

Northwest Louisiana Human Service NLHSD

Notice of Privacy Practices

Regarding Substance Use Disorder Treatment Information

This notice describes how health information related to Substance Use Disorder (“SUD”) prevention and treatment by the Northwest Louisiana Human Service NLHSD, its clinics, and affiliated providers (“NLHSD”) may be used and disclosed, your rights with respect to your SUD treatment information and how to file a complaint concerning a violation of the privacy or security of your SUD treatment information, or of your rights concerning your SUD treatment information. This notice supplements the information in our HIPAA Notice of Privacy Practices and describes the additional protections for records related to SUD treatment information.

We are required to provide you with this notice of our legal duties and privacy practices with respect to SUD records and to notify affected clients following a breach of unsecured SUD records. This notice is applicable to SUD treatment information protected under 45 CFR Part 2 which is limited to SUD treatment programs and does not apply to information related to care provided outside these programs such as general medical care and counseling unrelated to SUD provided by our medical providers outside of the SUD programs.

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 CLINIC MANAGER**, IF YOU HAVE ANY QUESTIONS AT:
 - SHREVEPORT BEHAVIORAL HEALTH, PHONE: 318-676-5111 OR EMAIL: MEKISHA.MCCRAW@LA.GOV.
 - NATCHITOCHES BEHAVIORAL HEALTH, PHONE: 318-357-3122 OR EMAIL: FAYE.HOBLEY@LA.GOV
 - MINDEN BEHAVIORAL HEALTH, PHONE: 318-371-3001 OR EMAIL: MARSHA.HAYES@LA.GOV
 - MANY BEHAVIORAL HEALTH, PHONE: 318-256-4206 OR EMAIL: SHARON.BEARD@LA.GOV

I. HOW WE MAY USE AND SHARE YOUR INFORMATION.

The confidentiality of SUD clients records maintained by us is protected by Federal law and regulations. We will share your SUD treatment information amongst our staff as needed to provide

care to you or to bill you for services. Generally, however, we may not say to a person outside the SUD treatment program that you are a client of the program or disclose any information identifying you as an alcohol or drug abuser except in the circumstances described below.

Instances where we may share information without your consent:

- The disclosure is made to medical personnel in a medical emergency.
- The disclosure is made to qualified service organizations providing services on our behalf who agree in writing to protect the information in the same way that we are required to protect the information.
- The disclosure is made to law enforcement to report a crime you commit, or threaten to commit, in our facility or against our personnel.
- The disclosure is made to the Louisiana Department of Children and Families to report suspected child abuse and neglect as required by Louisiana state law.
- The disclosure is made pursuant to regulatory supervision to qualified personnel for scientific research after the information has been de-identified.
- The disclosure is to a public health authority, as long as the information has been de-identified.
- The disclosure is made to qualified personnel for audit or program evaluation who a) agree in writing to protect the information as required under our policies, b) represent federal, state, or local government agencies that are authorized by law to oversee our program, or c) provide financial assistance to the program or provide payment for health care such as the Office of Behavioral Health.
- The disclosure is allowed by a court order requiring that we share your information.
- The disclosure is to a parent, guardian, or other authorized representative if you are a minor and the NLHSD determines that you lack the capacity to make a rational choice as to consent.

In all other circumstances, we must obtain your specific written consent allowing the NLHSD to make the disclosure. Instances where we may share information with your consent:

- You ask us in writing to share your information with a specified person or entity.
- You consent to allow us to share information about you outside of our program for all future treatment, payment, and healthcare operations purposes. Organizations who would receive your information for these purposes are required by federal and state law and/or contract to protect your information as required by Federal law protecting SUD information or by HIPAA. Recipients who are required to protect your information as required by

HIPAA may share your information only as allowed by HIPAA except that they may not re-disclose information for civil, criminal, administrative, and legislative proceedings against you.

We ask you to help us care for you and support your treatment goals by providing a written consent that allows your providers to receive from, and disclose to, other treating providers, your identity and information in order to provide you the care you need, to obtain payment for care and treatment, and to allow for communication with other professionals, friends, and advocates involved in your treatment or recovery.

If you consent to our sharing your information, you can change your mind and ask us not to at any time by letting us know in writing. If you change your mind, we will stop any future sharing of your information but will be unable to stop any information that has already been released. You are permitted to provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.

Client records, or testimony relaying the content of such records, may not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you as a client unless based on specific written consent or a court order. Records will only be used or disclosed based on a court order after any appropriate notice and an opportunity to be heard is provided to you or the holder of the record, where required by law. Any court order authorizing use or disclosure must be accompanied by any applicable and required legal mandate before the record is used or disclosed.

Records that are disclosed to a part 2 program, covered entity, or other qualified service organization or business associate pursuant to your written consent for treatment, payment, and health care operations purposes may be further disclosed by that part 2 program, covered entity, or business associate, without your further consent, to the extent permitted by law.

The NLHSD may not use or disclose records to fundraise unless you are first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.

II. YOUR RIGHTS AS A CLIENT IN THE PROGRAM

As a client in the NLHSD SUD prevention and/or treatment program you have certain rights with regard to your information in addition to those rights described in our HIPAA Notice of Privacy Practices.

A. The Right to Inspect and Copy Your Protected Health Information.

You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as the NLHSD maintains the PHI. A “designated record set” contains medical and billing records and any other records that your practitioner and the NLHSD uses for making decisions about you. If information in a “designated record set” is maintained electronically, you may request an electronic copy in a form and format of your choice that is readily producible or, if the form/format is not readily producible, you will be given a readable electronic copy.

Under federal law, however, you may not inspect or copy the following records: counseling and psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to a law that prohibits access to PHI. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

The NLHSD may deny your request to inspect or copy your PHI, if in its professional judgment, the NLHSD determines that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

To inspect or copy your medical information, you must submit a written request to the Clinic Manager whose contact information is listed on the previous page of this Notice. If you request a copy of your information, the NLHSD will provide the first copy you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Please contact the Clinic Manager if you have questions about access to your medical record.

B. The Right to Request a Restriction on Uses and Disclosures of Your Protected Health Information.

Under law, you may ask the NLHSD not to use or disclose certain parts of your PHI for the purposes of treatment, payment or health care operations, including in instances where you have already consented to such use. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Except in the limited instance where your request pertains solely to notification to a health plan and involves a health care item or service for which you or someone other than the health plan paid for the services in full, the NLHSD is not required to agree to a restriction that you may request, and the NLHSD will notify you if it denies your request to a restriction. If the NLHSD does agree to the requested restriction, it may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, the NLHSD may terminate its agreement to a restriction with regards to records created or received after it has informed you of the termination of the restriction. You may request a restriction by contacting the Clinic Manager.

C. The Right to Request Amendments to Your Protected Health Information.

You may request an amendment of PHI about you in a designated record set for as long as the NLHSD maintains this information. In certain cases, the NLHSD may deny your request for an amendment. If the NLHSD denies your request for amendment, you will receive a letter that tells you why your request is denied. You have the right to file a statement of disagreement with the NLHSD and the NLHSD may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to the Clinic Manager. In this written request, you must also provide a reason to support the requested amendments.

D. The Right to Receive an Accounting.

You have the right to request an accounting of all disclosures made by the NLHSD to which you have consented within the preceding 3-year period, to include disclosures for purposes of treatment, payment, and health care operations (TPH), so long as such TPH records are contained in electronic form.

The NLHSD is not required to account for disclosures that the NLHSD is permitted to make without your authorization.

The request for an accounting must be made in writing to the Privacy Officer. The request should specify the time period sought for the accounting. The NLHSD will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

You have the further right to request an accounting of any disclosures made by an intermediary, which means any person, other than part of a Part 2 program, covered entity, or business associate, who has received such records pursuant to consent and a general description in order to be disclosed to one or more member participants who have a treating provider relationship with the client, for any such disclosures within the past 3 years.

E. The Right to Obtain a Paper Copy of this Notice.

Upon request, the NLHSD will provide a paper or electronic copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically. You may also find this notice on the NLHSD's website at <https://nlhsd.org>.

III. OUR DUTIES

The NLHSD is required by law to maintain the privacy of your health information and report to you any breach of unsecured PHI. This obligation continues even after you are no longer a client of the NLHSD. The NLHSD is also required to provide you with this Notice of the NLHSD's duties and privacy practices and shall abide by terms of this Notice as may be amended from time to time.

The NLHSD reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all future PHI that the NLHSD maintains. In such event, the NLHSD will timely notify current clients of any amendment to this policy and have current clients signify their knowledge of the amended policy in writing. Former clients may request an updated copy of our notice by contacting the Clinic Manager or may review the most recent Notice in effect on the NLHSD's website at <https://nlhsd.org>.

IV. COMPLAINTS

You have the right to express complaints to the NLHSD and to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the NLHSD by contacting the NLHSD's Operations Director

verbally or in writing, using the contact information below. The NLHSD encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated or discriminated against in any way for filing a complaint.

Violation of Part 2 by a program such as the NLHSD and/or its employees is a crime. Suspected violations may be reported to appropriate authorities including the U.S. Attorney for the Western NLHSD of Louisiana in accordance with Federal regulations.

V. CONTACT PERSON

The NLHSD's contact person for all issues regarding your privacy and your rights under the federal privacy standards is the Clinic Manager. Information regarding matters covered by this Notice may be requested by contacting the Clinic Manager. If you feel that your privacy rights have been violated by the NLHSD you may submit a complaint to the Operations Director by sending it to:

Allie Allen, Operations Director.
Northwest Louisiana Human Services NLHSD
1310 N. Hearne Ave.
Shreveport, Louisiana 71107

Telephone: 318-676-5111
Email: allie.allen@la.gov.

You may file a health information privacy and security complaint with the Office for Civil Rights (OCR) if you feel a [covered entity or business associate](#) violated your (or someone else's) health information privacy rights or committed another violation of the Privacy, Security, or Breach Notification Rules ("HIPAA Rules").

You may also file a complaint with OCR for a potential violation of the confidentiality regulation protecting substance use disorder (SUD) patient records, 42 CFR part 2 ("Part 2").

[OCR Complaint Portal-](https://ocrportal.hhs.gov/) <https://ocrportal.hhs.gov/>

Complaint Requirements

Anyone can file a complaint about noncompliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy, Security, and Breach Notification Rules or 42 CFR part 2 ("Part 2"), Confidentiality of Substance Use Disorder Patient Records.

Your complaint must:

- Be filed in writing by mail, fax, e-mail, or via the [OCR Complaint Portal](#).
- Name the entity involved:
 - For a HIPAA complaint, name the covered entity or business associate

- For a Part 2 complaint, name the Part 2 program, Qualified Service Organization, lawful holder of Part 2 records, or other person holding Part 2 records
- Describe the acts or omissions you believed violated the requirements of the Privacy, Security, or Breach Notification Rules or Part 2.
- Be filed within 180 days of when you knew that the act or omission complained of occurred. OCR may extend the 180- day period if you can show "good cause"

HIPAA and Part 2 Prohibit Retaliation

Under HIPAA and Part 2, an entity cannot retaliate against you for filing a complaint. You should notify OCR immediately in the event of any retaliatory action.

File a Health Information Privacy or Security Complaint Online

Open the [OCR Complaint Portal](#) and select the type of complaint you would like to file. Complete as much information as possible, including:

- Information about you, the complainant
- Details of the complaint
- Any additional information that might help OCR when reviewing your complaint

You will then need to electronically sign the complaint and complete the consent form. After completing the consent form, you will be able to print out a copy of your complaint to keep for your records

File a Health Information Privacy or Security Complaint in Writing

File a Complaint Using the HIPAA Privacy and Security Complaint Form Package or the Part 2 Complaint Form Package

Open and fill out the [HIPAA Privacy and Security Complaint Form Package \[PDF, 408 KB\]](#) or the [Part 2 Complaint Form Package \[PDF, 617 KB\]](#) in PDF format. You will need Adobe Reader software to fill out the complaint and consent forms. You may either:

- Print and mail the completed complaint and consent forms to:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

- Email the completed complaint and consent forms to OCRComplaint@hhs.gov (Please note that communication by unencrypted email presents a risk that personally identifiable information contained in such an email, may be intercepted by unauthorized third parties)

File A Complaint Without Using Our Health Information Privacy Complaint Package

If you prefer, you may submit a written complaint in your own format by either:

- Print and mail the completed complaint and consent forms to:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
- Email to OCRComplaint@hhs.gov

Be sure to include:

- Your name
- Full address
- Telephone numbers (include area code)
- E-mail address (if available)
- Name, full address and telephone number of the person, agency, or organization you believe violated your (or someone else's) health information privacy rights or committed another violation of the HIPAA Privacy, Security, or Breach Notification Rules or Part 2.
- Brief description of what happened. How, why, and when do you believe your (or someone else's) health information privacy rights were violated, or how the Privacy, Security, or Breach Notification Rules or Part 2 were otherwise violated
- Any other relevant information
- Your signature and date of complaint

If you are filing a complaint on someone's behalf, also provide the name of the person on whose behalf you are filing.

You may also include:

- If you need special accommodations for us to communicate with you about this complaint
- Contact information for someone who can help us reach you if we cannot reach you directly
- If you have filed your complaint somewhere else and where you've filed

Before You File a HIPAA Complaint

[Review these questions before filing a HIPAA complaint with OCR.](#)

Are you filing a complaint against an entity that is required by law to comply with the HIPAA Privacy, Security, or Breach Notification Rules?

Not all entities are required to comply with the Privacy and Security Rules. OCR can only investigate the **covered entities** that must comply with these rules. **Covered entities** include most:

- Doctors
- Clinics
- Hospitals
- Psychologists
- Chiropractors
- Nursing Homes
- Pharmacies
- Dentists
- Health Insurance Companies
- Company Health Plans
- Medicare, Medicaid, and other government programs that pay for health care

Does your complaint describe an activity that might violate the Privacy or Security Rule?

If you are not sure, go ahead and file your complaint. But, OCR can only investigate complaints that allege an action or omission that fails to comply with the Privacy, Security, or Breach Notification Rules. For example, a doctor can send your medical test results to another doctor without your permission if the doctor needs the information to treat you; this is not a violation of the Privacy Rule, so we would not investigate a complaint that described this situation.

Are you willing to give OCR your name and contact information?

OCR does not investigate complaints filed without a name and contact information on the complaint. If you want OCR to keep your name and contact information confidential during the investigation, you may specify that on the consent form.

VI. EFFECTIVE DATE

This policy is effective as of August 18, 2025, Revised 9.4.2026

Acknowledgement of Receipt of this Notice of Privacy Practices by Substance Use Patients

I acknowledge that I have received and reviewed the Northwest Louisiana Human Services NLHSD Notice of Privacy Practices Regarding Substance Use Disorder Treatment Information.

Patient Signature

Date

Patient Representative Signature

Date