



245 North Binkley Street in Suite 202, Soldotna, AK, 99669 | 907-714-4521 | [www.cpggh.org](http://www.cpggh.org)

## **Notice of Privacy Practices for Serenity House Treatment Center**

**EFFECTIVE DATE: February 16, 2026**

This notice describes:

- HOW YOUR HEALTH INFORMATION RELATING TO SUBSTANCE ABUSE DISORDER (SUD) 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 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 THE CPH PRIVACY OFFICER AT (9907) 714-4563 OR E-MAIL AT: [PRIVACYOFFICER@CPGH.ORG](mailto:PRIVACYOFFICER@CPGH.ORG)

This Notice supplements the information in our HIPAA Notice of Privacy Practices and describes the additional protections for records related to SUD treatment information. Central Peninsula Hospital/Serenity House Treatment Center (CPH/SHTC) is required to provide patients with this Notice of our legal duties and privacy practices with respect to SUD records and to notify affected patients should a breach of their SUD information occur.

This Notice is applicable to SUD treatment information protected under 42 CFR Part 2 which provides confidentiality protection for SUD treatment services and does not apply to other services such as substance abuse screening that is performed in an emergency department or by your primary care provider.

You may provide a single authorization for all future uses or disclosures for treatment, payment, and health care operations.

You may revoke your consent at any time in writing, except to the extent that CPH/SHTC or other lawful holder of your identifying information has acted in reliance upon it. You may revoke consent or you may request reasonable accommodation for an alternative revocation process by contacting CPH Privacy Officer at (907) 714-4563 or e-mail: [privacyofficer@cpggh.org](mailto:privacyofficer@cpggh.org).

If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, your right to revoke consent may be more limited.

## How We May Use and Share Your Information

The confidentiality of SUD patient records maintained by CPH/SHTC is protected under Federal law and regulations. CPH/SHTC will share your SUD information amongst our staff as needed to provide services. CPH/SHTC will maintain your privacy as a patient receiving SUD treatment and will not share outside of the minimum necessary standards allowed through HIPAA exceptions in the circumstances below.

CPH/SHTC may share your information without your consent when the disclosure is:

- Made to medical personnel for treatment in a medical emergency.
- Made to law enforcement to report a crime you commit, or threaten to commit, in our facility or against our personnel.
- Made to the Office of Children's Services (OCS) to report suspected child abuse and neglect, as required by Alaska state law.
- Conducted by qualified personnel on behalf of a federal, state, or local government agency, third-party payer or quality improvement organization to improve care, mandate costs or audit/evaluate performance who:
  - a) Agree in writing to re-disclosure limitations and protect the information as required under Health Insurance Portability and Accountability Act (HIPAA);
  - b) Represent federal, state, or local government agencies that are authorized by law to oversee our program; or
  - c) Provide financial assistance to the program or provide payment for health care such as the Department of Mental Health and Addiction Services.
- The disclosure is allowed by a specialized 42CFR Part-2 compliant court order, not a standard subpoena.
- Made to qualified service organizations providing services on our behalf who agree in writing to protect the information in the same way that we are required to protect the information.
- Made to qualified personnel for audit research, which is subject to ethics board approval and oversight.
- Please note that records, or testimony about your records, cannot be shared in any civil, administrative, criminal, or legislative proceedings against you unless there is a specific written consent or a court order.
  - o If there is a court order, you or the holder of the record must be provided notice to allow the opportunity to be heard.
  - o A subpoena or similar legal mandate must accompany the court order prior to disclosure of the record.

In circumstances not listed above, and in accordance with 42 CFR-Part 2, CPH/SHTC will ask for your consent to release your information. Examples where CPH/SHTC may share information with your authorization:

- When sharing the information is at the written request of the patient.
- When patients authorize CPH/SHTC to share their information for all future treatment, payment, and healthcare operations purposes.
- Please note: Entities receiving your information for these purposes, are required by Federal law or contract to protect your SUD information according to HIPAA regulations.

### **Patient Rights:**

As a patient of CPH/SHTC, receiving SUD treatment, you have certain rights with regard to your information in addition to those rights described in our HIPAA Notice of Privacy Practices:

- You have a right to request restrictions of disclosures made with your prior consent for purposes of treatment, payment, and healthcare operations. CPH/SHTC will review your request but is not required to agree unless the request relates to sharing information with your insurance provider and your care has been paid in full.
- You have a right to an accounting of disclosures through an electronic medical record for the three (3) years prior to the date on which the accounting is requested, for records related to treatment, payment and healthcare operations. Timelines for responding to the request follow the HIPAA regulations.
- If you provided consent to share your information for treatment through a health information exchange, care management organization, or other intermediaries, you have a right to a list of disclosures by an intermediary which are limited to disclosures within the past three (3) years. Timelines for responding from an intermediary must be thirty (30) days or fewer after receipt of written request.
- You have a right to access to your own records, including the opportunity to inspect and copy any records related to SUD treatment.
- You have a right to obtain a paper or electronic copy of this notice as well as our HIPAA Privacy Practices Notice upon request. You may also find this notice at [www.cpggh.org](http://www.cpggh.org).
- To discuss this notice, for requests to restrict your records or an accounting of disclosures, please contact the CPH Privacy Officer. Contact information below.

How to terminate a requested restriction:

- You can request to revoke the restriction in writing.
  - You also can orally agree to revoke the restriction and the oral agreement will be documented.
  - If you terminate a restriction but later change your mind, CPH/SHTC will be unable to stop any information that has already been released.
- CPH informs the patient they are terminating its agreement to a restriction.

## **CPH/SHTC's Duties**

CPH/SHTC is required by law to maintain the privacy of records, to provide patients with Notice of its legal duties and privacy practices with respect to records, and to notify affected patients following a breach of unsecured records.

CPH/SHTC is required to abide by the terms of the Notice currently in effect. If we made changes to how we manage your records, we will change our notice and provide you with a new Notice at your next visit if you are still receiving care.

CPH/SHTC reserves the right to change the terms of its Notice and to make the new notice provisions effective for records that it maintains. You may request an updated copy of our Notice or locate it on our website, [www.cpggh.org](http://www.cpggh.org).

For questions or concerns regarding the privacy and security of your health information or if you would like to file a complaint, you can do so by contacting the CPH Privacy Officer through the contact below. In addition, you have a right to file a complaint to the Secretary of the Department of Health and Human Services. CPH/SHTC will not retaliate against any patient who voices a concern or files a complaint.

CPH Privacy Officer Phone: 907-714-4563 Email: [privacy.officer@cpgh.org](mailto:privacy.officer@cpgh.org)

US Department of Health and Human Services Office of Civil Rights (OCR)  
200 Independence Avenue, SW Room 509F,  
HHH Building  
Washington, DC 20201  
Website: [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html)

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## **NON-DISCRIMINATION**

Central Peninsula Hospital complies with applicable Federal civil rights laws and does not discriminate, exclude or treat individuals more or less favorably on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)).

Central Peninsula Hospital:

- provides those with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us such as qualified sign language interpreters.
- provides free language assistance services to those whose primary language is not English.

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PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-907-714-4404 (TTY: 1-800-770-8973).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-907-714-4404 (TTY: 1-800-770-8973).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-907-714-4404 (TTY: 1-800-770-8973)。

LUS CEEV: Yog tias koj hais lus Hoof, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-907-714-4404 (TTY: 1-800-770-8973).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-907-714-4404 (TTY: 1-800-770-8973).

MO LOU SILAFIA: Afar e te tutela Guajana faya Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se todogi, mo oe, Telefoni mai: 1-907-714-4404 (TTY: 1-800-770-8973).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-907-714-4404 (TTY: 1-800-770-8973) 번으로 전화해 주십시오.

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If you believe that Central Peninsula Hospital has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

The CPH Patient Advocate

250 Hospital Place, Soldotna, Alaska 99669

(907) 714-4780 Fax (907) 260-3429

[patientadvocacy@cpgh.org](mailto:patientadvocacy@cpgh.org)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)