

THIS NOTICE DESCRIBES HOW CLINICAL, PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT FURTHER DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: November 12, 2025

**Region II Human Services**  
**NOTICE OF PRIVACY PRACTICES**  
**MENTAL HEALTH AND**  
**SUBSTANCE USE DISORDER (PART 2) 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 OUR PRIVACY OFFICER AT 308-534-0440 OR [TRACIKRAMER@R2HS.COM](mailto:TRACIKRAMER@R2HS.COM) IF YOU HAVE ANY QUESTIONS.

This Notice of Privacy Practices (Notice) describes the privacy practices of Region II Human Services (Region II). Region II is required by law to protect the privacy of your health information. This Notice is provided to comply with the federal privacy regulations known as HIPAA and the regulations governing the confidentiality of substance use disorder patient records referred to as Part 2. It describes how Region II may use and disclose your health information. It also describes your rights and our responsibilities about uses or disclosures of your health information.

**Our Responsibilities**. We are required by law to maintain the privacy of your health information and to provide you with a notice about our legal duties and privacy practices concerning your health information. We are required to follow our Notice of Privacy Practices that is currently in effect. However, we reserve the right to change our Notice and to make a new Notice effective for all health information we maintain. If we make changes to our Notice, we will post information about the change at all program locations, and you may pick-up a copy of the revised Notice from any staff member.

Client records or information for those persons in our substance use disorder (SUD) treatment programs receive additional protection under federal law and regulations. Generally, we cannot disclose to outside persons that a client attends one of our SUD treatment programs. We also cannot disclose any information identifying a current or former client of our SUD treatment programs. We intend to not disclose information about clients served by one of these programs unless:

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- The client consents to the disclosure in writing;
- The disclosure is allowed by a court order after you and we are given notice of the requested disclosure and the opportunity to discuss with the judge Part 2's privacy protections for SUD patient records; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Improper disclosures of client information are subject to civil and criminal penalties. Suspected violations may be reported to appropriate authorities.

## **Uses and Disclosures Our SUD Programs Can Make without Your Written Authorization**

In some situations, Region II's SUD programs may use or disclose your health information without a written authorization. For example, in situations involving

- **Communications within Region II.** We may use or disclose your information within Region II with our staff members who have a need to know that information or between Region II and its Regional Governing Board that has administrative control over Region II.
- **Business Associates/Qualified Service Organizations.** We may use or disclose your information to those entities or individuals with whom we contract known as "business associates" and/or "qualified service organizations." Business associates or qualified service organizations provide services to Region II which require the use or disclosure of client information. They include billing companies, accountants, attorneys, consultants, and others if they have a need to know your information.
- **Crimes on Region II Premises, Against Our Personnel, or Threats of Such Crimes.** We may use or disclose information about you to law enforcement when that information is directly related to a client's commission of a crime on Region II premises, against our personnel, or a threat to commit such a crime. The information we can share is limited to client status of the perpetrator, that person's name and address, and last known whereabouts.
- **Reports of Child Abuse and Neglect.** We may use or disclose your information to make reports of suspected child abuse and neglect to the appropriate state or local authorities. If we believe that a child has been subjected to abuse or neglect, or if we observe a child being subjected to conditions which would result in abuse or neglect, we must report this to the proper law enforcement agency or to the Nebraska Department of Health and Human Services.
- **Medical Emergencies.** Client identifying information may be disclosed to medical personnel as necessary to address a medical emergency in which a client's prior authorization cannot be obtained, or an emergency situation when we are closed

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and unable to provide services during a temporary, state or the federal government declared state of emergency due to a natural or other disaster. Client identifying information also may be disclosed to medical personnel of the Food and Drug Administration (FDA) who assert a reason to believe that the health of any individual may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and the information will be used only for notifying clients or their physicians of potential dangers.

- **Research.** Client identifying information may be used or disclosed by us without your authorization to a recipient conducting scientific research under certain circumstances.
- **Management Audits, Financial Audits, and Program Evaluations.** We may disclose your health information to persons or entities who are permitted to audit our facilities and programs, such as third-party payers, quality assurance reviewers, or governmental health oversight agencies such as the Nebraska Department of Health and Human Services.
- **Public Health Purposes.** We may disclose your information without your authorization to a public health authority such as the U.S. Department of Health and Human Services, the Nebraska Department of Health and Human Services, a public health department, a political subdivision, or a similar type of entity, their employees, or contractors responsible for public health matters if your information has been de-identified as required by federal privacy regulations.
- **Special Court Orders with Subpoenas.** Your health information may be disclosed in legal proceedings under special court orders that are issued only after you and we have been notified of the request for information and have had the opportunity to discuss with the judge the requirements of the Part 2 regulations. If the court issues an order requiring the disclosure of your records, a subpoena must accompany the order before your information can be disclosed. Otherwise, your records or testimony about them can only be disclosed if you authorize it in writing.
- **Deceased Persons.** We may share information about a client under laws that require the collection of death or vital statistics information or inquiries into a cause of death.

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## **Uses and Disclosures by Our Programs for Treatment, Payment, and Health Care Operations**

***Unless otherwise restricted by state law, Region II may use or disclose your health information with your written authorization for treatment, payment, or health care operations purposes.*** An “*authorization*” is written permission that is different from the consent to treatment form you sign when you first obtain services from us. An authorization permits the specific disclosures that are listed on the authorization form you sign. If we need to use or disclose your health information for purposes other than treatment, payment, health care operations, as required by law, or for a reason not

described in this notice, we will need to obtain an authorization from you. Specific examples where we would need your authorization include if your health information includes psychotherapy notes or substance use disorder counseling notes, or if we would receive payment for the information because of its sale or because of a third party’s marketing purposes. However, Region II does not sell health information or provide it to third parties in exchange for payment where it may be used for their marketing. Region II also does not create separate psychotherapy notes or substance use disorder counseling notes.

**For Treatment Purposes.** Region II may use or disclose your health information with your written authorization for treatment purposes. “*Treatment*” refers to when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment is when we confer internally about your care with our health care providers or when we consult with another health care provider, such as your family physician or another mental health or substance use disorder professional about your care.

**For Payment Activities.** “*Payment Activities*” refers to when we seek payment for the health care services we provide. An example of our payment activities is when we disclose your health information to your health insurer so we can be paid for our services. Another example is when we disclose information to your health insurer so we can determine whether the services we furnish to you are covered.

**For Health Care Operations.** Our “*health care operations*” are activities that relate to our business. Examples of health care operations are quality assessment and improvement activities, including case management and care coordination, and business planning and development activities. Among our other business activities, we may contact you to remind you about your appointments with us. We may also contact you to give you information about treatment options or other health-related benefits and services we provide that may be of interest to you.

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You may provide us a single authorization that can apply to all future uses or disclosures for treatment, payment, and health care operations purposes.

We may use or disclose your health information for purposes not described in this Notice only if we obtain your authorization.

You may revoke an authorization that you provide to us at any time if you do so in writing. You may not revoke an authorization to the extent (1) we have taken prior action relying on the authorization; or (2) if the authorization was obtained as a condition of your obtaining insurance coverage, and the law provides the insurer the right to contest a claim under the policy.

Records, or testimony relaying the content of your records, not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless you have provided a specific, written authorization or a judge has issued a special court order after you and we are given notice and an opportunity to be heard by the judge about the requirements of the Part 2 regulations. Any special court order must be accompanied by a subpoena or other similar legal requirement compelling disclosure of the records.

## **Region II's Other Programs -- Uses and Disclosures of Your Information that Do Not Require Your Consent or Authorization**

If you are not participating in a SUD program of Region II, we may use or disclose your information in certain other situations without first obtaining your authorization:

- **Judicial & Administrative Proceedings.** If you are not in one of our substance use disorder programs, Region II may disclose your health information in responding to subpoenas, court orders, or other lawful requests related to legal proceedings in a court or before a government agency.
- **Law Enforcement.** Unless you are in one of our SUD programs, we may disclose your health information if asked to do so by a law enforcement official in the following situations:
  - To respond to a court order, subpoena, warrant, summons or similar types of requests from a law enforcement official.
  - In limited situations, to report abuse or domestic violence. We report the suspected abuse of a vulnerable adult when we believe that a vulnerable adult has been subjected to abuse or if we observe such an adult being subjected to conditions which would result in abuse. We must report such situations to the appropriate law enforcement agency or to the Nebraska Department of Health and Human Services. A “*vulnerable adult*” means any person over eighteen years of age with

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a substantial mental or functional impairment, including persons who have a guardian.

- **Serious Threat to Health or Safety.** For clients not in our substance use disorder programs, unless the threat pertains to Region II, our personnel, or a crime or threat to commit a crime on Region II premises, if you communicate to us a serious threat of physical violence against a reasonably identifiable victim or victims, we must communicate that threat to the victim or victims and to a law enforcement agency. The information we can share is limited to what is needed to locate and identify a suspect.
- **Specialized Government Functions.** For clients not in our substance use disorder programs, we may use and disclose your health information for national security and intelligence activities authorized by law. If you are a military member, we may disclose your health information to military authorities under certain circumstances.
- **Correctional Institution and Other Law Enforcement Custodial Situations.** For clients not in our substance use disorder programs, if you are an inmate or in the custody of law enforcement, we may share your health information with a correctional institution as necessary for your health, the health and safety of others, for law enforcement within the correctional institution, and for the institution's administration, maintenance, safety, security, and good order.
- **Workers' Compensation.** For clients not in our substance use disorder programs, if you file a workers' compensation claim, we must, on demand, make available records relevant to that claim to your employer, the insurance carrier, the workers' compensation court, and to you.

## **SMS Text Message Communications**

Region II has SMS Text communication available in selected programs. SMS text messages are used for appointment reminders, confirmation, rescheduling, cancellation notifications, or communication from Region II staff.

- SMS text messages are not considered secure means of communication. Messages may be read by third parties, including but not limited to telecommunication service providers.
- SMS text message or data rates may apply to your bill under your cell phone plan for messages sent by Region II.
- You are under no obligation to authorize Region II to send you text messages. You may opt out of receiving these communications at any time by contacting your therapist or other Region II staff.
- Text messages are not a substitute for professional or medical attention.

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- No Protected Health Information (PHI) should be provided to Region II via SMS text. If any PHI is communicated to Region II via SMS text, it will be deleted by Region II staff upon review and determination that it is PHI.
- If you want to discontinue receiving texts, you can contact your therapist or other Region II staff in order to complete the process to discontinue SMS text communication.
- To use SMS text for communication, the consent must be provided by the person legally responsible for all use of mobile accounts and this person must agree to all terms and conditions of use for the SMS text messaging services.
- If you are under 19 or have a legal guardian, your parent or guardian must give consent for SMS text messaging services.

## Your Health Information Rights

You have the following rights regarding your health information:

- **Right to Request Restrictions.** You have the right to request limits on certain uses and disclosures of your health information. However, Region II is not required to agree to a restriction you request unless: (1) your request is to restrict disclosures to health plans; (2) the requested restriction only limits disclosures made for the purpose of carrying out payment or health care operations; and (3) the requested restriction only limits disclosures relating to health care items or services for which you have paid Region II out of pocket in full. We will follow such “mandatory restrictions” unless disclosure of the restricted information is required by law.
- **Right to Request Amendments.** You have the right to request a change to your health information if you believe the information is inaccurate or incomplete. However, under certain circumstances, Region II may deny your requested amendment. On your request, we will discuss with you the details of the amendment process.
- **Right to Receive Confidential Communications.** You have the right to ask that Region II communicate with you confidentially about your health information in certain ways or at certain locations. We will accommodate all reasonable requests to do so. For example, you may not want a family member to know that you are seeing us, so you may want your bills sent to a different address.
- **Right to Inspect and Copy.** You have the right to inspect or obtain a copy (or both) of your health information in our mental health, substance use disorder and billing records used to make decisions about you for as long as the information is maintained

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in the record. You may receive a copy of your information in the form and format you request, including in an electronic format if the information is stored electronically, if

the information is readily producible in that form and format. If the PHI is not readily producible as requested, we may

provide a readable hard copy form or another form and format as you and we agree. You have the right to have your information sent to an entity or individual you have designated if you clearly and specifically provide us that person's contact information in writing. We may deny your access to your information under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial review process.

- **Right to an Accounting.** You have the right to ask for an accounting (or list) of certain disclosures Region II or its business associates/qualified service organizations have made of your health information. On your request, we will discuss with you the details of the accounting process.
- **Right to a Paper Copy.** You have the right to receive a paper copy of this notice upon request, even if you have agreed to receive the notice electronically.
- **Right to Receive Notification of Certain Breaches.** You have the right to be notified by us if your information is used or disclosed inappropriately in certain situations. Generally, you will receive this notification if (1) your personal health information is not secured by encryption, or other means, in accordance with federal standards, (2) such information is accessed, disclosed, or used in violation of federal laws, and (3) such access, disclosure, or use would compromise the security or privacy of the information. This notification will contain important information about the breach and where you can obtain further information.

All requests to exercise these rights must be in writing. We follow written procedures to handle requests and notify you of our actions and your rights. You may receive request forms or you may exercise your rights by contacting the Privacy Officer at 308-534-0440 or by contacting an office coordinator at any of our locations. You do not need to take any affirmative action to maintain your right to be notified about certain breaches.

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## **Complaints**

If you believe that your privacy rights have been violated or not adequately addressed, please send your written complaint to Region II at the following address:

Privacy Officer  
Region II Human Services  
110 North Bailey  
PO Box 1208  
North Platte, NE 69103

Phone: 308-534-0440  
Fax: 308-534-8775  
Email: [tracikramer@r2hs.com](mailto:tracikramer@r2hs.com)

If faxing your complaint, please address the fax to Privacy Officer, Region II Human Services.

You may also submit a complaint to the Secretary of the U.S. Department of Health and Human Services. The Privacy Officer can provide you the appropriate address for the Secretary upon request. Each of our locations has an office coordinator who can help you contact the Privacy Officer at the Regional Office. You can ask any staff member to direct you to the office coordinator, and they will help you make contact with the Privacy Officer. You may also contact the Regional Administrator or the Agency/Clinical Director at the Regional Office for assistance. You will not be retaliated against in any way for filing a complaint.

## **For More Information**

If you have a question about this Notice or would like additional information about the privacy practices of Region II, please contact Privacy Officer, Region II Human Services at the address and phone number listed above.