

Effective Date: February 16, 2026

## **42 CFR Part 2 Addendum to Joint Notice of Privacy Practices**

This 42 CFR Part 2 Addendum (“Addendum”) supplements Presbyterian’s Joint Notice of Privacy Practices (“Notice”) and describes the additional protections in place for substance use disorder treatment records and other information that may identify a patient as having or having had a substance use disorder which are protected under 42 CFR part 2 (“SUD Records”).

This Addendum describes the supplemental privacy practices of the facilities, units, departments, and staff which specialize in providing diagnosis and treatment for substance use disorders (“SUD Programs” or “Part 2 Programs”) at Presbyterian regarding your SUD Records. In this Addendum, when we say “we,” “us,” “our,” or “Programs,” we mean the SUD Programs at Presbyterian (including those at organizations which participate in its organized health care arrangement described in the Notice).

This Addendum describes:

- how your SUD Records may be used and disclosed
- your rights with respect to your SUD Records
- how to file a complaint concerning a violation of the privacy or security of your SUD Records or of your rights concerning your SUD Records

This Addendum does not apply to health information related services you receive at Presbyterian outside of the SUD Programs. For example, this Addendum does not apply to the records of an appointment with your primary care provider at Presbyterian. In addition, this Addendum does not describe how other parts of Presbyterian may use and disclose your SUD Records, including those it may receive from our Part 2 Programs.

You have a right to a copy of this Addendum in paper or electronic form, and to discuss it with our Privacy Officer whose contact information is listed at the end of this Addendum if you have any questions.

### **How will we use and disclose information about you?**

Generally, we must obtain your written consent to use or disclose your SUD Records. However, we may use and disclose your SUD Records without your written consent in the limited circumstances described below.

- **Medical Emergency.** Your SUD Records may be used and disclosed in a medical emergency where your consent cannot be obtained. We may also disclose your SUD Records to medical personnel of the Food and Drug Administration (FDA) who assert (i) a reason to believe that your health may be threatened by an error in the manufacturer, labeling, or sale of a product under the FDA jurisdiction; and (ii) that your SUD Records will be used for the exclusive purpose of notifying you or your physicians of potential danger.

- **Research.** Under certain circumstances, we may use and disclose your SUD Records for research purposes to the extent permitted by HIPAA, FDA and HHS regulations related to human subject research where a waiver of consent has been granted.
- **Court Order with Compulsory Process.** We may disclose your SUD Records, or testimony relaying the content of such records, where required by a specific court order after notice and an opportunity to be heard is provided to you (the patient) and/or the applicable SUD Program (the record holder), if required by Part 2. The court order must also be accompanied by a subpoena or other similar legal mandate compelling disclosure before the Part 2 Record is used or disclosed.
- **Audit and Evaluation Activities.** We may disclose your SUD Records to qualified personnel for audit or program evaluation purposes who (i) agree in writing to protect the information as required under our policies, (ii) represent federal, state, or local government agencies that are authorized by law to oversee the SUD Programs, or (iii) provide financial assistance to the SUD Programs or provide payment for health care.
- **Treatment.** We may share your SUD Records with personnel at our Part 2 Program and with personnel outside the Part 2 Program at Presbyterian who need these records in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of patients with substance use disorders.
- **QSOs.** We may disclose your SUD Records to qualified service organizations to provide services to us or on our behalf (similar to provisions in the Notice regarding business associates).
- **Law Enforcement.** We may disclose your SUD Records to law enforcement to report a crime you commit, or threaten to commit, at our facilities or against our personnel.
- **Abuse Reporting.** We may disclose your SUD Records to the appropriate state or local authorities to report suspected child abuse and neglect as required by law.
- **Public Health.** We may disclose your SUD Records to public health authorities for public health purposes. However, the contents of your SUD Records will be de-identified in accordance with HIPAA.
- **Vital Statistics.** We may disclose certain information from a SUD Record relating to the cause of death of a patient where required by law.

### **When is your written consent required?**

We will use and disclose your SUD Records for purposes not described in this Addendum only with your written consent. Examples of where your written consent is required include the following:

- **Treatment, Payment, and Healthcare Operations (“TPO”).** With your written consent, we may use and disclose your SUD Records for treatment, payment, or health care operations purposes as described in the Notice. You may provide a single consent for all future TPO uses or disclosures. If your SUD Records are shared under a consent for this purpose with another Part 2 program or a HIPAA regulated entity (including the components of Presbyterian which are not SUD Programs) your records may be further disclosed by the recipient to the extent permitted by HIPAA, or if the Part 2 program is not subject to HIPAA, to the extent permitted by your consent.
- **Proceedings Against You.** Except where required by a court order, any use or disclosure of your SUD Records, or testimony relaying the content of such records, in any civil, administrative, criminal, or legislative proceedings against you requires your written consent. Your consent for this purpose must be separate from your consent for any other use or disclosure.
- **Prescription Drug Monitoring Programs.** We may report any medication prescribed or dispensed by the program to the applicable state prescription drug monitoring program (PDMP) if required by applicable state law.
- **Fundraising.** We may use or disclose your SUD Records for our fundraising purposes. We will do so only after you are first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications. You may opt out by contacting the Presbyterian Healthcare Foundation at (505) 724-6580.
- **SUD Counseling Notes.** Except in limited circumstances, we may use or disclose your substance use counseling notes only with your written consent. This consent must be separate from your consent for any other use or disclosure.

### **Revoking Your Consent**

You may revoke your consent at any time by submitting a request in writing to the PHS Health Information Management Department at PO BOX 26666, Albuquerque, NM 87125-6666 or via email to [phsroi@phs.org](mailto:phsroi@phs.org). If you revoke your consent, we will stop any future sharing of your SUD Records but will be unable to stop any information that has already been released.

### **Supplemental Rights Regarding your SUD Records**

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In addition to the rights described in the Notice, you have the following rights with respect to your SUD Records:

- **Right to Request Restrictions on Uses or Disclosures Your SUD Records.** You have a right to request restrictions on how we use or disclosure your SUD Records for the purposes of treatment, payment, and health care operations, including those made with your prior written consent. See the Section entitled “Right to Request Restrictions of the Use or Disclosure of Your Health Information” of the Notice for how to make this request and when we are required to agree to your request.
- **Right to a list of disclosures by an intermediary.** If you provided consent to share your SUD Records through an intermediary, you have the right to obtain a list of disclosures by that intermediary for the past 3 years.
- **Right to Opt Out of Fundraising Communications.** You have the right to elect not to receive fundraising communications. You can exercise that right by contacting Presbyterian Healthcare Foundation, (505) 724-6580 or email [phf@phs.org](mailto:phf@phs.org).
- **Your Right to a Copy this Notice.** You can request a copy of this Addendum at any time. You can request a paper or electronic copy by contacting the Presbyterian Privacy Office below. An electronic copy is also available on Presbyterian’s website at [phs.org](http://phs.org).

### **Our Commitment to You.**

We are required by law to maintain the privacy of SUD Records, to provide patients with notice of our legal duties and privacy practices with respect to SUD Records, and to notify affected patients following a breach of unsecured records.

### **Changes to this Notice**

Within legal requirements, we may change the privacy rules in this Addendum from time to time. This means we might change how we use or share your SUD Records. Additionally, we could change how you can access your information. If we make any changes, we will create a new version of this Addendum and publish it.

### **How to Share Your Concerns or Complaints**

We want to hear from you if you have questions about your privacy or how our SUD Programs use your SUD Records. We will not retaliate against you for making a complaint, and we will not treat you differently for speaking up. We take your privacy concerns seriously.

For questions, concerns, or complaints, please contact the Presbyterian Privacy Office by calling (505) 923-6176 or emailing [pres-privacy@phs.org](mailto:pres-privacy@phs.org).

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**For more information or to make a complaint to U.S. Department of Health & Human Services, Office for Civil Rights.**

You can find more information about your privacy rights at: [www.hhs.gov](http://www.hhs.gov)

You can file a complaint with Secretary of HHS, Office for Civil Rights at [www.hhs.gov/ocr](http://www.hhs.gov/ocr) or in writing at the Secretary of HHS, Office for Civil Rights, Region VI, 1301 Young Street, Suite 1169, Dallas, TX 75202.