

# **ADDENDUM TO NOTICE OF PRIVACY PRACTICES**

**(42 C.F.R. Part 2)**

**Effective February 16, 2026**

This Notice Describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- 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, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE PLAN'S ADMINISTRATIVE OFFICE (952) 854-0795 OR TOLL-FREE (800) 622-8780 IF YOU HAVE ANY QUESTIONS.

This Addendum supplements the Plan's Notice of Privacy Practices and describes additional federal privacy protections that apply to certain substance use disorder records. If there is a conflict between this Addendum and the Notice of Privacy Practices, this Addendum controls for records covered by 42 C.F.R. Part 2.

## **1. Records Covered by This Addendum**

This Addendum applies to records that:

- Identify you as having, having had, or being referred for a substance use disorder; and
- Are protected by federal confidentiality rules at 42 C.F.R. Part 2 ("Part 2 Records").

These protections apply in addition to HIPAA. Where Part 2 provides greater privacy protection than HIPAA, Part 2 governs.

## **2. General Rule: Limited Use and Disclosure**

Part 2 Records cannot be used or disclosed by the Plan unless:

- You give a valid written consent that meets Part 2 requirements; or
- The use or disclosure is expressly permitted by Part 2.

A general HIPAA authorization is not sufficient for these records.

## **3. Your Written Consent Is Usually Required**

When your written consent is required, it must meet specific federal requirements and generally must include:

- The name of the person or entity allowed to disclose the information;
- The name of the person or entity who will receive the information;
- A description of the information that will be disclosed;
- The purpose of the disclosure;
- A statement that you may revoke your consent at any time (except to the extent that action has already been taken in reliance on it) and how you may revoke your consent;
- The date, event, or condition upon which the consent will expire;
- Your signature or the signature of your personal representative and the date of your signature;

In addition to the requirements above, your written consent must include the following statements:

- The potential for the records used or disclosed pursuant to the consent to be subject to redisclosure by the recipient and no longer protected.
- The consequences if you refuse to sign the consent.

The Plan will not rely on a consent that is expired, revoked, materially incorrect, or does not meet federal requirements.

#### 4. Consent Language

The following language shall be included in any authorization form used by the Plan when Part 2 Records may be disclosed:

#### CONSENT FOR DISCLOSURE OF SUBSTANCE USE DISORDER RECORDS

(42 C.F.R. PART 2)

I authorize the disclosure of my substance use disorder treatment records protected under 42 C.F.R. Part 2 as follows:

- Patient Name: \_\_\_\_\_
- Entity Permitted to Disclose: [Name of Plan]
- Recipient(s): \_\_\_\_\_
- Description of Information: \_\_\_\_\_
- Purpose of Disclosure: \_\_\_\_\_

I understand that my substance use disorder treatment records are protected under federal law (42 C.F.R. Part 2) and cannot be disclosed without my written consent unless otherwise permitted by law.

The records used or disclosed pursuant to this consent may be subject to redisclosure by the Recipient and are no longer protected by 42 C.F.R. Part 2.

I understand that I may revoke this consent at any time by submitting a written revocation to the Plan's Administrative Office, except to the extent the Plan has already acted in reliance on this consent.

The consequences of my refusal to sign this consent will result in the Plan being unable to process claims for substance use disorder treatment services.

This consent will expire on the following date or event: \_\_\_\_\_

Signature of Individual: \_\_\_\_\_

Date: \_\_\_\_\_

If signed by personal representative, describe authority: \_\_\_\_\_

## 5. Special Rules for Certain Disclosures

- The Plan must obtain consent for any use or disclosure of substance use disorder counseling notes, except to carry out treatment, payment, or health care operations.
- A written consent for a use or disclosure of substance use disorder counseling notes may only be combined with another written consent for a use or disclosure of substance use disorder counseling notes.
- The Plan may not condition payment, enrollment in the Plan, or eligibility for benefits on the provision of a written consent for a use or disclosure of substance use disorder counseling notes.
- Consent for use and disclosure of records (or testimony relaying information contained in a record) in a civil, criminal, administrative, or legislative investigation or proceeding cannot be combined with a consent to use and disclose a record for any other purpose.

## 6. Required Federal Notice on Re-Disclosure

Any disclosure of Part 2 Records by the Plan must include the following notice:

This record which has been disclosed to you is protected by Federal confidentiality rules (42 CFR. Part 2). These rules prohibit you from using or disclosing this record, or testimony that describes the information contained in this record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against the patient, unless authorized by the consent of the patient, except as provided at 42 CFR 2.12(c)(5) or as authorized by a court in accordance with 42 CFR 2.64 or 2.65. In addition, the Federal rules prohibit you from making any other use or disclosure of this record unless at least one of the following applies:

1. Further use or disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or as otherwise permitted by 42 CFR part 2.
2. You are a covered entity or business associate and have received the record for treatment, payment, or health care operations, or

3. You have received the record from a covered entity or business associate as permitted by 45 CFR part 164, subparts A and E.

A general authorization for the release of medical or other information is NOT sufficient to meet the required elements of written consent to further use or redisclose the record.

## **7. Your Rights Under HIPAA and Part 2**

- **Right of Access:**  
Your right to access your health information applies to Part 2 Records only as permitted by Part 2. When consent is required, the Plan will obtain it before releasing records.
- **Accounting of Disclosures:**  
Disclosures of Part 2 Records are tracked in accordance with both HIPAA and Part 2. Where the rules differ, the stricter rule applies.
- **Restrictions:**  
The Plan will honor any limitations in your Part 2 consent, even if HIPAA would otherwise allow the disclosure.

## **8. Safeguards**

The Plan maintains administrative, technical, and physical safeguards to protect Part 2 Records. Access is limited to those who need the information to perform Plan administration functions.

## **9. Questions or Complaints**

If you have questions about this Addendum or believe your rights regarding substance use disorder records have been violated, you may contact the Plan's Administrative Office. If you believe your rights regarding substance use disorder records have been violated, you may also file a complaint to the Secretary as provided under 45 CFR 160.306. A complaint under 45 CFR 160.306 must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless this time limit is waived by the Secretary for good cause shown.

**CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS  
ADDENDUM  
(42 CFR PART 2)**

**Effective February 16, 2026**

This Addendum is adopted as part of the Plan’s HIPAA Privacy Policies and Procedures and supplements, and where applicable modifies, those policies with respect to records subject to 42 CFR Part 2.

**1. Purpose and Applicability**

This Addendum applies to the Plan to the extent the Plan receives, creates, maintains, or discloses records that identify an Individual as having, having had, or being referred for a substance use disorder and that are subject to the Confidentiality of Substance Use Disorder Patient Records regulations at 42 CFR Part 2 (“Part 2 Records”).

The Plan shall comply with 42 CFR Part 2 in addition to the Privacy Regulations. Where Part 2 provides greater privacy protection than the Privacy Regulations, Part 2 shall control.

**2. General Rule**

Part 2 Records shall not be used or disclosed by the Plan except:

- a. Pursuant to a valid written patient consent meeting the requirements of 42 CFR. § 2.31;  
or
- b. As otherwise expressly permitted by Part 2.

**3. Consent Rules**

Any consent used by the Plan to authorize the use or disclosure of Part 2 Records must include all elements required under 42 CFR. § 2.31, including:

- 1. The name of the individual authorized to make the requested use or disclosure;
- 2. The name or specific identification of the entity permitted to make the disclosure;
- 3. The name or specific identification (or general designation) of the individual(s) or entity(ies) to whom disclosure may be made. For a single consent for all future uses and disclosures for treatment, payment, and health care operations, the recipient may be described as “my treating providers, health plans, third-party payers, and people helping to operate this program” or a similar statement.
  - a. *Special instructions for intermediaries.* If the recipient entity is an intermediary, a written consent must include the name of the intermediary and: (A) The name of the member participants of the intermediary; or (B) A general designation of a participant or class of participants, which must be limited to a participant who has a treating provider relationship with the patient whose information is being used or disclosed.

- b. *Special instructions when designating certain recipients.* If the recipient is a covered entity or business associate to whom a Part 2 record (or information contained in a Part 2 record) is disclosed for purposes of treatment, payment, or health care operations, a written consent must include the statement that the patient's record (or information contained in the record) may be redisclosed in accordance with the permissions contained in the HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against the patient.
4. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;
5. A description of each purpose of the disclosure;
  - a. The statement "at the request of the patient" is a sufficient description of the purpose when a patient initiates the consent and does not, or elects not to, provide a statement of the purpose.
  - b. The statement, "for treatment, payment, and health care operations" is a sufficient description of the purpose when a patient provides consent once for all such future uses or disclosures for those purposes.
6. A statement that the Individual understands consent is revocable at any time (except to the extent action has already been taken in reliance on it) and how the Individual may revoke consent. The statement "end of the treatment," "none," or similar language is sufficient if the consent is for a use or disclosure for treatment, payment, or health care operations.
7. The date, event, or condition upon which the consent will expire (if not previously revoked);
8. The signature of the Individual (and, if applicable, personal representative); and
9. The date of signature.
10. An Individual's written consent to use or disclose records for treatment, payment, or health care operations must include the following statements:
  - a. The potential for the records used or disclosed pursuant to the consent to be subject to redisclosure by the recipient and no longer protected.
  - b. The consequences to the Individual of a refusal to sign the consent.

The Plan shall not rely on any consent that has expired, that on its face substantially fails to conform to any of the requirements set forth above, is known to have been revoked, or is known, or through reasonable diligence could be known, by the person holding the records to be materially false.

The Plan must obtain consent for any use or disclosure of SUD counseling notes, except to carry out treatment, payment, or health care operations.

A written consent for a use or disclosure of SUD counseling notes may only be combined with another written consent for a use or disclosure of SUD counseling notes.

The Plan may not condition payment, enrollment in the Plan, or eligibility for benefits on the provision of a written consent for a use or disclosure of SUD counseling notes.

Consent for use and disclosure of records (or testimony relaying information contained in a record) in a civil, criminal, administrative, or legislative investigation or proceeding cannot be combined with a consent to use and disclose a record for any other purpose.

**4. Part 2 Consent Language**

The following language shall be included in any authorization form used by the Plan when Part 2 Records may be disclosed:

**CONSENT FOR DISCLOSURE OF SUBSTANCE USE DISORDER RECORDS**

(42 C.F.R. PART 2)

I authorize the disclosure of my substance use disorder treatment records protected under 42 C.F.R. Part 2 as follows:

- Patient Name: \_\_\_\_\_
- Entity Permitted to Disclose: [Name of Plan]
- Recipient(s): \_\_\_\_\_
- Description of Information: \_\_\_\_\_
- Purpose of Disclosure: \_\_\_\_\_

I understand that my substance use disorder treatment records are protected under federal law (42 C.F.R. Part 2) and cannot be disclosed without my written consent unless otherwise permitted by law.

The records used or disclosed pursuant to this consent may be subject to redisclosure by the Recipient and are no longer protected by 42 C.F.R. Part 2.

I understand that I may revoke this consent at any time by submitting a written revocation to the Plan's Administrative Office, except to the extent the Plan has already acted in reliance on this consent.

The consequences of my refusal to sign this consent will result in the Plan being unable to process claims for substance use disorder treatment services.

This consent will expire on the following date or event: \_\_\_\_\_

Signature of Individual: \_\_\_\_\_

Date: \_\_\_\_\_

If signed by personal representative, describe authority: \_\_\_\_\_

## **5. Prohibition on Re-Disclosure Notice**

All disclosures of Part 2 Records by the Plan must include the following notice as required by 42 C.F.R. § 2.32:

This record which has been disclosed to you is protected by Federal confidentiality rules (42 CFR, Part 2). These rules prohibit you from using or disclosing this record, or testimony that describes the information contained in this record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against the patient, unless authorized by the consent of the patient, except as provided at 42 CFR 2.12(c)(5) or as authorized by a court in accordance with 42 CFR 2.64 or 2.65. In addition, the Federal rules prohibit you from making any other use or disclosure of this record unless at least one of the following applies:

1. Further use or disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or as otherwise permitted by 42 CFR part 2.
2. You are a covered entity or business associate and have received the record for treatment, payment, or health care operations, or
3. You have received the record from a covered entity or business associate as permitted by 45 CFR part 164, subparts A and E.

A general authorization for the release of medical or other information is NOT sufficient to meet the required elements of written consent to further use or redisclose the record (see 42 CFR 2.31).

## **6. Interaction with Existing HIPAA Policies**

### **A. Access to PHI**

The Individual's right of access under 45 C.F.R. § 164.524 applies to Part 2 Records only to the extent permitted by Part 2. Where Part 2 requires consent prior to disclosure, the Plan shall obtain valid Part 2 consent before releasing such records.

### **B. Accounting of Disclosures**

Disclosures of Part 2 Records shall be tracked in accordance with both HIPAA and Part 2 requirements. If Part 2 requires documentation beyond HIPAA accounting rules, the stricter standard shall apply.

### **C. Restrictions**

The Plan shall honor any restrictions arising from the scope or limitations of a Part 2 consent, even if HIPAA would not otherwise require agreement to the restriction.

## **7. Business Associates and Service Providers**

All Business Associates and vendors that receive Part 2 Records must agree in writing to:

- Comply with 42 C.F.R. Part 2;
- Limit use and disclosure to purposes permitted by Part 2;
- Include the prohibition on re-disclosure notice with any onward disclosures; and
- Implement safeguards to prevent unauthorized use or disclosure.

## **8. Safeguards**

The Plan shall apply administrative, technical, and physical safeguards to Part 2 Records consistent with Part 2 and HIPAA security requirements. Access shall be limited to workforce members designated to perform Plan administration functions.

## **9. Conflicts**

In the event of a conflict between this Addendum and the Plan's HIPAA Privacy Policies and Procedures, this Addendum shall control with respect to Part 2 Records.