



2026 Version
NOTICE OF PRIVACY PRACTICES

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.

Effective Date: April 14, 2003 with modifications as of July 09, 2015; December 16, 2020; May 24, 2021; February 26, 2024; February 6, 2026.

We respect patient confidentiality and only release confidential information about you in accordance with Illinois and federal law. This notice describes our policies related to the use of the records of your care generated by Tapestry 360 Health Centers.

Privacy Contact: If you have any questions about this policy or your rights contact the Privacy Officer at 872-249-9502

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide your care, there are times when we will need to share your confidential information with others beyond Tapestry 360 Health Centers. This includes for:

Treatment We may use or disclose treatment information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside Tapestry 360 Health Centers that we are consulting with or referring you to. We may share or disclose your information in a disaster or pandemic situation. We will not disclose those records and notes protected under the Illinois Mental Health and Developmental Disabilities Act without your written consent. Also we will not redisclose any substance abuse treatment records without your written consent or a proper court order signed by a judge.

Payment We may disclose certain health care information in order to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes.

Healthcare Operations We may use information about you to coordinate our business

activities. This may include setting up your appointments, reviewing your care, performing internal studies and training staff.

Information Disclosed Without Your Consent. Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies Sufficient information may be shared to address the immediate emergency you are facing.

Follow Up Appointments/Care We may supply your phone numbers (including mobile), email address, care provider name and other limited protected health information to a third-party service for the purpose of reminding you of future appointments. We may also send you information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will leave appointment information on your voice mail or leave an email or text message unless you tell us not to.

Public Health and Safety Issues We can share health information about you for certain situations such as preventing disease, helping with product recall, reporting adverse reactions to medications, reporting suspected abuse or neglect or domestic violence.

As Required by Law This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse. This may include any worker's compensation claims or other litigation filed on your behalf.

Coroners We are required to disclose information about the circumstances of your death to a funeral director, coroner, or medical examiner who is investigating it.

Governmental Requirements We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. We are also required to share information, if requested, with the U.S. Department of Health and Human Services to determine our compliance with federal laws related to health care and to Illinois state agencies that fund our services or for coordination of your care.

Criminal Activity or Danger to Others If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe someone is in immediate danger.

Fundraising/Marketing As a not-for-profit provider of health care services we need assistance in raising money to carry out our mission. We may contact you to seek a

donation. You will have the opportunity to opt-out of receiving such communication. You may also opt-out of our providing your contact information for any marketing that results in compensation to Tapestry 360 Health Centers.

Research Tapestry 360 Health Centers periodically participates in research in order to improve health care and develop new knowledge. Your health care information may be important to further research efforts and the development of new knowledge. All research projects conducted by Tapestry 360 Health Centers must be approved through a special review process to protect patient safety, welfare and confidentiality. We may use and disclose medical information about our patients for research purposes, subject to the confidentiality provisions of federal and state law. On occasion, researchers contact patients regarding their interest in participating in certain research studies. Enrollment in those studies can only occur after you have been informed about the study, had an opportunity to ask questions and indicated your willingness to participate by signing a consent form. Other studies may be performed using your medical information without requiring your consent when approved through a special review process and in compliance with applicable laws. These studies will not affect your treatment or welfare, and your medical information will continue to be protected.

PROGRAM PATIENT RIGHTS

You have the following rights under Illinois and federal law:

Copy of Record You are entitled to inspect the patient record Tapestry 360 Health Centers has generated about you. You can ask to get an electronic or paper copy. We may charge you a reasonable cost-based fee for copying and mailing your record. We will provide you with a copy, usually within thirty (30) days of your request.

Release of Records You may consent in writing to release your records to others for any purpose you choose. This can include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization. Except as described in this Notice or as required by Illinois or Federal law, we cannot release your protected health information without your written consent.

Restriction on Disclosures You may ask us not to use or disclose part of the clinical information. This request must be in writing. Tapestry 360 Health Centers is not required to agree to your request if we believe it is in your best interest or if it would affect your care to permit use and disclosure of the information. If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. The request should be given to the Privacy Contact.

Contacting You You may request that we send you information to another address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct.

Payment Collection We may supply your phone numbers (including mobile), email address, care provider name and other limited protected health information to a third-party service in order to facilitate collection of unpaid balances.

Amending Record If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this contact the Privacy Contact and ask for the Request to Amend Health Information form. In certain cases, we may deny your request. If we deny your request for an amendment, you have a right to file a statement that you disagree with us. We will then file our response and your statement, and our response will be added to your record.

Accounting for Disclosures You may request an accounting or a list of any disclosures we have made related to your confidential information, except for information we used for treatment, payment, or health care operations purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. In order to receive information regarding disclosures made for a specific time period no longer than six years, please submit your request in writing to our Privacy Contact. We will notify you of the cost involved in preparing this list.

Power of Attorney/Legal Guardian If you have given someone Healthcare Power of Attorney or if you have been adjudicated disabled and a legal guardian has been appointed, your Healthcare agent or guardian will exercise your rights and make decisions about your health information. We will confirm that this person is your agent or guardian and has this authority to act before we take any action.

Notification of Breach You have a right to be notified if there is a breach of your unsecured protected health information. This would include information that could lead to identity theft. You will be notified if there is a breach or a violation of the HIPAA Privacy Rule and there is an assessment that your protected information may be compromised.

Additional Rights This Notice has been prepared to reflect your rights under the Health Insurance Portability and Accountability Act as well as federal 42 CFR Part 2 requirements for records created by substance use disorder (SUD) treatment providers. While Tapestry 360 Health is not a formal SUD treatment provider, our records may contain such information about your SUD condition and treatment, and we will follow those requirements. If Illinois state law provides you with greater access to information, or provides greater protection to that information than described in this policy, then we will follow those provisions. Examples of Illinois state laws include the Mental Health

and Developmental Disabilities Confidentiality Act, the AIDS Confidentiality Act and the Genetic Information Privacy Act. In addition, if a federal law creates greater protection for the information described in this Policy, Tapestry 360 Health will follow the provisions of such federal law. Examples of such laws are the Federal Drug Abuse, Prevention, Treatment and Rehabilitation Act and the Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act of 1970.

Questions and Complaints If you have any questions or wish to receive a copy of this Policy or have any complaints about your privacy, you may contact our Privacy Contact, in writing at our office at 1301 W. Devon Avenue Chicago, IL 60660. You also may complain to the Secretary of U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, S.W., Room 509F HHH Bldg, Washington, D.C. 20201 or call 1-877-696-6775 or visit <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> if you believe Tapestry 360 Health Centers has violated your privacy rights. We will not retaliate against you for filing a complaint. You may also access this webpage for more information about privacy notices: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Policy Changes Tapestry 360 Health Centers reserves the right to change its Privacy Policy based on the needs of Tapestry 360 Health Centers and changes in state and federal law. The new notice will be available upon request, in our office and on our website.

Language and Interpreter Services Preference Tapestry 360 Health Centers will provide this Notice of Privacy Practices in any language you need. Additionally, Tapestry 360 Health Centers will provide sign-language interpreter services and language interpreter services to assist you with understanding this policy or any policy, and/or answer any of your questions.

You may ask for a paper copy of this Notice at any time, even after you agreed to receive this notice electronically. You will promptly be provided with a paper copy.