406 RECOVERY

NOTICE OF PRIVACY PRACTICES

Acknowledgment of Receipt of Notice of Privacy Practices

Effective Date: July 20, 2026

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION, INCLUDING SUBSTANCE USE DISORDER TREATMENT RECORDS WHEN APPLICABLE, MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

406 Recovery is committed to protecting the privacy and security of your Protected Health Information (PHI). Protected Health Information includes information about your physical and mental health, substance use disorder treatment, the healthcare services you receive, and payment for those services. We protect your information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), applicable Montana law, and, where applicable, the federal confidentiality requirements for substance use disorder patient records under 42 Code of Federal Regulations (CFR) Part 2. This Notice explains how we may use and disclose your protected health information, your rights regarding that information, and our legal responsibilities to safeguard your privacy.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

As a healthcare provider, 406 Recovery uses and, when appropriate, discloses your protected health information to provide you with high-quality care and to operate our practice. We may use your information for treatment purposes, including coordinating your care with psychiatrists, addiction medicine physicians, therapists, primary care providers, pharmacies, hospitals, laboratories, and other healthcare professionals involved in your care. We may also use and disclose your information for payment activities, such as verifying insurance eligibility, obtaining prior authorizations, submitting claims, collecting payment, and coordinating benefits with your health plan.

We may also use your information for healthcare operations, including quality improvement, peer review, staff training, accreditation, licensing, auditing, compliance activities, and other administrative functions that help us maintain and improve the quality and safety of the care we provide.

Federal and state law also permit or require certain disclosures without your written authorization. These circumstances may include reporting to public health authorities, reporting suspected abuse or neglect, responding to lawful court orders, cooperating with law enforcement when authorized by law, responding to medical emergencies, preventing a serious threat to the health or safety of an individual or the public, providing information to coroners or medical examiners, complying with workers' compensation laws, and working with qualified business associates who perform services on our behalf while maintaining appropriate privacy protections.

Unless you object, we may also share information relevant to your care with family members, caregivers, or other individuals you identify who are involved in your healthcare or payment for your care, as permitted by law.

ADDITIONAL PROTECTION FOR SUBSTANCE USE DISORDER TREATMENT RECORDS

Because 406 Recovery provides substance use disorder treatment services, some records related to substance use disorder diagnosis, treatment, or referral receive additional confidentiality protections under 42 CFR Part 2. When these protections apply, 406 Recovery generally may not disclose information that identifies you as receiving substance use disorder treatment without your written consent unless a disclosure is specifically permitted or required under federal law. These additional protections supplement, and in some circumstances exceed, the privacy protections provided under HIPAA.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Uses or disclosures of your protected health information for purposes not described in this Notice generally require your written authorization. This includes most disclosures of psychotherapy notes, certain marketing communications, any disclosure that constitutes the sale of protected health information, and certain disclosures of substance use disorder treatment records when required under 42 CFR Part 2. You may revoke an authorization at any time by submitting your request in writing; however, your revocation will not apply to actions already taken in reliance on your authorization.

YOUR PRIVACY RIGHTS

Under HIPAA, 42 CFR Part 2 (where applicable), and other applicable federal and Montana laws, you have the right to inspect and obtain a copy of your health records, request corrections or amendments to your records, request restrictions on certain uses and disclosures of your information, request confidential communications by alternative means or at alternative locations, receive an accounting of certain disclosures of your health information, receive notification if a breach compromises the privacy or security of your protected health information, obtain a paper copy of this Notice at any time, and file a complaint if you believe your privacy rights have been violated. Exercising any of these rights will not affect the quality of your care, and you will not be retaliated against for filing a complaint.

OUR RESPONSIBILITIES

406 Recovery is required by HIPAA, applicable Montana law, and, where applicable, 42 CFR Part 2, to maintain the privacy and security of your protected health information, provide you with this Notice of our legal duties and privacy practices, notify you if a breach of unsecured protected health information occurs, and follow the terms of this Notice currently in effect. We reserve the right to revise this Notice as permitted by law. Any revisions will apply to all protected health information maintained by 406 Recovery, and the most current version will be available upon request and on our website at www.406recovery.care.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice or believe your privacy rights have been violated, please contact:

406 Recovery
5 W. Mendenhall Street, Suite 202
Bozeman, MT 59715

Phone: (406) 219-7233
Email: info@406recovery.care

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by visiting https://www.hhs.gov/ocr/privacy/hipaa/complaints/ or by calling 1-800-368-1019. Filing a complaint will not affect your care, and you will not be penalized or retaliated against for exercising your rights.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received or have been offered a copy of the 406 Recovery Notice of Privacy Practices. I have had the opportunity to review this Notice, ask questions regarding its contents, and understand how my protected health information may be used and disclosed as permitted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), applicable Montana law, and, where applicable, 42 Code of Federal Regulations (CFR) Part 2.

My signature acknowledges receipt of this Notice. It does not waive any of my rights under HIPAA, 42 CFR Part 2, or applicable Montana law.

Patient Name: _____

Patient Signature: _____

Date: _____