

NEUROPSYCHIATRICS HOSPITALS

NOTICE OF PRIVACY PRACTICES

Required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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

This document identifies how to contact the Privacy Officer should you have questions about your privacy rights. You will also find the effective date of this document and, in addition to the hospital, the other healthcare providers that may follow this notice.

WHO WILL FOLLOW THIS NOTICE - This notice describes our hospital's practices and the physicians who provide services to patients at this hospital. It will also apply to any healthcare professional authorized to provide you with treatment and/or authorized to enter information into your hospital chart.

MEDICAL INFORMATION - Each time you visit a hospital, physician, or other provider of health care, a record is made of your visit. We need this information to provide you with quality care and to comply with the law. Your health record is the physical property of the healthcare provider that compiles it; however, the information belongs to you. We are required by law to maintain the privacy of your health information and we are committed to doing so. We will abide by the terms of this notice as required by federal law.

HOW WE USE AND DISCLOSE MEDICAL INFORMATION

Treatment - Medical information is used to provide you with medical treatment. This information may be disclosed to physicians, nurses, and other individuals who are involved in your care. Departments of the hospital may share information about you to coordinate the things you need, such as prescription drugs, lab tests and X-rays. For example, a physician treating you for a broken bone will need to know if you are diabetic as this may slow the healing process. The physician may need to tell the dietitian about the diabetes so appropriate meals can be provided.

Payment - We use and disclose medical information about you so that we can bill and collect payment. This could include an insurance company or a third party. If you are covered by health insurance your health plan may need information from us about a surgery or other procedure you had, or will have, before they will pay us. We may disclose information about you for the payment activities of another healthcare provider.

Health Care Operations - Your medical information may be used or disclosed for purposes of our day-to-day operations. These activities are necessary to operate the hospital and to monitor the quality of care our patients receive. Examples would include to assess your satisfaction with our services; remind you of appointments; to tell you of possible treatment alternatives; evaluation of the treatment you received by our staff; to work with health oversight organizations which would include audits, investigations, inspections and licensure; and to combine information about you with other patients to determine what additional services should be provided.

Health Oversight Activities – We will disclose medical information as required by law to a health oversight agency for activities authorized by law. These oversight activities include, for

example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Health Information Exchanges – NeuroPsychiatric Hospitals may participate in various regional, state and/or federal Health Information Exchanges (“HIEs”) to make certain patient information available electronically to participating hospitals, doctors and others participating in the HIE for purposes of treatment, payment and/or health care operations. Use of the HIE is limited to authorized users who confirm that they will comply with applicable federal and state privacy and security laws, you may request that we not provide your information to HIEs by opting out, in which case you need to contact the privacy officer identified at the end of this notice to receive an opt-out form and return it to us. If you opt-out, your opt-out will apply to all information from all participants in the HIE even in an emergency.

Business Associates – There are some services provided in our organization through contracts with business associates. Examples include physician services in radiology or certain laboratory tests. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we’ve asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.

Clergy - In accordance with the law, we may disclose your name, location in the facility, religious affiliation and general condition to members of the clergy, but only if you have not objected to this information being released.

Individuals Involved in Care or Payment for Your Care - We may disclose your medical information to a family member or friend who will be involved in your care. We may also give information to someone who is involved with or who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital.

In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Law Enforcement - Subject to certain restriction, we may disclose information required by law enforcement.

Legal Requirements - We disclose patient information to comply with both state and federal laws. For example, we are required to report to the state anytime a patient has certain diseases, such as tuberculosis. Other examples of required reporting would involve cases involving abuse, negligence or domestic violence; Workers Compensation Agents; Food and Drug Administration; correctional institutions regarding inmates; to comply with court orders, subpoenas, or other administrative process; organ procurement organizations; and to report to the state all deaths.

Medical Examiners, Coroners, and Funeral Directors - We may disclose information to these entities when necessary for them to carry out their job responsibilities.

Military and Veterans - If you are, or have been, a member of the armed forces we may disclose information about you as required by military authorities.

To Avert a Serious Threat to Health or Safety – We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat or to law enforcement authorities in particular circumstances.

Patient Directory - You have the opportunity to be included in the patient directory or you may opt out. If you are in the patient directory and someone asks about you by name then we may provide verification that you are a patient, your location in the facility, and your general condition (for example, fair, stable, etc.). Should you decide to opt out of the directory then anyone asking for you will be given no information.

Serious Threats to Health or Safety - We may disclose information about you when necessary to prevent a serious threat to your health and safety as well as the health and safety of the public.

Public Health Risks - We disclose information to report reactions to medications or medical products; to notify people of recalls; to notify people who may have been exposed to a disease or at risk of contracting or spreading a disease; and to report certain injuries as gunshots or knife wounds.

Incidental Uses and Disclosures – We may occasionally inadvertently use or disclose your medical information when such use or disclosure is incident to another use or disclosure permitted by law. For example, while we have safeguards in place to protect against others overhearing our conversations that take place between doctors, nurses, and other hospital personnel, there may be times that such conversations are overheard by others. Please be assured, however, that we have appropriate safeguards in place to avoid such situations, and others, as much as possible.

Third Parties – We may disclose your medical information to third parties with whom we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement by them to safeguard your information.

Fund Raising Activities – We may use medical information about you to contact you in an effort to raise money for the hospital and its operations; however, you have the right to elect not to receive such communications. We will only use contact information, such as your name, address and phone number and the dates you received treatment or services at the hospital, if we want to contact you for fundraising purposes.

If you do not want the hospital to contact you for fundraising efforts, you must notify the Corporate Compliance officer, NeuroPsychiatric Hospitals, 112 West Jefferson Blvd, Suite 600, South Bend, IN 46601.

Authorization Required – We must obtain your written authorization in order to use or disclose your protected health information for marketing purposes, or to sell your protected health information.

Research – Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who receive one medication to those who receive another for the same condition.

All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. You may also be contacted to participate in a research study.

We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital.

Artificial Intelligence (AI) Technologies. Your medical information may be used with AI technologies to support various functions, such as treatment, payment and health care operations. These AI tools may assist in analyzing health data, streamlining administrative workflows and supporting clinical decisions.

For example: We may use AI solutions to assist with tasks such as medical transcription and summary services to improve the quality of care our patients receive or to provide your doctor with evidence-based insights to support treatment decisions.

Disclosures to You – Upon a written request by you, we may use or disclose your medical information in accordance with your request.

Limited Data Sets – We may use or disclose certain parts of your medical information, called a “limited data set”, for purposes such as research, public health reasons or for our health care operations. We would disclose a limited data set only to third parties who have provided us with satisfactory assurances that they will use or disclose your medical information only for limited purposes.

Disclosures to the Secretary of Health and Human Services – We might be required by law to disclose your medical information to the Secretary of the Department of Health and Human Services, or his/her designee, in the case of a compliance review to determine whether we are complying with privacy laws.

De-Identified Information – We may use your medical information, or disclose it to a third party whom we have hired, to create information that does not identify you in any way. Once we have de-identified your information, it can be used or disclosed in any way according to law.

Disclosures by Members of our Workforce – Members of our workforce, including employees, volunteers, trainees or independent contractors, may disclose your medical information to a health oversight agency, public health authority, health care accreditation organization or attorney hired by the workforce member, to report the workforce member’s belief that we have engaged in unlawful conduct or that our care or services could endanger a patient, workers or the public. In addition, if a workforce member is a crime victim, the member may disclose your medical information to a law enforcement official.

Communications Regarding our Services or Products – We may use or disclose your health information to make a communication to you to describe a health-related product or service of the hospital. In addition, we may use or disclose your health information to tell you about products or services related to your treatment, case management or care coordination, or alternative treatments, therapies, providers or settings of care for you.

We may occasionally tell you about another company’s products or services, but will use or disclose your health information for such communications only if they occur in person with you. We may also use and disclose your health information to give you a promotional gift from us that is minimal in value.

Future Communications – We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, research projects, or other community-based initiatives or activities our facility is participating in.

Affiliated Covered Entity – Protected health information will be made available to facility personnel at local affiliated facilities as necessary to carry out treatment, payment and health care operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time.

Disclosures of Records Containing Drug or Alcohol Abuse Information – Because of federal law, we will not release your medical information if it contains information about drug or alcohol abuse without your written permission except in very limited situations.

Suspected Abuse or Neglect – If we believe that a person is a victim of child or adult abuse or neglect, we are required by law to report certain information to public authorities.

Disclosures of Mental Health Records – If your records contain information regarding your mental health, we are restricted in the ways we may use and disclose them. We can disclose such records without written permission only in the following situations:

- . If the disclosure is made to you (unless it is determined by a physician that the release would be detrimental to your health);
- . Disclosures to our employees in certain circumstances;
- . For payment purposes;
- . For data collection, research, and monitoring managed care providers if the disclosure is made to the division of mental health;
- . For law enforcement purposes or to avert a serious threat to the health and safety of you or others;
- . To a coroner or medical examiner;
- . To satisfy reporting requirements;
- . To satisfy release of information requirements that are required by law;
- . To another provider in an emergency;
- . For legitimate business purposes;
- . Under a court order;
- . To the Secret Service if necessary to protect a person under Secret Service protection; and
- . To the Statewide waiver ombudsman.

Organ and Tissue Donation – If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Specially Protected Information: Certain types of your health information receive additional protection under federal and/or state law. We will handle this information in accordance with all applicable legal requirements, which may be more restrictive than general HIPAA regulations. This specially protected information includes, but is not necessarily limited to, the following:

- Psychotherapy Notes: HIPAA provides additional protection for psychotherapy notes, which are the personal notes of a mental health professional about a private or group counseling session. Most uses or disclosures of psychotherapy notes require your written permission.
- Other Sensitive Information: Other types of information may have greater protection under state law, such as certain drug and alcohol information, HIV/AIDS and other communicable disease information, genetic information, mental health information, or information about developmental disabilities. For this type of information, we may be required to get your written permission before disclosing it to others. We may seek that permission in the Facility's Condition of Admission form if permitted by law. If you have any questions about this, contact the Facility Privacy Office at the end of this Notice.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights with regard to your health information. Please contact the Privacy Officer to obtain the appropriate forms for exercising these rights.

To Inspect and Copy - In most cases you have the right to inspect and to obtain a copy of the health information that may have been used to make decisions about your care. A fee may be charged if you obtain a copy of your records. The law provides that in limited circumstances you may be denied access to this information.

To Request an Amendment to Your Medical Record - If you believe that the information we have about you is incorrect or is incomplete, you have the right to request an amendment to the information. You have this right for as long as we have the information.

To Request Restrictions - You have the right to request that we restrict or limit the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Any request for a restriction must be sent in writing to Privacy Officer.

We are required to agree to your request only if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), and 2) your information pertains solely to health care services for which you have paid in full. For other requests, we are not required to agree. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To Request Confidential Communications - You have the right to request that we communicate with you about medical matters in a certain way or at a particular location. We will accommodate all reasonable requests; however, you are not allowed to limit the way we can contact you in order to avoid your responsibility to pay us for the services rendered to you.

To Request an Accounting of Disclosures - You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or health care operations. We are not required to provide for an accounting which took place before April 14, 2003.

To Receive Notice of Breach – We will give you written notice in the event we learn of any unauthorized acquisition, use or disclosure of you medical information that has not otherwise been properly secured as required by HIPAA. We will notify you as soon as reasonably possible but no later than sixty (60) days after the breach has been discovered.

To A Paper Copy of This Notice – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, To obtain a paper copy of this notice, contact the Director of Medical Records, at NeuroPsychiatric Hospitals, 112 West Jefferson Blvd, Suite 600, South Bend, IN 46601.

OTHER USES OF YOUR MEDICAL INFORMATION

If we wish to disclose medical information about you for a reason not covered by treatment, payment, healthcare operations, legal requirements or other disclosures as set forth in this notice, we will seek your written authorization. If you provide us written authorization to use or disclose medical information about you, you may revoke it at any time by doing so in writing. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and our policies at any time. If our policies change and we make changes to our Notice then we will post the new Notice in a public area. You can request a copy of our Notice at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Facility Privacy Officer or with the Secretary of the Department of Health and Human Services in Washington, D.C. To file a complaint you will need to contact the Facility Privacy Officer whose phone number is below. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

PRIVACY OFFICER OF NEUROPSYCHIATRIC HOSPITALS

If you have questions, requests, or complaints, please contact:

Corporate HIM Specialist
574-277-2630

The Effective Date of this Notice is Month Day, 2020.

NOTE: Insert exact date this notice is approved and ready for distribution.

PART 2 PROGRAM ADDENDUM TO THE NOTICE OF PRIVACY PRACTICES

(For Substance Use Disorder Treatment Records)

If you receive services from a Part 2 Program (an identified unit within the Facility that holds itself out as providing, and provides, substance use disorder diagnosis, treatment, or referral for treatment ("SUD services") or medical personnel whose primary function is the provision of SUD services and who is identified as a SUD provider), the federal Confidentiality of Substance Use Disorder Patient Records law (42 U.S.C. 290dd-2) and regulations (42 C.F.R. Part 2) (collectively, "Part 2") protect your substance use disorder treatment records, including the fact that you are enrolled in a Part 2 Program and any other information that would identify you as having or having had a substance use disorder (collectively, "Part 2 Records")

The Part 2 Program ("we" or "our") complies with Part 2 and will abide by the Part 2 Program Addendum ("Addendum") currently in effect with respect to your Part 2 Records. We also follow the Notice of Privacy Practices ("Notice") to the extent it is more restrictive or provides you with more rights than this Addendum. To the extent other applicable law is more protective than Part 2, we comply with that law.

THE NOTICE AND THIS ADDENDUM DESCRIBE:

- 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 THE NOTICE AND THIS ADDENDUM (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE FACILITY PRIVACY OFFICE.

HOW THE PART 2 PROGRAM MAY Use and Disclose Part 2 Records Without Your WRITTEN Consent:

We may use and disclose your Part 2 Records without your written consent under the following circumstances

- **Medical Emergencies.** We may disclose your Part 2 Records to medical personnel to the extent necessary to meet a bona fide medical emergency and (i) your prior written

consent cannot be obtained; or (ii) we are closed and unable to provide services or obtain your prior written consent during a temporary state of emergency declared by a state or federal authority as the result of a natural or major disaster, until such time as we resume operations. We will obtain your consent prior to disclosing your information for non-emergency treatment. We may also disclose your Part 2 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 Part 2 Records will be used for the exclusive purpose of notifying you or your physicians of potential danger.

- **Scientific Research.** Under certain circumstances, we may use and disclose your Part 2 Records without your consent for scientific research purposes. Generally, we would first obtain your written consent; however, in certain circumstances, we may be permitted to use or disclose your Part 2 Records for research purposes without your consent to the extent permitted by HIPAA, the FDA and HHS regulations regarding the protection of human subjects.
- **Audits and Program Evaluations.** Under certain circumstances we may use or disclose your Part 2 Records in connection with a management or financial audit or a program evaluation. For example, in certain situations, we may disclose your identifying information to any federal, state, or local government agency that provides financial assistance to the Part 2 Program or is authorized by law to regulate the activities of the Part 2 Program. We may also disclose your identifying information to a third-party payer or health plan covering the services provided to you, a quality improvement organization (QIO) performing QIO review of the Part 2 Program or an entity with direct administrative control over the Part 2 Program.
- **Public Health.** We may disclose Part 2 Records to a public health authority for public health purposes only as permitted by federal law. However, the contents of the information from the Part 2 Records disclosed will be de-identified in accordance with the requirements of the HIPAA regulations, such that there will be no reasonable basis to believe that the information can be used to identify you.
- **Qualified Service Organizations (QSOs).** We may share Part 2 Records with contractors who provide certain services to us or on our behalf. These contractors are called qualified service organizations or QSOs. Our QSOs are required to agree in writing to protect Part 2 Records.
- **Crimes.** We may disclose limited information to law enforcement to report a crime or threatened crime on our premises or against our personnel.
- **Suspected Child Abuse and Neglect Reports.** We may disclose information to the appropriate authorities to report suspected child abuse and neglect as required by state law.

- **Adult Patients Who Lack Capacity and Deceased Patients.** If an adult patient is adjudicated as lacking capacity or dies, we may disclose the patient's Part 2 Records with the consent of the patient's personal representative.
- **Vital Statistics.** We may disclose patient identifying information relating to a patient's cause of death or death investigation under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death. However, such disclosure is only made when required by law and only to the extent necessary to comply such as the completion of death certificates or to identify a cause of death.
- **U.S. Department of Health and Human Services (HHS).** We must disclose Part 2 Records to the Secretary of HHS if required for an investigation or to determine compliance with Part 2.
- **Court Order with Legal Mandate.** We may disclose Part 2 Records, or testimony relaying the content of such Part 2 Records, pursuant to a specific court order. Part 2 Records may only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you (the patient) and/or us (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.
- **Other Permissible Purposes.** We may use or disclose Part 2 Records without your consent as otherwise permitted by Part 2.

We will only use or disclose your Part 2 Records without your written consent as described in this Addendum. To the extent other applicable law is more protective than Part 2, we comply with that law.

HOW THE PART 2 PROGRAM May Use and Disclose Part 2 Records with Your WRITTEN Consent:

The Part 2 Program may use and disclose your Part 2 Records with written consent that satisfies the requirements of Part 2 as follows:

- **Treatment, Payment, and Healthcare Operations (TPO).** We may use and disclose your Part 2 Records for TPO purposes, as described in the Notice of Privacy Practices, with your written consent. You may provide a single consent for all future TPO uses or disclosures. For example, you may give us permission to share your Part 2 Records with your treating providers and/or health plans for TPO purposes. Part 2 Records disclosed for TPO purposes to another Part 2 program or an individual/entity subject to the Health Insurance Portability and Accountability Act (HIPAA) pursuant to your consent may be further disclosed by that Part 2 program or individual/entity subject to HIPAA to the extent permitted by HIPAA, or if the Part 2 Program is not subject to HIPAA, to the extent permitted by your consent. However, your Part 2 Records cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order, as noted below.

- **Central Registry or Withdrawal Management Program.** We may disclose your Part 2 Records to a central registry or to any withdrawal management or treatment program with your written consent. For example, if you consent to participating in a drug treatment program, we can disclose your information to the program to coordinate care or to a central registry to avoid duplicate enrollment.
- **Criminal Justice System.** We may disclose information from your Part 2 Records to persons within the criminal justice system who made your participation in the Part 2 Program a condition of the disposition of any criminal proceeding against you with your written consent. The written consent must state that it is revocable upon the passage of a specified amount of time or the occurrence of a specified, ascertainable event. The time or occurrence upon which your consent becomes revocable may be no later than the final disposition of the conditional release or other action in connection with which written permission was given. For example, if you consent, we can inform a court-appointed officer, prosecutor or law enforcement about your treatment status as part of a legal agreement or sentencing conditions.
- **Prescription Drug Monitoring Program.** We may report any medication prescribed or dispensed by us to the applicable state prescription drug monitoring program (PDMP) if required by applicable state law. However, we will obtain your consent prior to reporting such information.
- **Legal Proceeding Against a Patient.** We will not use or disclose Part 2 Records, or testimony relaying the content of Part 2 Records, in any civil, administrative, criminal, or legislative proceeding against you unless such use or disclosure is pursuant to your specific written consent (separate from consent for any other use or disclosure) or a court order, as described above.
- **Designated Person or Entities.** We may use and disclose your Part 2 Records in accordance with your written consent to any other person or category of persons identified or generally designated in your consent. For example, if you consent to a disclosure of your Part 2 Records to your spouse or a healthcare provider, we will share your health information with them as outlined in your consent.

If you want to revoke (take back) your written consent to use or disclose your Part 2 Records, please send a written request to the Facility Privacy Office listed at the end of this Addendum. If you would like an alternative revocation process, please contact the Facility Privacy Office by phone. Your revocation will not apply to the extent we already used or disclosed your Part 2 Records based on your consent.

PATIENT RIGHTS:

In addition to the patient rights listed in the Notice of Privacy Practices, you have:

- the right to request restrictions on disclosures of your Part 2 Records for purposes of treatment, payment, and health care operations made with your prior written consent (see our Notice of Privacy Practices for when we are required to agree to your request);

- the right to request a list of Part 2 Record disclosures by an intermediary for the prior 3 years, including information about who received your records, the date of the disclosure, and a brief description of the information that was disclosed; and
- the right to discuss the Notice of Privacy Practices or this Part 2 Program Addendum with the Facility Privacy Office.

To exercise these rights, please submit a written request to the Facility Privacy Office listed at the end of this Addendum.

PART 2 PROGRAM COMPLAINTS:

If you believe your rights under Part 2 or this Part 2 Program Addendum have been violated, you may file a complaint with the Part 2 Program and/or with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

To file a complaint with the Part 2 Program, submit a written complaint to the Facility Privacy Office.