

SUPPLEMENTAL JOINT NOTICE OF PRIVACY PRACTICES FOR SUBSTANCE USE DISORDER AND/OR MENTAL HEALTH SERVICES - JOHN MUIR BEHAVIORAL HEALTH CENTER

THIS NOTICE SUPPLEMENTS THE JOHN MUIR HEALTH JOINT NOTICE OF PRIVACY PRACTICES. IT DESCRIBES HOW SUBSTANCE USE DISORDER TREATMENT AND/OR MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.

PLEASE REVIEW THE JOINT NOTICE OF PRIVACY PRACTICES
AND THIS SUPPLEMENT CAREFULLY.

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 SUPPLEMENTAL NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE JOHN MUIR HEALTH PRIVACY OFFICER AT (925) 941-2688 or PrivacyOffice@johnmuirhealth.com IF YOU HAVE ANY QUESTIONS.

JOHN MUIR BEHAVIORAL HEALTH CENTER
SUBSTANCE USE DISORDER PATIENT RECORDS
42 CFR §2.22 NOTICE TO PATIENTS OF
FEDERAL CONFIDENTIALITY REQUIREMENTS

In this section of the Supplemental Notice, your health information means your substance use disorder patient record.

Your Rights

You have the right to:

- Consent to most uses and disclosures of your health information
- Ask us to limit the information we share
- Get a copy of this Supplement Notice
- Discuss this Supplemental Notice with someone in our program
- Get a list of those with whom we've shared your electronic records
- Get a list of health care providers who have received your information through certain third parties
- File a complaint if you believe your privacy rights have been violated

Your Choices

With your consent, we can use and share your information as we:

- Treat you
- Run our organization
- Bill for our services
- Fulfill your requests to share information with your consent
- Prevent multiple program enrollments
- Report about court-referred treatment
- Report to prescription drug monitoring programs

Our Uses and Disclosures

We may use and share your information without your consent as we:

- Communicate within our program and with our contractors
- Help with medical emergencies

- Help with public health
- Report crimes (and threats of crimes) on our premises and suspected child abuse and neglect
- Aid scientific research
- Respond to audits and evaluations of our program
- Assist cause of death inquiries
- Respond to court orders

In all these circumstances, we must protect your information and limit how we use and share it.

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.

Provide consent when we use or share your information for most purposes

- You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.
- You may provide consent for more limited purposes (for example, to only disclose information to another health care provider for your treatment); however, doing so may affect the services we can provide you or how you pay for services.
- You may provide a general consent to share your information through certain third parties, such as a health information network or a research institution, where your treating health care providers can access it.

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 health care operations after you have provided consent for all those purposes. We are not required to agree to your request, and we may say “no” if, for example, it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- 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 health care operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a copy of this Supplemental Notice

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

Discuss this Supplemental Notice with someone in our program

- You can ask questions or obtain more information about this Supplemental Notice and our privacy practices by calling or emailing the contact person at the top or at the end of this Supplemental Notice.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information provided at the end of the Supplemental Notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights using the information provided at the end of the Supplemental Notice.
- We will not retaliate against you for filing a complaint.

Your Choices

How do we typically use or share your health information?

With your consent, we typically use or share your health information in the following ways.

Treat you

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

Example: A doctor treating you for a chronic condition asks a doctor at our program about your health condition and medications you are taking, for example, to avoid complications.

Run our organization

We can use and share your health information to run our program, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

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.

With your consent, we may also use and share your information in the following ways:

- To whomever you name in a consent to share your information

- To prevent multiple enrollments in withdrawal management or maintenance treatment programs
- To report participation in treatment required by the criminal justice system
- To report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law

You can choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your 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.

Our Uses and Disclosures

How else can we use or share your health information?

We are allowed or required to share your information in certain ways without your consent – 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.

To communicate within our program and with contractors

We can share your information within our program, with an organization that has administrative control over our program, and with contractors who help us run our program.

For medical emergencies

We can share your information during a bona fide medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency.

We can also share your identifying information to assist the federal Food and Drug Administration in notifying you or your doctor about unsafe products you may be using.

Help with public health

We can share health information that does not identify you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications

Aid scientific research

We can use or share your information to conduct or help with health research. Researchers cannot include any patient identifying information in their reports about the research.

Respond to management and financial audits and program evaluations

We can use or share your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you.

Assist with cause of death inquiries

We can share patient identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death.

Report suspected child abuse and neglect

We will only report the information required by law.

Prevent or reduce crime in our program

We may report to law enforcement when a patient commits or threatens to commit a crime within our program or against our staff.

Redisclosure According to HIPAA

When you consent to uses and disclosures for all future treatment and payment purposes and to run our business, we may share your information with other substance use disorder treatment programs, doctors' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement).

Legal Proceedings and Court Orders

We must follow certain procedures before using or sharing your information for investigations and legal proceedings.

- We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.

- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

Our Responsibilities

- We are required to obtain your consent for most uses and sharing of your information.
- We are required by law to maintain the privacy and security of your information.
- We must 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 Supplemental Notice and give you a copy of it.
- We will not use or share your information other than as described in this Supplemental Notice 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.

Changes to the Terms of this Supplemental Notice

- We are required to follow the terms of this Supplemental Notice that are currently in effect. We can change the terms of this Supplemental Notice, and the changes will apply to all information we have about you. The new Supplemental Notice will be available upon request in our office and on our web site.

Effective Date

This Supplemental Notice is effective as of February 16, 2026.

CONFIDENTIALITY REQUIREMENTS FOR MENTAL HEALTH RECORDS

The following John Muir Health providers will follow the rules outlined in this Supplemental Notice that applies to your mental health records:

- Inpatient mental health treatment providers and facilities, including clinical staff, telehealth providers, employees, volunteers and other personnel.
- Outpatient mental health treatment providers and facilities, including 24-hour crisis stabilization units, clinics, mental health professionals' offices, clinical staff, telehealth providers, employees, volunteers and other personnel.

Psychotherapy Notes

Federal law protects the confidentiality of private notes written down by a psychotherapist during a counseling session that are not made part of the patient record. If those notes are kept, you may authorize their disclosure to third parties using a separate written authorization form. We may use or disclose those notes as required or permitted by law, for example, for our internal operations, for supervision or training of our students, trainees or practitioners, or to defend ourselves in a legal action brought by you against us.

How We May Use and Disclose Mental Health Information About You

The following categories describe the different ways that John Muir Health may use and disclose your mental health information; note that some of the uses and disclosures will require your specific authorization.

Disclosures to Third Parties at Your Request

We may disclose information to other people or entities when requested by you. This may require a written authorization by you, and the approval of your provider. For example, you can authorize us to disclose mental health information about you to a disability insurance program so that you can collect benefits. Or, you can authorize us to release mental health information to your attorney who is helping to defend you in an action, or to a probation officer charged with evaluating you prior to sentencing after conviction of a crime.

To Family Members or Others When You Are Hospitalized

Upon your admission we will make reasonable attempts to notify your next of kin or any other person designated by you of your admission, unless you request that we not do that. If a request is made by your spouse, parent, child or sibling, and you are unable to authorize the release of information about your admission, we are required by law to give the person information confirming your presence in the hospital.

Upon request of a family member, and with your permission, we may also disclose to a family member information about your diagnosis, prognosis, medications prescribed and their side effects. You may also request that we disclose information about your mental

health discharge plan to a family member who is assisting you with your care when you are discharged.

For Treatment

We may use or disclose mental health information about you for treatment purposes in communications with qualified healthcare professionals who are involved in caring for you, or for appropriate referrals, or in the course of conservatorship proceedings. This means we may disclose information to other healthcare professionals who are involved in taking care of you at one of our facilities, or to a health care provider outside of the John Muir Health system who is responsible for your mental or physical health care.

For example, a doctor treating you for a mental health condition may need to talk to your primary care provider about a physical health condition you are being treated for to make sure that a new prescription will be safe for you to take. If you are receiving care on an inpatient unit, your doctor may need to tell the facility's dietary department that you are taking certain medications that require certain meal planning so your food does not interact improperly with your medication. If you decide to receive mental health care in the community after your discharge, certain information may be shared with your new therapist to maintain continuity of care.

If you want us to disclose information to a healthcare professional who does not have responsibility for your care, we will ask you to complete a written authorization giving us permission to do that.

For Payment

We may use and disclose mental health information about you to the extent necessary to make a claim, or to make a claim on your behalf, so that the treatment and services you receive may be billed to an insurance company, or to a third party. For example, we may need to give information about your diagnosis to your health plan in order for them to pay us for your treatment.

For Healthcare Operations

We may use and disclose mental health information about you for our internal healthcare operations. The John Muir Health Joint Notice of Privacy Practices provides examples of some of those uses and disclosures that are necessary for our healthcare operations, for example our internal efforts to address quality of care, patient safety issues, or staff performance and supervision. We may also use and disclose information to a business associate that is assisting us in our healthcare operations.

To Authorized Licensing Personnel

We may disclose information if requested by authorized licensing personnel employed by or representing the State Department of Public Health or the State Department of Social Services, or to authorized legal staff or special investigators, as necessary to their performance of their duties to inspect, license, and investigate our facilities, licensed staff, or programs.

For Research

Under certain circumstances, we may use and disclose mental health information about you for research purposes. In most cases identifying information such as your name will be removed from the information to protect your privacy. For example, a research project may compare the health and recovery of all patients who received one type of medication with another, for the same condition. All research projects are subject to a special approval process that requires the researcher to agree to conditions established by appropriate institutional review boards for the protection of human subjects, and to not divulge, publish, or make public any information about specific patients.

To the Courts

We may be ordered to disclose certain information to the Court as necessary to the administration of justice. For example, a Judge may order us to send information to the Court reflecting your current mental health treatment in a case involving child protective services and decisions regarding the safety of a child in your home. If you are involved in the criminal justice system, we may also disclose information to the Youth Authority or Adult Correctional Agency or any component thereof, as necessary to the administration of justice.

For the Protection of Others

If you make a serious threat to harm a reasonably identifiable victim or victims, we may have to warn that person or persons, and notify law enforcement in order to fulfill our legal duty to warn and protect. Similarly, if you have disappeared from a locked unit, we may have to notify law enforcement if we believe you are dangerous and it is necessary for the protection of others.

We may be required to turn over information to a law enforcement agency as needed for the protection of federal and state elective constitutional officers and their families. For example, if the Secret Service is concerned about a threat you made against an elected official, we might have to provide information about your current mental health status in order to protect the safety of that official.

For Your Own Protection

If you disappear from our facility and are gravely disabled, we may notify your relatives, law enforcement, or a Court that has ordered you to receive care from us. For example, if you were to leave our facility and have no way to provide for your own food or shelter, we would want to make sure that we were able to locate you so that we could help you. If we were concerned that you were a danger to yourself, we might call for assistance from a crisis team or law enforcement.

To a County Social Worker, Probation Officer, Foster Care Public Health Nurse or Other Person Legally Authorized to Have Care or Custody of a Minor

We may disclose information about you to certain people entrusted with your care if you are a minor who is a dependent or ward of the court, and the disclosure of information is necessary to coordinate health care services and treatment. For example, we might

need to notify your foster parent that your prescription medication is available to pick up at the pharmacy, or to send an appointment reminder.

To Report Child Abuse or Neglect, or Elder/Dependent Adult Abuse

As mandated reporters, we may need to disclose mental health information about you to law enforcement or to County protective services, if necessary to report child abuse or neglect, or to report concerns about signs or symptoms of elder abuse or neglect.

To Special Multi-disciplinary Teams

We may participate on, and share information with, special multi-disciplinary teams set up specifically for the investigation, prevention, identification, management, or treatment of child abuse or neglect, or elder or dependent adult abuse. Information that is shared with these teams will not be redisclosed outside the team unless permitted or required by law.

To County Patients' Rights Advocates

We may disclose mental health information to county patients' rights advocates if you give us authorization in writing. You may revoke your authorization at any time, either in writing or by verbally informing the advocate or us of your desire to revoke. If there has been a violation of rights, or other circumstances exist, we may be compelled to disclose information to a protection and advocacy agency in order to comply with the requirements of federal and state law.

To Assure Quality in a Medi-Cal Program

If you receive services under the Medi-Cal program, we may provide information about your mental health care to a quality assurance committee established to provide oversight of the delivery of Medi-Cal specialty mental health services in California. For example, we may be asked to share certain outcome data with the quality assurance team so they can make sure you are getting the quality services you are entitled to receive.

To the County Mental Health Director and Law Enforcement Under Specific Circumstances

If you are placed on an involuntary hold or hospitalized under provisions of the California LPS Act, we may provide your name, address, date of admission, and date of release from the hold or hospitalization to the county mental health director or the director's designee, or to a law enforcement officer or designee. This would only happen if the law enforcement officer requested notification at the time he or she filled out the application for a 72-hour admission for evaluation and treatment, and certified in writing that you have been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.

To Law Enforcement

We may disclose information to confirm whether or not you are currently a patient in our hospital, psychiatric unit, or psychiatric health facility, if a law enforcement officer

personally lodges with the facility a warrant of arrest or an abstract of a warrant showing that you are wanted for a serious felony.

We may also ask for law enforcement assistance if you threaten or harm our staff. We must notify law enforcement if while hospitalized at our facility you commit or are the victim of a serious violent crime.

To the Department of Justice

We may disclose limited information to the California Department of Justice for movement and identification purposes of certain criminal patients, or regarding persons who are not permitted to purchase, possess or control a firearm or deadly weapon. If you are admitted involuntarily for inpatient treatment as a danger to self or danger to others you will be given information about this prohibition at discharge.

To the Coroner

We may release information about you if requested by a medical examiner, forensic pathologist, or coroner if you die and your record is needed to investigate your death. For example, if you died unexpectedly and the coroner needed help determining the cause of your death, we might be asked to provide information that would help the coroner make that determination.

To a Designated Officer of An Emergency Response Employee in Case of Possible Exposure to a Bloodborne Pathogen

We may provide limited information to a designated officer of an emergency response employee about a possible exposure to the employee to a bloodborne or airborne pathogen such as HIV if required by federal or state law; we will only provide the name of the disease and the date of the exposure and will not provide your name to the designated officer.

To Senate and Assembly Rules Committees

We may release mental health information to the Senate Committee on Rules or the Assembly Committee on Rules for the purposes of legislative investigation authorized by the committee.

As Required by Law

We will disclose mental health information about you when required to do so by federal, state or local law. This may include reporting in order to prevent or control disease, injury or disability, to report births and deaths, reactions to medications or problems with products, to notify you of recalls of products or drugs you might be using, or to warn you that you might be at risk for contracting or spreading a disease or condition. For example, if there was an outbreak of an infectious disease at one of our facilities, we would be compelled to report that to the local health officer.

Concerns or Complaints

If you are concerned that we have violated your privacy rights, you may contact the Privacy Office using the Privacy Office contact information listed below. All complaints must be submitted in writing

You may 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 <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. We will not take any action against you for filing a complaint.

How to Contact Us

If you would like more information about your privacy rights, please contact John Muir Health by calling (925) 941-2688 and ask to speak with the Privacy Officer. To the extent you are required to send a written request to John Muir Health to exercise any right described in this Supplemental Notice, you must submit your request to:

John Muir Health
1400 Treat Boulevard
Walnut Creek, CA 94597
Attn: Privacy Officer
Fax: (925) 952-2979

John Muir Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, and gender identity or expression.

Attention: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-844-495-6108 (TTD: California Relay Service, 711).

John Muir Health cumple las leyes federales sobre derechos civiles y no discrimina por raza, color, origen nacional, edad, discapacidad, sexo, orientación sexual, identidad o expresión de género.

Atención: Si no habla inglés, hay servicios de asistencia idiomática, gratuitos, disponibles para usted. Llame al 1-844-495-6108 (TTD: servicio de transmisión de mensajes de California, 711).

John Muir Health از قوانین حقوق مدنی فدرال پیروی می‌کند و هیچ‌گونه تبعیضی را بر اساس نژاد، رنگ پوست، ملیت، سن، معلولیت، جنسیت، گرایش جنسی، هویت جنسیتی یا رفتار جنسیتی افراد قائل نمی‌شود.

1-844-495-6108 زبان نیستید، تسهیلات زبانی به صورت رایگان در دسترس شما قرار خواهد داشت. با شماره توجه: اگر انگلیسی خدمات رله کالیفرنیا، TTD تماس بگیرید (6108)