

NOTICE OF PRIVACY PRACTICES

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

If you have any questions about this Notice, please contact our Privacy Officer or any staff member in our office.

Privacy Officer: Mohagony Matkins Contact number: (336) 342-0889

External HIPAA Privacy and Security Resource: David Wornica, CHPSE. Contact number: 469-342-8300 ext. 628.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) under federal law, including the Health Insurance Portability and Accountability Act (HIPAA), and applicable North Carolina confidentiality laws. It explains your rights, our responsibilities, and how federal and North Carolina law work together to protect your privacy.

We are required by law to maintain the privacy and security of your information, to provide you with this Notice, and to follow the terms of this Notice. We may change the terms of this Notice at any time. Any revised Notice will apply to all information we maintain and will be available upon request, in our office, or on our website.

A. Uses and Disclosures of Information

USES AND DISCLOSURES BASED ON YOUR IMPLIED CONSENT

When you receive care in our office, you imply consent for us to use and disclose your information for the following purposes, as permitted by HIPAA and North Carolina law.

Treatment: We may use and disclose your information to provide, coordinate, or manage your care. Examples include:

- Sharing X-rays and chart notes with a specialist
- Sending treatment specifications to a laboratory
- Communicating with pharmacists regarding prescriptions
- Coordinating care with other health care providers

Payment: We may use and disclose your information to obtain payment for services, including:

- Submitting claims to your health or dental plan
- Verifying coverage and eligibility
- Obtaining prior authorizations
- Responding to utilization review requests

Health Care Operations: We may use and disclose your information for administrative and operational purposes, such as:

- Quality improvement activities
- Staff training and evaluation
- Licensing, accreditation, and compliance
- Use of sign-in sheets or calling your name in the waiting area

Example: We may disclose limited information to interns, students, or trainees involved in your care.

Business Associates: We may disclose your information to third-party “Business Associates” (such as billing companies, IT support, transcription services, or secure data storage vendors). Business Associates are required by law to protect your information.

Appointment Reminders and Communication: We may contact you by phone, text, email, or mail regarding appointments, treatment, or health-related services. You may request alternative methods of communication.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Certain uses and disclosures require your written authorization, including:

- Marketing communications not conducted face-to-face
- Sale of your information
- Most disclosures of psychotherapy notes
- Disclosures to employers or third parties not involved in your care

You may revoke an authorization any time in writing, except to the extent we have already relied on it.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

- **Family Members and Others Involved in Care:** Unless you object, we may share information with a spouse, partner, family member, or friend involved in your care or payment.
- **Disaster Relief:** We may disclose limited information to authorized organizations assisting with disaster response.

If you are unavailable, we may use our professional judgment to decide what is in your best interest.

USES AND DISCLOSURES WITHOUT YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT

We may use or disclose your information without consent in the following circumstances:

Required by Law: When federal or state law requires disclosure.

Public Health: To prevent or control disease, report adverse events, or notify persons at risk of exposure.

Abuse or Neglect: To report child, elder, or dependent adult abuse or neglect.

Health Oversight: For audits, investigations, or inspections by government agencies.

Legal Proceedings: In response to a court or administrative order, or in certain cases, a lawful subpoena.

Law Enforcement: For limited purposes such as locating a suspect, reporting a crime, or emergencies.

Coroners and Medical Examiners: For identification or cause of death.

Organ Donation: To organ procurement organizations when appropriate.

Workers' Compensation: To comply with workers' compensation or similar programs.

National Security and Military: For authorized national security, intelligence, or military purposes.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

If we receive or maintain records relating to substance use disorder treatment that are protected under federal law (42 CFR Part 2), those records are subject to additional confidentiality protections.

- These records may be used and disclosed for treatment, payment, and health care operations as permitted by law.
- We will not use or disclose these records, or testimony about their contents, in civil, criminal, administrative, or legislative proceedings against you unless permitted by law, with your written consent, or by a court order following proper legal procedures.
- Other uses and disclosures require your written authorization or must be otherwise permitted by law.

SPECIAL PROTECTIONS FOR REPRODUCTIVE HEALTH INFORMATION

Information related to reproductive health care may be subject to additional privacy protections under federal law and our internal privacy practices.

- We may use and disclose reproductive health information for treatment, payment, and health care operations as permitted by law.
- We will not use or disclose reproductive health information for the purpose of investigating or imposing liability on an individual for seeking, obtaining, providing, or facilitating lawful reproductive health care.
- Other uses and disclosures require your written authorization or must otherwise be permitted or required by law.

B. Your Rights

You have the following rights regarding your protected health information:

- **Inspect and Copy:** You may review or get a copy of your records. Federal law prohibits access to certain psychotherapy notes and litigation records.
- **Request Restrictions:** You may ask us not to use or disclose certain information. We are not required to agree, except when disclosure would be to a health plan for a service you paid for entirely out-of-pocket.
- **Confidential Communications:** You may request that we contact you by alternative means or at an alternative location (e.g., mail to a P.O. Box).
- **Amendment:** You may request an amendment if you believe your records are incorrect or incomplete. If denied, you may submit a statement of disagreement.
- **Accounting of Disclosures:** You may request a list of certain disclosures we made in the past six years, excluding those for treatment, payment, or operations.

- **Paper Copy:** You may request a paper copy of this Notice, even if you received it electronically.
- **Breach Notification:** You will be notified if a breach of your information occurs.

C. Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your information
- Notify you if a breach occurs
- Use and disclose your information only as described in this Notice
- Follow the more protective rule when federal and North Carolina laws differ

D. Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

- **Our Office:** Contact our Privacy Officer in writing
- **U.S. Department of Health and Human Services, Office for Civil Rights (OCR).**

We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on February 16, 2026.