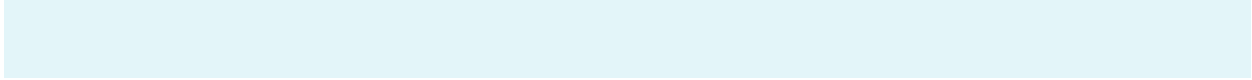


Notice of Privacy Practices

<p>Your Rights</p>	<p>You have the right to:</p> <ul style="list-style-type: none"> • • • • • • • ! 	<p>See pages 2 and 3 for more information on these rights and how to exercise them.</p>
--------------------	---	---

<p>Your Choices</p>	<p>You have some choices in the way that we use and share information as we:</p> <ul style="list-style-type: none"> • " • • # • 	<p>See page 4 for more information on these choices and how to exercise them.</p>
---------------------	---	---

<p>Our Uses and Disclosures</p>	<p>We may use and share your information as we:</p> <ul style="list-style-type: none"> • \$ • % • & • " • ' , ' , • • () • ' , 	<p>See page 5 for more information.</p>
---------------------------------	---	---



\$#

Your Choices

!

5

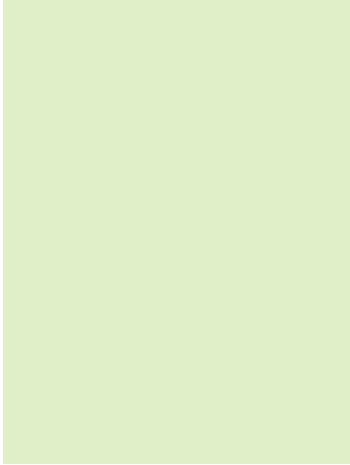
In these cases-
you have both
the right and
choice to tell us
to:

- 9
- 9

Our uses and disclosures

How do we typically use or share your health information?

Treat you	(Example:
Run our organization	(Example:
Bill for your services	(Example:
Contact You	(Example:



Contact s

Confidentiality of Substance Use Treatment Records

Your Rights and Choices:

