Notice of Privacy Practices

Effective February 16, 2026

THIS NOTICE DESCRIBES:

- **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 THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE COMPLIANCE OFFICER AT INFO@TRIUMPHTX.ORG OR (509) 248-1800 IF YOU HAVE ANY QUESTIONS.

What This Notice Is:

This Notice applies to Triumph Treatment Services and its workforce members and describes how we may use and disclose your protected health information (PHI), as well as your rights and our legal duties with respect to that information under the Health Insurance Portability and Accountability Act (HIPAA) and applicable Washington State privacy laws.

Our Duties:

We are required by law to maintain the privacy and security of your PHI and provide you with this Notice of our legal duties and privacy practices. We must follow the terms of this Notice currently in effect. We comply with HIPAA and applicable Washington State privacy laws. Where both apply and Washington State law provides more stringent privacy protections, we comply with Washington State law unless federal law requires otherwise. Some substance use disorder records may also be protected by additional federal confidentiality rules under 42 C.F.R. Part 2, as described below. We are required by law to notify affected individuals following a breach of unsecured PHI.

Permissible Uses and Disclosures Without Your Written Authorization.

We may use and disclose PHI without your written authorization for certain purposes as described below. The examples provided in each category are not meant to be exhaustive but instead are meant to describe the types of uses and disclosures that are legally permissible.

- **Treatment.** We may use and disclose PHI to provide treatment to you. For example, we may disclose PHI to other health care providers to provide you with appropriate care and treatment. We may participate in a Health Information Exchange to securely share your PHI for treatment and care coordination.
- **Payment.** We may use or disclose PHI for the purposes of determining coverage, billing, claims management, and reimbursement. For example, we may disclose your PHI to your health plan to obtain payment for services.
- **Health Care Operations.** We may use and disclose PHI in connection with our health care operations. For example, we may use PHI to evaluate the performance of our staff.
- **Required or Permitted by Law.** We may use or disclose PHI when we are required or permitted to do so by law. For example, we may disclose PHI to appropriate authorities if we reasonably believe you are a victim of abuse, neglect, domestic violence, or a crime. We may also disclose PHI to the extent necessary to prevent or lessen a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law may include disclosures for public health activities; health oversight activities; disclosures to judicial and law enforcement officials in response to a court order, subpoena, or other lawful process; disclosures for research when approved by an institutional review board; disclosures for workers' compensation; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions.

Permissible Uses and Disclosures That May Be Made Without Your Authorization, But for Which You Have an Opportunity to Object:

- **Family and Other Persons Involved in Your Care.** We may use or disclose PHI to a family member, your personal representative, or another person involved in your care or payment for your care to notify them of your location, general condition, or death, or to help coordinate your care. If you are present and able to make decisions, we will give you an opportunity to agree or object before we share information. If you are not present or are unable to make decisions due to incapacity or an emergency, we may share information if we determine, in our professional judgment, that it is in your best interest and consistent with any known preferences.
- **Disaster Relief Efforts.** We may use or disclose your PHI to a public or private entity authorized by law or its charter to assist in disaster relief efforts for the purpose of coordinating notification of family members of your location, general condition, or death.
- **Fundraising Communications.** We may use or disclose limited information to contact you for fundraising purposes to support our programs and services, as permitted by HIPAA. You may opt out of receiving fundraising communications at any time by following the opt-out instructions in the communication or by contacting our Compliance Officer. Your decision will not affect your treatment or payment for services.

Uses and Disclosures Requiring Your Written Authorization.

- **Psychotherapy Notes.** We must obtain your written authorization before using or disclosing your psychotherapy notes, as defined by HIPAA, except as permitted by law.
- **Marketing Communications; Sale of PHI.** We must obtain your written authorization prior to using or disclosing PHI for marketing or the sale of PHI, consistent with the related definitions and exceptions under applicable law.
- **Other Uses and Disclosures.** Uses and disclosures other than those described in this Notice will only be made with your written authorization. You may revoke an authorization at any time in writing, except to the extent we have already relied on it.
- **Redisclosure.** PHI disclosed under this Notice may be redisclosed by the recipient and may no longer be protected by HIPAA.

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Confidentiality of Substance Use Disorder (SUD) Records (42 C.F.R. Part 2)

If you receive services from one of our federally assisted substance use disorder programs, certain records about you ("SUD Records") are protected by federal law, including 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2 (Part 2).

- **More Stringent Rules Apply.** Part 2 is generally more protective than HIPAA. Even if HIPAA would otherwise allow uses and disclosures described in this Notice, including for treatment, payment, health care operations, law enforcement, and legal process, those uses and disclosures are materially limited for SUD Records and may be made only as permitted by 42 C.F.R. Part 2.
- **General Rule; Written Consent Often Required.** We generally may not disclose that you attend a Part 2 program or disclose information identifying you as having a substance use disorder unless permitted by Part 2. For example, disclosures of SUD Records to another health care provider, a health plan, or other third parties generally require your written consent that meets Part 2 requirements, unless Part 2 permits the disclosure without consent. Part 2 may permit disclosure in limited circumstances, such as: (i) as authorized by a Part 2 court order; or (ii) in a medical emergency; or (iii) to qualified personnel for certain research, audit, or program evaluation activities.
- **Revocation.** You may revoke a written consent for use or disclosure of SUD Records as provided by 42 C.F.R. §§ 2.31 and 2.35.
- **Single Consent for Future TPO; Potential Redisclosure.** You may provide a single written consent that allows uses and disclosures of SUD Records for treatment, payment, and health care operations (TPO) purposes for all future uses or disclosures, as permitted by 42 C.F.R. Part 2. SUD Records disclosed to a Part 2 program, HIPAA covered entity, or business associate pursuant to such a TPO consent may be further disclosed by that Part 2 program, covered entity, or business associate without your written consent, to the extent the HIPAA regulations permit such disclosure.
- **Proceedings Against You.** SUD Records (and testimony relaying their contents) shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent meeting Part 2 requirements or a Part 2 court order entered after notice and an opportunity to be heard is provided to you or the holder of the record. Any court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.
- **Other Uses and Disclosures.** For SUD Records, we will make uses and disclosures not described in this Notice only with your written consent that meets Part 2 requirements, unless Part 2 permits or requires otherwise.
- **Patient Rights (SUD Records).** In addition to the rights described elsewhere in this Notice, if information is an SUD Record, additional protections and rights apply under 42 C.F.R. Part 2, including:
  - The right to request restrictions on certain disclosures made with your prior consent for treatment, payment, and health care operations;
  - The right to request a list of disclosures by an intermediary for the past 3 years, where applicable; and
  - The right to discuss this Notice with the contact person identified in this Notice.
- You may exercise any of these rights by contacting our Privacy Officer at **(509) 248-1800 or INFO@TRIUMPHTX.ORG.**
- **Fundraising.** If Triumph Treatment Services uses or discloses SUD Records for fundraising for the benefit of Triumph Treatment Services, you will first be provided a clear and conspicuous opportunity to elect not to receive fundraising communications.
- **Scope.** These Part 2 protections apply only to SUD Records maintained by our Part 2 program(s) and do not apply to our services or records outside the Part 2 program(s).

Your Rights

- **Access.** You have the right to inspect and obtain a copy of your PHI in your designated record set, with limited exceptions. Requests for access must be made in writing. We will provide access in the form and format you request if it is readily producible; otherwise, we will provide access in a reasonable alternative form or format. We may charge a reasonable, cost-based fee as permitted by law.
- **Amendment.** If you believe that PHI in your designated record set is incorrect or incomplete, you may request that we amend it. We may deny your request in certain circumstances. If we deny your request, you may submit a written statement of disagreement, which we will include in your record.
- **Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of your PHI made without your authorization. This accounting does not include disclosures for treatment, payment, or health care operations, or other disclosures that are excluded by law.
- **Restrictions.** You have the right to request restrictions on our use or disclosure of your PHI. We are not required to agree to all requested restrictions, but if we do agree, we will comply with the restriction. We are required to agree to a request to restrict disclosure of PHI to a health plan for payment or health care operations if the disclosure relates solely to an item or service for which you (or someone on your behalf) has paid us in full.
- **Confidential Communications.** You have the right to request that we communicate with you about your PHI by alternative means or at alternative locations (e.g., at a different mailing address, phone number, or email address). We will accommodate reasonable requests.
- **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.

Revisions to Notice

We reserve the right to change this Notice and make the revised Notice effective for PHI we maintain. We will make the revised Notice available at our service sites and on our website at https://www. triumphtx.org.

IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED, YOU MAY FILE A COMPLAINT WITH US BY CONTACTING THE COMPLIANCE OFFICER. YOU MAY ALSO FILE A COMPLAINT WITH THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE FOR CIVIL RIGHTS AT:

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES – OFFICE FOR CIVIL RIGHTS
EMAIL: OCRMAIL@HHS.GOV
PHONE: (800) 368-1019

YOU WILL NOT BE RETALIATED AGAINST FOR FILING A COMPLAINT.

Questions or Complaints?
Phone: (509) 248-1800
Email: info@triumphtx.org

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