

## **NOTICE TO RECIPIENT OF INFORMATION**

The information contained in this communication may include protected health information (PHI) that is subject to federal and state confidentiality requirements. If the information herein contains substance use disorder (SUD) information related to an individual, it is being disclosed to you pursuant to the explicit written consent of the individual authorizing its disclosure. Please review the following notice carefully before accessing, using, or disclosing this information.

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:

- 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.
- You are a covered entity or business associate and have received the record for treatment, payment, or health care operations, or
- You have received the record from a covered entity or business associate as permitted by 45 CFR part 164, subparts A and E.