

NOTICE OF PRIVACY PRACTICES

Rivkin Addiction Medicine, PLLC

Aaron Rivkin, MD • 19100 Goddard Road, Suite 1, Allen Park, MI 48101

Effective Date: July 1, 2026

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.

SPECIAL NOTICE: Because this practice provides substance use disorder (SUD) treatment, certain records receive additional federal protections under 42 CFR Part 2 and the HIPAA Privacy Rule. These protections are described in detail below.

1. Our Commitment to Your Privacy

Rivkin Addiction Medicine, PLLC is committed to protecting the privacy of your health information. We are required by law to maintain the privacy of your Protected Health Information (PHI), provide you with this Notice, and follow the terms of the Notice currently in effect. We may change our privacy practices and the terms of this Notice at any time. Any revised Notice will be available at our office and on our website.

2. How We May Use and Disclose Your Health Information

The following describes the ways we may use and disclose your health information. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose your information will fall within one of these categories.

Treatment

We may use and disclose your health information to provide, coordinate, or manage your treatment and any related services. For example, we may share information with other physicians, specialists, pharmacies, or health care providers involved in your care.

Payment

We may use and disclose your health information to bill and collect payment for services provided to you. This includes submission of claims to Medicare, Medicaid (Healthy Michigan Plan), and commercial insurance carriers, as well as activities to obtain payment from you directly.

Health Care Operations

We may use and disclose your health information for our business operations, including quality assessment, training, compliance activities, and administrative functions necessary to run this practice.

Other Permitted Uses and Disclosures

We may also use or disclose your health information without your authorization in the following circumstances:

- As required by law
- Public health activities (e.g., reporting communicable diseases)
- To report suspected abuse, neglect, or domestic violence to authorized authorities
- Health oversight activities by government agencies
- Judicial and administrative proceedings when required by court order
- Law enforcement purposes as required or permitted by law
- Serious threats to health or safety
- Workers' compensation as authorized by law
- Coroners, medical examiners, and funeral directors

- Organ and tissue donation

3. Special Protections for Substance Use Disorder Records (42 CFR Part 2)

Because Rivkin Addiction Medicine, PLLC provides substance use disorder (SUD) diagnosis, treatment, and referral services, certain records related to your SUD treatment are protected by an additional federal law: 42 CFR Part 2. These protections apply alongside HIPAA and in some cases are more restrictive.

Under 42 CFR Part 2, your SUD treatment records generally cannot be disclosed without your written consent, except in the following limited circumstances:

- Medical emergencies threatening your life where you lack the ability to consent
- Communications within this practice among treating providers
- Audit and program evaluation by entities that are legally permitted to access such records
- Research that has been approved by an Institutional Review Board (IRB)
- Court order accompanied by a subpoena or other legal process as specified under 42 CFR Part 2
- Reporting of suspected child abuse or neglect to appropriate state authorities (disclosure is limited to the minimum necessary)
- Communications to a qualified service organization (e.g., billing company) with a written agreement in place

Important: Your SUD records cannot be used against you in any criminal proceeding, civil proceeding, or administrative action without your written consent or a specific court order compliant with 42 CFR Part 2.

4. Uses and Disclosures Requiring Your Written Authorization

For any use or disclosure of your health information not described in this Notice, we will ask for your written authorization. This includes, but is not limited to:

- Most uses and disclosures of clinical notes not otherwise covered by this Notice
- Uses and disclosures for marketing purposes
- Sale of your health information
- Disclosures of SUD records not otherwise permitted under 42 CFR Part 2

You may revoke any authorization you provide to us, in writing, at any time, except to the extent that we have already acted in reliance on the authorization.

5. Your Rights Regarding Your Health Information

You have the following rights with respect to your health information. To exercise any of these rights, please submit a written request to our Privacy Officer.

Right to Inspect and Copy

You have the right to inspect and obtain a copy of your health information, including medical records and billing records. We may charge a reasonable cost-based fee for copies. We may deny access in limited circumstances as permitted by law.

Right to Request Amendment

If you believe information in your record is incorrect or incomplete, you may request an amendment. We may deny the request under certain circumstances and will explain the reason in writing.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your health information in the six years prior to your request. This does not include disclosures made for treatment, payment, or health care operations.

Right to Request Restrictions

You may request that we restrict how we use or disclose your health information for treatment, payment, or health care operations. We are not required to agree to most restrictions, but if we do, we will abide by it. Exception: if you pay out of pocket in full for a service, we must honor your request to not disclose that information to your health plan.

Right to Request Confidential Communications

You may request that we communicate with you in a specific way or at a specific location (e.g., only by mail to a P.O. box). We will accommodate reasonable requests.

Right to a Paper Copy of This Notice

You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

6. Our Duties

We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices. We are required to abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice. If we make material changes, we will make the revised Notice available in our office and on our patient portal.

7. Telehealth Services

This practice provides services both in-person and via telehealth. Any health information created, transmitted, or stored during telehealth visits is subject to the same privacy protections described in this Notice. We use HIPAA-compliant technology platforms for all telehealth services.

8. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer below. You will not be penalized or retaliated against for filing a complaint.

9. Contact Information

For questions, requests, or complaints regarding your privacy rights, please contact:

Privacy Officer / HIPAA Contact	Aaron Rivkin, MD
Practice	Rivkin Addiction Medicine, PLLC
Address	19100 Goddard Road, Suite 1, Allen Park, MI 48101
Phone	313-315-6922

To file a complaint with the HHS Office for Civil Rights:

U.S. Department of Health and Human Services, Office for Civil Rights
200 Independence Avenue, S.W., Washington, D.C. 20201
Toll-Free: 1-877-696-6775 • Website: www.hhs.gov/ocr/privacy/hipaa/complaints/

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received and reviewed the Notice of Privacy Practices for Rivkin Addiction Medicine, PLLC, including the special provisions regarding substance use disorder records under 42 CFR Part 2.

Patient Signature	Guardian / Representative (if applicable)
X _____ _____ Printed Name: _____ Date: _____ DOB: _____	X _____ _____ Printed Name: _____ Relationship: _____ Date: _____
If patient declined or was unable to sign, document reason: Reason: _____ Staff Initials: _____	