a specific way (for example, call or text) or send mail to a different address other than your primary mailing address.
- **Request us to limit what we use or share.** You can request that certain uses or disclosures of your protected health information be restricted. We will honor your request except when overriding laws or emergencies apply.
- **Request a list of those with whom we’ve shared information.** You can ask for a list of the times we’ve shared your health information. Exceptions are disclosures made for treatment, payment, health care operations or made with your authorization. A reasonable fee may apply.
- **Revoke an authorization.** You can ask us to stop your authorization to use or share information. This excludes information that has already been shared.
- **Choose someone to act on your behalf.** If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- **File a complaint.** If you feel your rights have been violated, you have the right to file a complaint.

We may use and disclose your information without your authorization under these circumstances:

- **For providing services.** For treatment purposes and to share with staff who provide or manage your care, including other professionals involved in your care such as a private doctor or therapist.
- **To bill for your services.** To bill and obtain payment for services provided to you from other health entities.
- **To run our agency.** To operate our agency such as evaluating the quality of services; to contact you if necessary; for state and federal auditing purposes; licensing; program evaluations. This includes agencies that are contracted by us to perform services on our behalf.
- **For legal actions.** As required by law, for communicating with law enforcement officials or other government agencies that provide public benefits; responding to a court or administrative order or in response to a subpoena.
- **Health and safety issues.** To medical personnel for the purpose of treating you in an emergency. As required by law, for reporting suspected abuse or neglect; preventing or reducing a serious and imminent threat to anyone’s health or safety.
- **Marketing & research.** We never market or sell your PHI. Your PHI could be disclosed for approved research using extra privacy precautions.
- **Federal law and regulations** do not protect any information about a crime committed by you at Archway, against any person who works for Archway, or about any threat to commit such a crime; or any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Our Responsibilities. We are required to:

- Maintain the privacy and security of your protected health information including following SUD regulations under 42 CFR Part 2.
- Obtain your written authorization for uses and disclosures of your protected health information.
- Follow the duties and privacy practices described in this policy and post it in our offices and website; provide you a copy.
- Notify you if we are unable to agree to a requested restriction or accommodate your request to communicate protected health information by alternative means and/or locations.
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Not share your information other than as described here without your authorization. You have the right to change your mind at any time by notifying us in writing.

For more information or to report a problem:

- For questions, concerns, or requests for information, contact Archway’s Compliance Officer at (301) 777-1700 ext. 2125.
- If you believe we have violated your privacy rights, you have the right to file a complaint in writing to:
 - Archway Station, Inc. Compliance Officer: 45 Queen Street, Cumberland, MD 21502; (301) 777-1700 ext. 2125; or,
 - U.S. Department of Health and Human Services Office for Civil Rights: 200 Independence Avenue, SW, Washington, DC 20201; (877) 696-6775; OCRMail@hhs.gov; www.hhs.gov
- We support your right to privacy of your PHI. You will not be retaliated against in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.
- Archway reserves the right to change this Notice of Privacy Practices at any time. Any changes to this policy will be shared with you during the agency’s Annual Consent for Service packet review.