

| NOTICE OF PRIVACY PRACTICES |

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/ LCMHCA: *North Carolina Licensed Clinical Mental Health Counselor Associate*

/ License #: A23443

/ Your Privacy

Your counseling information deserves care and protection. This notice explains how the practice handles your protected health information, your choices, and your rights. Protected health information may include identifying information, assessments, diagnoses, treatment plans, progress notes, appointment information, and billing records. The practice follows applicable federal and North Carolina confidentiality laws. When a law provides stronger protection than HIPAA, that stronger protection applies.

/ How Information May Be Used or Shared

/ Providing counseling and coordinating care

Information may be used to assess your concerns, plan treatment, provide counseling, and coordinate appropriate care. As an LCMHCA, I receive clinical supervision. Relevant information may be reviewed with my approved supervisor to support your treatment, subject to confidentiality obligations. Information shared with another treating professional follows applicable privacy and consent requirements.

/ Payment

Information may be used or shared to process payments, submit insurance claims, verify benefits, or respond to permitted billing reviews. Insurance claims generally include a diagnosis, service information, and identifying details. If you pay in full yourself and request that information about that service not be shared with your health plan for payment or healthcare operations, the practice will generally honor that request unless disclosure is required by law.

/ Practice operations

Information may be used for scheduling, record administration, clinical quality review, supervision, compliance, and other permitted practice functions. Service providers handling protected information on the practice's behalf must meet applicable privacy and security requirements.

/ Safety and legally required reporting

Information may be disclosed when permitted or required by law to address serious safety concerns or make required reports. Examples include suspected child abuse, neglect, or dependency, and suspected abuse, neglect, or exploitation of a disabled adult who meets legal reporting criteria.

/ Legal and other permitted disclosures

Subject to applicable legal conditions and stronger confidentiality protections, information may be disclosed:

1. To comply with a legally sufficient court order or other legal requirement.
2. For authorized healthcare oversight or privacy investigations.
3. For qualifying public health activities or research.
4. For certain workers' compensation, law enforcement, or government purposes.
5. To coroners, medical examiners, funeral directors, or organ-procurement organizations when legally appropriate.

These categories do not provide unrestricted access to counseling records. North Carolina counselor privilege may protect information in legal proceedings. A subpoena does not automatically remove that protection.

/ Your Choices About Sharing Information

You may tell the practice whether you want information shared with family members, friends, or others involved in your care or payment. When you cannot express a preference, limited information may be shared when professional judgment and applicable law permit it, such as during an emergency. Limited disclosures may also be permitted for disaster-relief coordination. Listing an emergency contact does not authorize routine updates about your treatment.

/ Disclosures Requiring Written Authorization

Uses or disclosures not permitted by law or described in this notice require your written authorization. Specific authorization is generally required for:

- Most disclosures of separately maintained psychotherapy notes.
- Marketing uses that require authorization.
- Sale of protected health information.

Psychotherapy notes are a specifically defined category of notes maintained separately from the clinical record. They are different from ordinary progress notes. You may revoke an authorization by notifying the privacy contact in writing. Revocation applies to future disclosures, except to the extent the practice has already acted in reliance on your authorization.

/ Practice policy concerning marketing, sale, and fundraising:

[Confirm your actual policy. Proposed wording: The practice does not sell protected health information or use it for marketing or fundraising.] If fundraising communications are used, you may opt out. Any use of records protected by 42 CFR Part 2 for fundraising will follow its additional notice and choice requirements.

/ Additional Protection for Substance Use Disorder Records

Some substance use disorder records are protected by **42 CFR Part 2**. When the practice holds records protected by Part 2, those records, or testimony describing their contents, will not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your specific written consent or a qualifying court order and subpoena. Additional consent and disclosure rules may apply to these records. A general counseling consent does not replace an authorization required for their use in proceedings against you.

/ Your Rights

Contact the privacy contact listed above to exercise these rights or ask for assistance.

/ Access your records

You may request to inspect or receive a paper or electronic copy of information in your designated clinical record. The practice generally responds within 30 calendar days. If a lawful extension is necessary, you will receive a written explanation and an expected completion date. A reasonable, legally permitted copying fee may apply. Access will not be conditioned on paying an outstanding counseling balance. Certain information, including separately maintained psychotherapy notes, is excluded from the HIPAA access right. If access is denied, the practice will explain the reason and any available review rights.

/ Request a correction

You may request an amendment to information you believe is inaccurate or incomplete. The practice generally responds within 60 calendar days, subject to a lawful extension. If the request is denied, you will receive a written explanation and information about submitting a statement of disagreement. An amendment does not necessarily erase the original entry.

/ Request private communications

You may ask to be contacted through a particular method or at another address. The practice will accommodate reasonable requests.

/ Request limits on sharing

You may ask the practice to restrict certain uses or disclosures. The practice is not required to accept every request, except where the law requires it, including the paid-in-full health-plan restriction described above. If a restriction is accepted, the practice will follow it except where a lawful exception applies, such as necessary emergency treatment.

/ Request an accounting of disclosures

You may request a list of certain disclosures made during the preceding six years. The list generally excludes disclosures for treatment, payment, healthcare operations, disclosures you authorized, and other legal exceptions. One

accounting within a 12-month period is free. Any permitted charge for additional requests will be explained in advance.

/ Receive a copy of this notice

You may request a paper copy at any time, even if you previously received it electronically.

/ Have an authorized representative act for you

A person with appropriate legal authority may exercise applicable rights on your behalf. The practice verifies that authority and considers any legal exceptions before providing access or accepting instructions.

/ The Practice's Responsibilities

The practice is required to protect your health information, follow the privacy practices described in this notice, and provide you with a copy. You will receive notification as required by law if a breach involving your information occurs. The practice will not retaliate against you for exercising your rights or filing a complaint.

/ Questions and Complaints

You may contact the practice's privacy contact with questions or concerns. You may also file a complaint directly with the **U.S. Department of Health and Human Services Office for Civil Rights**:

Website: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

Phone: 1-877-696-6775

Mail: 200 Independence Avenue SW, Washington, DC 20201

You do not have to complain to the practice before contacting HHS.

/ Changes to This Notice

The practice may revise this notice as permitted by law. Revised terms may apply to information already maintained and information received later. The current notice will be available upon request, in the practice office when applicable, and on the practice website at [\[Notice of Privacy Practices\]](#). The acknowledgment below confirms **receipt**, not permission to release records. HIPAA requires a good-faith effort to obtain acknowledgment; a client may decline to sign.

/ Acknowledgment of Receipt of Privacy Notice

I acknowledge that I received the **Notice of Privacy Practices**. I understand that I may ask questions and request another copy at any time. My signature confirms receipt. It does not authorize unrestricted disclosure of my information, mean that I agree to every permitted disclosure, or waive my privacy or complaint rights.
