RECOVERY INNOVATIONS, INC.

Notice of Privacy Practices

This notice describes how medical and drug / alcohol related information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Legal Duty:
We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect August 2, 2004 and will remain in effect until we replace it.

Changes to this Notice:
We will abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all protected health information that we already have, as well as any information we receive in the future. An updated version of the Notice may be obtained from the Privacy Officer whose address is provided at the top of this notice. Updated versions are also available at our facility, and on our website (www.recoveryinnovations.com).

Use and Disclosure of Health Information:
We disclose information about you for treatment, payment, legal, and healthcare operations. In most instances, Recovery Innovations, Inc. is obligated to obtain written consent prior to release of any information regarding you, or your treatment. Examples are provided for each category though not every possible use or disclosure in a category is listed.

Treatment -- We may use your health information to provide substance abuse and mental health treatment or services to you. For example, we may disclose your health information to another Treatment Professional or other healthcare provider providing treatment to you in order to coordinate or manage the health care and related services that are provided to you by other health care practitioners; and to refer you to a different healthcare provider and follow-up with same.

Payment -- We may use and disclose health related information so that the treatment and services provided to you may be billed and payment may be collected. For example, we may have to notify an insurance company or other third party of your name, address, office visit date, diagnosis code(s), and treatment services to your insurance company for payment.

Legal -- We may use and disclose health-related information so that legal authorities with whom you may be involved (i.e., probation, parole) can be advised of your treatment status. For example, we may use your health-related information to notify a probation officer of treatment compliance, or non-compliance.

Health Care Operations -- We may use and disclose health related information about you for programmatic purposes to ensure that you receive quality care. For example, we may use your health information to review our treatment delivery system and evaluate the performance of our staff in providing services to you.

Business Associates -- We may use and disclose certain health related information to one of our business associates. A business associate is an individual or entity under contract with us to perform, or assist us in performing, a function or activity that requires us to disclose your health information to them. Some examples of business associates are consultants, accountants, other service providers, and lawyers. We require business associates to protect the confidentiality of your health information as well.

Required by Law -- There are instances where we are required or permitted by law to disclose health related information about you, even without a written consent to do so. For example, information may be released without your consent: (a) Pursuant to an agreement with a qualified service organization/business associate; (b) For research, audit, or evaluations; (c) To report a crime committed on Recovery Innovations, Inc. property or against Recovery Innovations, Inc. personnel; (d) To medical personnel in a medical emergency; (e) To appropriate authorities if we see or suspect abuse or neglect; and (f) Pursuant to a Court Order.

Your Rights:

Restrictions -- You have the right to request restrictions on certain uses and disclosures of your information, though we are not required to honor your request. If we agree to this request, we will comply with this request unless the information is needed in an emergency. This request must be submitted in writing.

Communication -- You have the right to request that we communicate with you by alternative means, or at alternative locations. For example, you may request that we contact you only at work, or only on your cell phone. Recovery Innovations, Inc. will honor all requests that do not impose an unreasonable burden on this facility. We will not ask for an explanation for this request.

Cell Phone Use -- By enrolling in treatment, by default you are consenting for us to communicate with you via text or phone calls. Message and Data Rates may apply. You can STOP messaging by sending STOP and get more help by sending HELP.

Inspect and Copy -- You have the right to inspect and copy your health-related information. Amongst other limited circumstances, exceptions would be psychotherapy notes, or information compiled for use in a civil, criminal, or administrative proceeding. We reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain circumstances, and if your request is denied you may ask that this decision be reviewed. Another licensed health care professional chosen by this corporation will review your request and the denial; the person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Amend and Accounting -- You have the right, with some exceptions, to amend health care information in your clinical record, if you believe the information is inaccurate or incomplete. You also have the right to request an accounting of certain disclosures of your information for the six years prior to the request; you must make this request in writing.

Copies -- You have the right to receive a paper copy of this notice, upon request.

Complaints / Problems:

If you believe your privacy rights have been violated, you may file a complaint with Recovery Innovations, Inc. (attn.: Privacy Officer) and with the Secretary of the Department of Health and Human

Services. All complaints must be submitted in writing; no retaliation will occur for filing a complaint. Recovery Innovations, Inc. will provide a client with current information on how to file such a complaint at their request.