Privacy Notice:
Plain-Language Summary for Participants

This summary highlights the main points of SouthLight's Notice of Privacy Practices in simpler language. **Please read the full notice below for complete details about your rights and SouthLight's responsibilities.** If this summary and the full notice differ, the full notice controls.

Your Rights
- Ask to see or get a paper or electronic copy of your health record.
- Ask us to correct information that is wrong or incomplete.
- Ask us to contact you in a certain way or at a different address.
- Ask us to limit how we use or share your information.
- Ask for a list of certain times we shared your information.
- Get a paper copy of this notice at any time.
- Choose a legally authorized person to act for you.
- You may ask questions or file a complaint without fear of retaliation.

Your Choices and Part 2 (Additional Substance Use) Protections
- Substance use disorder records usually require an additional layer of written consent before we use or share them for treatment, payment, or health care operations.
- You may give broad consent or limit who receives information and why.
- You may cancel your consent in writing, but this does not undo actions already taken.
- We will not use Part 2 information in a case or investigation against you unless you give written consent or a qualifying court order is accompanied by a subpoena or similar legal requirement.
- We will give you advance notice and a choice before using Part 2 information for fundraising.
- We will not sell your information, use it for marketing, or share most psychotherapy notes without written permission.

How We May Use or Share Information
- We may use information to provide care, run SouthLight, improve services, contact you, and bill for care.
- We may share information with people or organizations you name in a valid consent.
- We may share limited information without your consent for a medical emergency, a required child-abuse or neglect report, a crime or threat at the program, approved research, an audit or program review, or a cause-of-death inquiry.
- We may also use or share information when HIPAA or another law permits or requires it, but only after all legal conditions are met.

NC HealthConnex
- SouthLight sends and receives health information through NC HealthConnex to support care and meet State requirements.
- NC HealthConnex is North Carolina's statewide health information exchange, which allows participating healthcare providers to securely access and share health information for treatment and care coordination
- You may submit an opt-out form to stop sharing with other participating providers.
- Even if you opt out, SouthLight must still send information that the law requires.

What is shared	What is not shared
» Inpatient admissions and discharge information » Encounters and diagnoses » Emergency department reports » Laboratory results » Allergies » Prescribed medications » Procedures and problems » Vital signs » Immunizations » Smoking status » Referrals	» Substance Use Disorder (SUD) data covered under 42 C.F.R. Part 2 (federally protected) » Psychotherapy notes (as defined by HIPAA) » Any other information prohibited by federal law

- Forms and more information are available at SouthLight offices and at NCHealthConnex.gov.

Questions or Complaints

- Privacy questions: SouthLight Privacy Officer, (984) 263-8527.
- Complaints or grievances: your program director, counselor, or SouthLight Participant Advocacy Office at (984) 477-0809 or improvement@southlight.org.
- You may also complain to the U.S. Department of Health and Human Services Office for Civil Rights.
- You may also report a violation of 42 CFR Part 2 to the United States Attorney for the federal district where the violation occurred.

Full Notice Of Privacy Practices

Effective Date: October 1, 2026

NOTICE OF PRIVACY PRACTICES OF SOUTHLIGHT, INC.

This notice explains how health information about you, including substance use disorder records protected by 42 CFR Part 2, may be used and disclosed; your rights concerning that information; and how to file a complaint about a violation of your privacy or security rights.

You have the right to a paper or electronic copy of this notice and may discuss it with SouthLight's Privacy Officer at (984) 263-8527 or privacy@southlight.org.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS, AND HOW TO FILE A COMPLAINT.
PLEASE REVIEW IT CAREFULLY.

Your Information. Your Rights. Our Responsibilities.

SouthLight, Inc. protects your health information under the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2, and applicable North Carolina law. In this notice, "health information" includes protected health information and, when applicable, records that identify you as having or seeking substance use disorder services.

For substance use disorder records protected by 42 CFR Part 2, SouthLight generally must obtain your written consent before using or sharing your information for treatment, payment, health care operations, or other purposes not permitted without consent. You may provide one consent for future treatment, payment, and health care operations or a more limited consent. A limited consent may affect the services we can provide or how services are paid. You may revoke consent in writing, except to the extent SouthLight has already acted in reliance on it.

Example: We generally need your written consent before sending your substance use disorder treatment records to an employer, attorney, family member, or another person you identify, unless another law specifically permits the disclosure.

- Communicate within our program, with an organization that has administrative control over the program, and with contractors who help operate the program;
- Respond to a bona fide medical emergency;
- Carry out qualifying research, audits, or program evaluations;
- Report suspected child abuse or neglect as required by law;
- Report a crime or threat of a crime on program premises or against program staff;
- Assist with cause-of-death inquiries as permitted by law; or
- Respond to a qualifying Part 2 court order accompanied by a subpoena or similar legal mandate.

When another law provides greater privacy protection, SouthLight will follow the more protective requirement.

Your Rights

You may ask to see or receive an electronic or paper copy of your health information. We usually will provide a copy or summary within 30 days and may charge a reasonable, cost-based fee. You may also ask us in writing to correct information you believe is incorrect or incomplete. We may deny a request, but we will explain why in writing, generally within 60 days.

You may ask us to contact you in a specific way or at a different address. We will agree to reasonable requests. You may also ask us to limit certain uses or disclosures. We are not always required to agree, but if we do, we will follow the restriction except when emergency treatment or law requires otherwise.

If you pay in full out of pocket for a service or item, you may ask us not to share that information with your health insurer for payment or health care operations. We will agree unless a law requires disclosure.

You may request an accounting of certain disclosures made during the six years before your request. The accounting will not include disclosures for treatment, payment, or health care operations and certain other disclosures. One accounting in a 12-month period is free; we may charge a reasonable, cost-based fee for another request during that period.

For electronic Part 2 records, you have the right to request an accounting of certain disclosures, as provided by law. You may request a list of health care providers that received your information through certain intermediaries, such as a health information exchange, during the three years before your request.

You may receive a paper copy of this notice at any time, even if you agreed to receive it electronically. You may ask questions about this notice or our privacy practices by contacting the Privacy Officer listed below.

A personal representative, such as a person with medical power of attorney or a legal guardian, may exercise your rights after we verify that person's authority. You also have the right to receive clear advance notice and a choice about fundraising communications that would use Part 2 information.

How We May Use and Share Your Information

Subject to HIPAA and any consent required by 42 CFR Part 2, we may use or share health information to provide treatment, operate SouthLight, improve your care, contact you when necessary, bill and receive payment, make disclosures you authorize, prevent multiple enrollment in certain treatment programs,

report court-referred treatment, and report prescribed substance use disorder treatment medications to a prescription drug monitoring program when required by law.

We may also use or share information as permitted or required for public health and safety, health oversight, research, workers' compensation, organ donation, medical examiner or funeral director duties, law enforcement, special government functions, and other purposes allowed by HIPAA. Before doing so, we must meet all conditions required by law.

We will not use or share your information for marketing, sell your information, or share most psychotherapy notes without your written authorization. Part 2 information may not be used or disclosed in any civil, criminal, administrative, or legislative investigation or proceeding against you unless you provide written consent or the disclosure is authorized by a qualifying Part 2 court order and subpoena or similar legal mandate. A recipient subject to HIPAA may redisclose Part 2 information received under a consent for treatment, payment, and health care operations as permitted by HIPAA, but the protection against use in legal proceedings against you continues.

SouthLight will use or disclose Part 2 records for purposes not described in this notice only with your written consent.

NC HealthConnex

SouthLight participates in NC HealthConnex, operated by the North Carolina Health Information Exchange Authority, to support your care and meet State reporting requirements. You may opt out of sharing with other participating providers by submitting the required form to the NC HIEA. Even if you opt out, SouthLight must still submit information required by law, including information about services funded by certain State programs. Forms and more information are available at SouthLight offices and at NCHealthConnex.gov. For help, contact the SouthLight Privacy Officer at (984) 263-8527.

SouthLight's Duties

SouthLight is required by law to maintain the privacy and security of your health information, obtain consent for most uses and disclosures of Part 2 information, notify you promptly if a breach may have compromised your information, follow the notice currently in effect, and give you a copy upon request.

We may change the terms of this notice. Changes will apply to all information we maintain. The revised notice will be available upon request, at SouthLight program sites, and through any other method SouthLight uses to make the notice available.

Complaints and Reporting Violations

If you believe your privacy rights were violated, you may contact your program director or counselor about filing a complaint or grievance. You may also contact SouthLight's Participant Advocacy Office at (984) 477-0809 or emailing improvement@southlight.org. Information about SouthLight's grievance procedure is available upon request, can be found in the Participant Handbook or found by visiting Compliance & Complaint Form | SouthLight Healthcare.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html.

A violation of 42 CFR Part 2 may be reported to the United States Attorney for the federal district where the violation occurred.

SouthLight will not retaliate against you for filing a complaint.