



**Notice of Privacy Practices for  
Outpatient Substance Use 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 HEALTH INFORMATION
  
- YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH OAKS PRIVACY OFFICER AT (609) 267-5928 AND PRIVACYOFFICER@OAKSINTCARE.ORG IF YOU HAVE ANY QUESTIONS.

*In this notice, your health information means your Outpatient Substance Use individual served record.*

**Effective date:** February 24, 2026

**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 notice. We will not use or share your information other than as described in this 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.
  
- We must give you a copy of this notice.

**Disclosures and use of health information that do not require your consent:**

There are limited circumstances where 42 CFR Part 2 permits us to share your information without your consent - we have to meet conditions in the law before we can share your information for these purposes. This includes:

- **To communicate within our program and with contractors.** We can share your information between or among staff within our program, our contractors who help us run our program and Oaks administrative staff that have a need for the information in connection with their job duties.
  
- **For medical emergencies.** We can share minimum necessary information during a 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 minimum necessary health information that does not identify you for certain situations such as preventing disease and 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 individual served 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 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 identifying information about a deceased individual 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 minimum necessary information required by state law to the appropriate state or local authorities.
- **Prevent or reduce crime in our program.** We may report minimum necessary information to law enforcement when an individual served commits or threatens to commit a crime within our program or against our staff.

**Disclosures and use of information that require your written consent:**

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. For example, a doctor treating you for a chronic condition asks a prescriber at our program about your health condition and medications you are taking to avoid complications.
- **Run our program.** We can use and share your health information to run our program, improve your care, and contact you when necessary. For 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. For example, we give information about you to your health insurance plan so it will pay for your services.
- **To share your health information to whomever you name in a written consent**
- **To prevent multiple enrollments in withdrawal management or maintenance treatment programs.** We may disclose records to a central registry or a withdrawal management or maintenance treatment program not more than 200 miles away for the purpose of preventing multiple enrollments.

- **To report participation in treatment required by the criminal justice system.** We may disclose information from a record to those persons within the criminal justice system who have made participation in the Outpatient Substance Use program a condition of the disposition of any criminal proceedings against the individual or of the individual's parole or other release from custody if the disclosure is made only to those persons within the criminal justice system who have a need for the information in connection with their duty to monitor the individual's progress.
- **To report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law**

**Important Notes:**

- Oaks Outpatient Substance Use program will make uses and disclosures not described in this notice only with your written consent.
- You may revoke a consent provided that the revocation is in writing. Revocation will not apply to any information Oaks already released, discussed and/or obtained based on the original consent.
- Records that are disclosed to a CFR part 2 program, covered entity, or business associate pursuant to an individual's written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without the individual's written consent to the extent the HIPAA regulations permit such disclosure. Your records 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 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.

**Your Rights**

- **Provide consent when we use or share your information for most purposes.** Note: You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.

- **Ask us to limit what information 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 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 minimum necessary 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.

- **You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.** We will provide you with a paper copy promptly.
- **You can request an accounting of disclosures.** Upon your written request, we must provide you an accounting of disclosures made with consent in the 3 years prior to the date of the request (or a shorter time period you choose).
- **You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the contact person at the top of this notice.**
- **You have the right to a clear and obvious notice in advance of, and a choice about whether to receive fundraising communications for our program.**
- **You can choose someone to act for you.** If someone has authority to act as your personal representative, such as if someone has your 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.
- **File a complaint if you feel your rights are violated.** If you feel your rights have been violated, you may file a written complaint with the Oaks Privacy Officer at the address listed below. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Ave, 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 take no retaliatory action against you if you file a complaint.

**Oaks Integrated Care Privacy Officer**

(609) 267-5928  
 770 Woodlane Road  
 Mt. Holly, NJ 08060

**We May Change This Notice**

As per 42 CFR Part 2, we are required to follow the terms of this notice that are currently in effect. We can change the terms of this notice and the changes will apply to all information we have about you. We will post a copy of the revised notice in all of our Oaks Outpatient Substance Use facilities and on our website. The notice will contain, on the first page, the effective and revision dates. In addition, each time you are admitted to Oaks for treatment in an Outpatient Substance Use program we will offer you a copy of the current notice that is in effect.