

Your Information. Your Rights. Our Responsibilities

Notice of Privacy Practices of Weber Human Services

This notice explains:

- How we may use and share your health information
- Your rights about your health information
- How to file a complaint if your privacy is not protected

You can ask for a copy of this notice at any time (paper or electronic).
If you have questions, call our Privacy Officer at 801-625-3700.

In this notice, “health information” means your substance use treatment records.

Your Rights

You have the right to:

- Say yes or no before most uses of your information
- Ask us to limit what we share
- Get a copy of this notice
- Ask questions about this notice
- Get a list of who we shared your information with
- Choose if you want to receive fundraising messages
- File a complaint if you think your rights were violated

Your Choices

If you give us permission, we can use and share your information to:

- Treat you
- Run our program
- Bill for services
- Share information with people you choose
- Prevent you from signing up for the same program more than once
- Report treatment required by a court
- Report to prescription drug monitoring programs

How We Use and Share Your Information

Sometimes we can share your information without your permission. This includes:

- Talking with staff and contractors in our program
- Helping in a medical emergency

- Protecting public health
- Reporting crimes or threats at our facility
- Reporting child abuse or neglect
- Helping with research (without your name attached)
- Responding to audits or program reviews
- Helping with cause of death reports
- Following court orders

We always try to protect your information and only share what is needed.

More About Your Rights

Giving Permission

You can give one permission that allows us to use your information for treatment, payment, and operations.

Asking Us to Limit Sharing

You can ask us not to share certain information.
We may say no if it could affect your care.

If you pay for a service yourself, you can ask us not to share that information with your insurance. We will agree unless the law says we must share it.

Getting a Copy

You can ask for a paper copy at any time.

Asking Questions About this Notice

You can call or email us to learn more.

Fundraising Messages

You can choose if you want to receive them.

Filing a Complaint

If you think your rights were violated, you can contact us or the U.S. Department of Health and Human Services.

You can file a complaint with the U.S. Department of Health and Human Services' Office for Civil Rights by sending a letter 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>.

We will not punish you for filing a complaint.

How We Usually Use Your Information

With your permission, we may:

Treat You

We share information with doctors and staff helping with your care.

Run Our Program

We use your information to improve services and manage your care.

Bill for Services

We share information with insurance so they can pay for your care.

Other Uses with Permission

We may also share your information:

- With people you choose
- To prevent duplicate program enrollment
- To report court-ordered treatment
- To report certain medications as required by law

If Someone Acts for You

If someone is legally allowed to make decisions for you (like a guardian), they can use your rights and make choices about your information.

Other Ways We May Share Information

We may share your information without permission when allowed by law:

- Within our program and with helpers (contractors)
- During emergencies
- For public health (without your name)
- For research (without your name)
- For audits and program reviews
- For cause of death reports
- To report child abuse or neglect

- To report crimes or threats in our program

Legal Situations

We will not share your information in legal cases against you unless:

- You give written permission, or
- A court orders us to

We follow strict rules before sharing information in legal matters.

Our Responsibilities

We must:

- Get your permission for most uses
- Keep your information safe and private
- Tell you if your information is exposed
- Follow the rules in this notice
- Give you a copy of this notice

We will not share your information in other ways unless you say yes in writing.
You can change your mind at any time.

Changes to This Notice

We may update this notice.
New rules will apply to all your information.
You can ask for the newest version at any time.

Effective Date

This notice started on 02/19/2026.

Contact Information

Privacy Officer: 801-625-3700

Email: contact@weberhs.org