



## Notice of Privacy Practices

**Notice of Privacy Practices**  
**Effective Date: January 2026**

This notice explains **how your health information may be used and shared** and **your rights to access and control that information**. Please review carefully and ask if you have any questions.

## **Our Commitment to Your Privacy**

P&G Clinical Services, PLLC (“P&G,” “we,” “our,” or “us”) is required by **HIPAA, 42 CFR Part 2**, and North Carolina and South Carolina law to protect your **Protected Health Information (PHI)**.

PHI includes information that identifies you and relates to:

- Your mental or physical health
- The services you receive
- Payment for those services

We use and share your information **only as necessary** to provide care, receive payment, and operate our practice while protecting your privacy.

If you have questions, call us at **(704) 408-8489**.

## **How We May Use and Share Your Health Information**

We may use and disclose PHI **without your written authorization** for the following purposes:

### **1. Treatment**

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

- Coordinating care with other providers in or outside our practice
- Referrals for specialized services
- Emergency situations

### **Special note for substance use treatment:**

- Information about substance use treatment has extra protections under **federal and state law (42 CFR Part 2)**. Written consent is generally required before sharing, unless the law allows or requires disclosure.

## 2. Payment

We may use your information to:

- Bill for services
- Verify insurance eligibility
- Determine coverage under **private insurance, Medicaid, Medicare, or state programs**

We will only share the minimum necessary information.

## 3. Health Care Operations

We may use or share your information for business activities needed to run our practice, including:

- Quality assurance and care review
- Staff training and supervision
- Licensing, accreditation, and audits
- Legal and compliance activities
- Resolving complaints or grievances

## Disclosures Required or Allowed by Law

We may share PHI without your permission when required or allowed by law, including:

- Suspected **child, elder, or disabled-adult abuse or neglect**
- **Threats of serious harm** to yourself or others
- **Public health reporting** (e.g., communicable diseases)
- **Health oversight activities** (audits, investigations, licensing)
- Court orders, subpoenas, or other legal proceedings

- Law enforcement requests (as allowed by law)
- Workers' compensation claims (except substance use treatment)
- Correctional institutions if applicable
- Organ or tissue donation
- Approved medical research

We always share **only the minimum necessary information**.

## Telehealth & Electronic Communication (SimplePractice)

P&G provides **telehealth services using SimplePractice**, a secure, HIPAA-compliant platform. Telehealth may include:

- Video sessions
- Phone sessions
- Secure messages via SimplePractice
- Appointment reminders and billing communications

### Important privacy considerations:

- SimplePractice uses security measures, but no electronic system can guarantee complete privacy.
- Messages may be seen by others with access to your phone, computer, or email account.
- Participate in sessions from a **private location** and use a secure internet connection.
- Telehealth is **not for emergencies**. If you are in crisis, **call 911** or go to the nearest emergency room.
- **Recording, screenshots, or sharing** telehealth or in-person sessions is strictly prohibited and may result in termination of services.

**Optional website note:** Telehealth services are provided through SimplePractice, a secure, HIPAA-compliant platform; however, electronic communication always carries some privacy risk.

## How We May Contact You

We may contact you to:

- Remind you of appointments (phone, text, email, or mail)
- Provide follow-up care or treatment options
- Notify you about practice-related fundraising (you may opt out at any time)

## Sharing Information With Family or Others

We may share limited information with:

- Family members or others involved in your care
- Disaster relief organizations

You may **object** to these disclosures by contacting our office.

## Uses and Disclosures Requiring Your Written Authorization

All other uses and disclosures of PHI require your **written authorization**, which you may revoke at any time (except for actions already taken).

Special rules apply to minors who consent to certain services under **NC or SC law**.

## Your Rights Regarding Your Health Information

You have the right to:

- Receive a copy of this Notice
- Request how or where we contact you
- Inspect and obtain copies of your records
- Request amendments to your records
- Receive an accounting of certain disclosures
- Request restrictions on use or sharing of PHI

Requests must be made in writing. Fees may apply as allowed by law.

## **Your Rights as a Client (MH/IDD/SA Services)**

You also have the right to:

- Be treated with **dignity, respect, and privacy**
- Be free from **abuse, neglect, or exploitation**
- Receive **age-appropriate and individualized services**
- Participate in **treatment planning** and give informed consent
- Receive services in the **least restrictive setting**
- Access **advocacy and grievance processes**
- Maintain **civil and legal rights**, unless restricted by law

Additional rights apply to minors, including **parental communication** where permitted.

## **Record Retention**

- Adult records: at least **11 years** after last service
- Minor records: at least **12 years** after age 18
- Records are maintained according to **state and professional standards**

## **Changes to This Notice**

We may update this Notice at any time. The current version is always **posted on our website** and **applies to all PHI we maintain**.

## **Contact Information**

**P&G Clinical Services, PLLC**  
Phone: (704) 408-8489

If you believe your privacy rights have been violated, you may contact our office or file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights**. You **will not be retaliated against** for filing a complaint.

## Legal References

- **42 U.S.C. 290dd-3 / 290ee-3 & 42 CFR Part 2** – Confidentiality of substance use treatment records
- **HIPAA** – 42 U.S.C. 1320d-1329d-8 & 45 CFR Parts 160 and 164
- **NC General Statutes** – Chapter 122C & Chapter 90
- **NC Administrative Code** – 10 NCAC 18D