

# Notice of Privacy Practices

Effective February 2026

## THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, INCLUDING MENTAL HEALTH AND BEHAVIORAL HEALTH, MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WellPower (also referred to as “us,” “our,” or “we”) is committed to protecting the privacy of your health information, both as an internal standard and as a legal requirement. This Notice of Privacy Practices (Notice) describes our legal duties and privacy practices with regard to your health information. It also describes your rights and how you may exercise those rights. The Health Insurance Portability and Accountability Act (HIPAA) requires us to give you this Notice and to follow the terms of this Notice. This Notice applies to all services that are provided to you at WellPower and applies to each of our facilities and locations.

While HIPAA may allow WellPower to use and disclose your health information without authorization or consent, stricter federal or state laws may require us to obtain your authorization for certain uses and disclosures. We will follow the stricter law. Specifically, substance use disorder records are further protected by the federal Confidentiality of Substance Use Disorder Patient Records, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2 (“Part 2”). Unless an exception applies, WellPower will obtain your authorization prior to using or disclosing substance use disorder records.

### Most Common Uses and Disclosures of Your Health Information that Do Not Require Your Authorization

The categories listed below describe ways that HIPAA allows WellPower to use and disclose your health information without obtaining written authorization from you or your personal representative. For each category, we explain what it means and provide an example.

**For Treatment.** We can use your health information and disclose it to other professionals to provide, coordinate, or manage your health care and related services.

- **Example:** To coordinate your care, we may share your health information with your primary care provider.

**For Payment.** We can use and disclose your health information to bill and get payment from health plans, including Medicare and Medicaid, or other payment sources.

- **Example:** We may give information to your health plan about the services provided to you so we can properly be paid for those services.

**For WellPower’s Operations.** We can use and disclose your health information to run our organization, improve your care, and contact you when necessary.

- **Example:** We may use your health information to evaluate and improve the quality of care and services we provide.

**For the Health Care Operations of another Provider or Healthcare Organization.** We can disclose your health information to another provider or healthcare organization also covered by HIPAA that has (or had) a relationship with you for their operations.

- **Example:** We may disclose your health information to providers in a hospital or emergency room/department to help improve the quality and effectiveness of health care services they provide you.

**Personal representative.** We can share your health information with a person who has the authority under law to make healthcare decisions for you. Parents and legal guardians generally represent minors unless a minor is permitted by law to act on their own behalf and make their own medical decisions.

- **Example:** We may disclose information about the care you have received to a person to whom you have given medical power of attorney.

**Disclosures to family members, close friends, caregivers.** We can disclose your health information to family members, close friends, caregivers, or other individuals that you may identify, as long as we: obtain your agreement; give you the opportunity to object to the disclosure and you do not object; or reasonably infer, based on our professional judgment, that you would not object to the disclosure.

- **Example:** We may disclose information to a person you bring with you when you receive services.

**Appointment confirmations, follow-up calls, and treatment alternatives.** We may contact you to confirm your appointment with us; check on you after you have received services; or tell you about services that we provide or about possible treatment options or alternatives that may be of interest to you.

- **Example:** We may access your health records to obtain your contact information so we can confirm an upcoming appointment.

**Business Associates and Qualified Service Organizations.** For some business functions, WellPower may contract with another entity that under the law is known as a business associate (BA) or a qualified service organization (QSO). We may disclose your health information to a BA or QSO so they can perform the work we have asked them to do. All of our BAs and QSOs are obligated by their contracts with us and by federal law to safeguard your health information.

- **Example:** We may disclose your health information to a BA who provides us with legal or consulting services.

### Other Potential Uses and Disclosures of Your Health Information That Do Not Require Your Authorization

This section describes other ways in which HIPAA permits or requires WellPower to use or disclose your health information without your (or your personal representative’s) prior written authorization.

**Required by law.** We will share information about you if required by state or federal law. This includes disclosing information to the U.S. Department of Health and Human Services if it wants to see that we’re complying with federal privacy laws.

**For public health and safety issues.** We can share information about you for certain situations such as:

- To help stop or reduce a serious threat to the health or safety of you, another person, or the public.
- To prevent or control disease, injury, or disability.
- To report suspected abuse, neglect, or domestic violence.

**Health oversight activities.** We can share information about you with health oversight agencies for activities authorized by law such as licensing, auditing, and accreditation.

**Lawsuits and other legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Organ, eye, and tissue donation requests.** If you are an organ, eye, or tissue donor, we can share health information with an organ donation bank, as necessary to facilitate organ, eye, or tissue donation and transplantation.

**Coroners, medical examiners, and funeral directors.** When an individual dies, we can share information with a coroner, medical examiner, or funeral director for identification purposes, determining cause of death, and as necessary for them to carry out their duties. We can also share information with law enforcement if we suspect the death may have involved criminal conduct. In most situations we cannot share information with family members.

**For workers’ compensation.** We can release your health information as authorized by law to programs that provide benefits for work-related injuries or illnesses.

**Law enforcement officials and other lawful government requests.** We can use or share health information about you:

- For law enforcement purposes or with a law enforcement official. For example:
  - To identify or locate a suspect, fugitive, material witness, or missing person.
  - To report criminal conduct on the premises of WellPower.
  - To the correctional institution if you are an inmate.
  - For special government functions such as military, national security, and intelligence activities, and presidential protective services.

**Research and related activities.** We can use or share health information for research purposes when allowed by law.

**For disaster-relief efforts.** We can share your health information with disaster relief organizations if the information is necessary to coordinate your care or notify family and friends of your location or condition in a disaster. When possible, we will ask you to decide if we can share the information.

**Fundraising and other WellPower events and activities.** We can contact you to provide you with information about WellPower events and activities, including fundraising programs and events. You have a right to opt-out of receiving these communications and may do so at any time by contacting WellPower’s Privacy Officer.

**HIE participation.** In connection with our participation in an electronic Health Information Exchange (HIE), we can share limited information about you, as permitted by law, with other participating providers and health care organizations (such as hospitals) for treatment and to evaluate and improve the quality of care.

### Uses and Disclosures of Your Health Information that Require Your Authorization

Other uses or disclosures of your health information not described in this Notice require WellPower to obtain written authorization from you or your personal representative before using or disclosing the information. Specific examples of uses or disclosures that require written authorization include:

- Marketing activities (unless an exception applies)
- Disclosures that constitute the sale of health information
- Disclosures of substance use disorder records (unless an exception applies)
- Most uses and disclosures of psychotherapy notes
  - Note: “psychotherapy notes” is narrowly defined under HIPAA and most of the information in your electronic health record does not fall within the definition.

You may revoke (take back) your authorization at any time, except to the extent WellPower already disclosed information in reliance on it. Your revocation must be submitted in writing to WellPower’s Privacy Officer.

### Your Rights Regarding Your Health Information

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. For additional information about your rights, please contact our Privacy Officer, Kate Norris, at [Privacy@WellPower.org](mailto:Privacy@WellPower.org) or by telephone at (303) 504-6788.

**Get an electronic or paper copy of your medical record.** You have the right to inspect and request copies of your health information.

- There are certain circumstances under which we can deny access to portions of your records. For example, if your provider believes that certain information in your record could be harmful to you, we can withhold that information from you.
- In most circumstances we will respond to requests within two (2) weeks.
- We may charge a reasonable, cost-based fee for paper copies of record of records or records on electronic media.

**Ask us to amend your medical record.** If you think health information we have about you is incorrect or incomplete, you can ask us to amend it. We may say “no” to your request, and we’ll tell you why in writing within 60 days.

**Request confidential communication.** You can ask us to contact you in a way that is more confidential for you or to send mail to a different address. We will accommodate reasonable requests.

**Ask us to limit what we use or share.** You can ask us to restrict or limit the health information we use or share for treatment, payment, or our operations.

- We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you may ask us not to share that information for the purpose of payment or our operations with your health insurer. We must say “yes” unless a law requires us to share that information or in the case of a medical emergency.

**Get a list of those with whom we’ve shared information.** You can ask us for an accounting of certain disclosures of your health information we made to external individuals or organizations during the six (6) years before the date of your request, including to whom the disclosures were made and why.

- We will include all the disclosures except those made for treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We will provide one (1) accounting for free and will charge a reasonable, cost-based fee if you ask for another accounting within 12 months of the first accounting.

**Get a copy of this Privacy Notice.** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**Notification of a breach.** If there is an unauthorized use or sharing of your health information that compromises the privacy or security of your health information, we will notify you in writing as required by law. The law may not require notice to you in all cases. In some situations, even if the law does not require notification, we may choose to notify you anyway.

**File a complaint if you feel your privacy rights are violated.** If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

- To file a complaint with us, contact WellPower’s Privacy Officer, Kate Norris:
  - Via email: [Privacy@WellPower.org](mailto:Privacy@WellPower.org), or
  - By telephone at (303) 504-6788, or
  - By mail to 4141 E. Dickenson Place, Denver, Colorado 80222
- To file a complaint with the Office for Civil Rights (OCR), use one of the following methods:
  - The OCR Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.
  - By mail to the Centralized Case Management Services, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F HHH Building, Washington, D.C. 20201.
  - Via email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

**For more information or questions about how to exercise your rights.** If you have questions about our privacy practices or how to exercise your rights, contact WellPower’s Privacy Officer, Kate Norris via email at [Privacy@WellPower.org](mailto:Privacy@WellPower.org), telephone at (303) 504-6788, or by mail to 4141 E. Dickenson Place, Denver, Colorado 80222.

### Notice Regarding Confidentiality of Substance Use Disorder Patient Records (42 CFR §2.22)

The confidentiality of substance use disorder patient records maintained by WellPower is protected by federal law and regulations (42 U.S.C. § 290dd-2, 42 C.F.R. Part 2 (“Part 2”). Generally, we may not reveal to a person or entity outside of WellPower that you are receiving services from us for a substance use disorder, or disclose any information identifying you as a person that has or had a substance use disorder, unless:

- you consent in writing to the disclosure; or
- the disclosure is to a qualified service organization (QSO) with which WellPower has a written agreement; or
- the disclosure is allowed by a court order; or
- the disclosure is to medical personnel in a bona fide medical emergency or to qualified personnel for certain research, audit, or program evaluation.

Federal law and regulations also do not protect any information about:

- A crime you commit or threaten to commit at any WellPower facility or against any person who works for WellPower.
- Suspected child abuse or neglect required by state law to be reported to appropriate state or local authorities. Violation by WellPower of the federal law and regulations is a crime.
- Suspected violations may be reported to the U.S. Attorney for the District of Colorado, 1801 California Street, Suite 1600, Denver, Colorado 80202; phone: 303-454-0100.
- Suspected violations by an opioid treatment program may be reported to the Substance Use and Mental Health Services Administration (SAMHSA), Opioid Treatment Program Compliance Office by phone at 204-276-2700 or online at [OTP-extranet@opiod.samhsa.gov](mailto:OTP-extranet@opiod.samhsa.gov).

### Notice of Nondiscrimination

**Discrimination is against the law.** WellPower complies with applicable state and federal civil rights laws and does not discriminate, exclude people, or treat them differently because of race or ethnicity, color, religion, age, sex, disability, national origin, language, military service/veteran status, pregnancy, sexual orientation, gender identity or expression, hair color/texture, body size, genetic information, or family structure.

**WellPower provides:**

- free auxiliary aids and free services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (e.g., large print, audio, accessible electronic formats)
- free language assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages.
- reasonable modifications for individuals with disabilities.

WellPower’s Access team, Front Desk staff, Advocate, or a member of your treatment team can help you obtain auxiliary aids or services, language assistance services, and/or reasonable modifications in a timely manner. Please let us know of your need at any time.

**File a complaint or grievance if you feel your rights are violated.** If you believe that WellPower has failed to provide these services or discriminated against you in any way, you can file a grievance with us by calling WellPower’s Advocate at (303) 504-6579, writing to WellPower Advocate, 4141 E. Dickenson Place, Denver, Colorado 80222, or emailing [Advocate@WellPower.org](mailto:Advocate@WellPower.org). We will not retaliate against you for filing a grievance. You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR) using one of the following methods:

- through the OCR Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- by mail at Centralized Case Management Services, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F HHH Building, Washington, D.C. 20201
- by email at [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

### Changes to this Notice

We reserve the right to change this Notice and to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on our website at [www.WellPower.org](http://www.WellPower.org) and in facilities where services are provided. Paper copies you can take with you will be available at facilities where services are provided.