

NOTICE OF PRIVACY PRACTICES

Effective Date: January 2026

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS IT. PLEASE REVIEW IT CAREFULLY.

At P&G Clinical Services, PLLC ("P&G"), we are committed to protecting the privacy and confidentiality of your health information. We collect and maintain this information to provide diagnosis, treatment, care coordination, payment, and healthcare operations. This Notice applies to records created or maintained by P&G, including records generated through telehealth, in-person services, electronic health record systems, billing systems, and practice communications.

Our Responsibilities

We are legally required under HIPAA, applicable North Carolina law, and when applicable 42 C.F.R. Part 2, to:

- Protect the privacy and security of your protected health information (PHI).
- Provide you with this Notice of our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you following a breach of unsecured protected health information, as required by law.
- Provide adequate notice of your rights and our legal duties if we create, receive, maintain, or transmit records protected by 42 C.F.R. Part 2.

We may update this Notice at any time. Any updated Notice will apply to all information we maintain. The current version will be available upon request and may be posted in our office, on our website, and/or in the patient portal.

How We May Use and Disclose Your Health Information Without Your Authorization

1. Treatment

We may use and disclose your health information to provide, coordinate, and manage your care. This may include:

- Collaboration among your treatment providers.
- Consultation with other licensed healthcare providers.

- Referrals to specialists, hospitals, clinics, or other healthcare services.
- Care coordination with other providers or third parties involved in your treatment.
- Emergency care when needed.

Disclosures for treatment purposes are not limited to the minimum necessary standard because providers may need access to the full record or full clinical information to provide appropriate care.

2. Payment

We may use and disclose your health information for payment purposes, including:

- Billing and collecting for services.
- Verifying insurance eligibility and benefits.
- Submitting claims to insurance, Medicaid, Medicare, TRICARE, BCBS, Aetna, Etc., managed care organizations, or other payers.
- Obtaining authorization or determining medical necessity when required by payers.
- Responding to payer audits, claim reviews, or payment-related inquiries.

For payment-related disclosures, we disclose only the minimum necessary information required for the payment purpose.

3. Healthcare Operations

We may use or disclose your information for routine practice operations, such as:

- Quality improvement, program evaluation, and outcomes review.
- Staff training, supervision, credentialing, and consultation.
- Licensing, accreditation, compliance, audits, and risk management activities.
- Business planning, administrative operations, and legal services.
- Responding to complaints, grievances, or internal reviews.

Special Protections for Substance Use Disorder Records Under 42 C.F.R. Part 2

Some substance use disorder (SUD) diagnosis, treatment, or referral records may receive additional federal confidentiality protections under 42 C.F.R. Part 2. If your records are protected by Part 2, certain uses and disclosures that HIPAA may otherwise permit for treatment, payment, and healthcare operations may be limited by stricter Part 2 requirements.

When Part 2 applies:

- We will obtain written consent when required before disclosing Part 2-protected records.

- A single consent may permit future uses and disclosures for treatment, payment, and healthcare operations, as allowed by law.
- Recipients of Part 2-protected information may be subject to restrictions on redisclosure.
- You may revoke a consent in writing at any time, except to the extent we have already acted in reliance on it.
- You may have additional rights to request restrictions and, when legally effective, an accounting of certain disclosures of Part 2-protected records.

Disclosures Required or Permitted by Law

We may disclose your health information without your authorization when required or permitted by law, including:

- Abuse or Neglect Reporting: Suspected child, elder, or disabled-adult abuse, neglect, or exploitation.
- Serious Threats to Safety: When necessary to prevent or reduce a serious and imminent threat to you or others.
- Public Health Activities: Reporting communicable diseases or other public health concerns as required or permitted by law.
- Health Oversight: Audits, investigations, licensing, compliance reviews, or other oversight activities.
- Legal Proceedings: Court orders, subpoenas, discovery requests, or other lawful legal processes. For Part 2-protected records, disclosures in civil, criminal, administrative, or legislative proceedings may require specific written consent or a qualifying court order.
- Law Enforcement: As permitted or required by law, including reporting crimes occurring on our premises.
- Coroners or Medical Examiners: When performing duties authorized by law.
- Workers' Compensation: As necessary to comply with applicable workers' compensation laws.
- Correctional Settings: If you are in custody, as permitted by law.
- Research: Under strict legal and ethical safeguards.
- Specialized Government Functions: Such as military, national security, protective services, or correctional institution functions, when permitted by law.

Disclosures Related to Reproductive Health Care Privacy

When legally applicable, we will follow federal and state requirements governing requests for protected health information that may relate to reproductive health care. This may include reviewing whether a requested use or disclosure is permitted, limiting disclosures to what is legally allowed, and obtaining required written attestations for certain requests, such as requests connected to health oversight activities, judicial or administrative proceedings, law enforcement purposes, or coroners and medical examiners.

Uses and Disclosures Requiring Your Written Authorization

Any use or disclosure of your health information not described in this Notice requires your written authorization unless otherwise permitted or required by law. You may revoke your authorization at any time in writing. Revocation will not affect disclosures made before your revocation.

Psychotherapy Notes

Psychotherapy notes, as defined by HIPAA, are notes recorded by a mental health professional documenting or analyzing the contents of a counseling session and kept separate from the rest of the medical record. We will not use or disclose psychotherapy notes without your written authorization except as permitted or required by law, including:

- Use by the originator of the notes for treatment.
- Use for training or supervision of mental health practitioners.
- Use by P&G to defend itself in a legal proceeding brought by you.
- Use or disclosure required by law or for certain health oversight activities.
- Use or disclosure to avert a serious threat to health or safety.
- Use by the Secretary of Health and Human Services to investigate HIPAA compliance.

Substance Use Disorder Counseling Notes

If we maintain SUD counseling notes, those notes may require a separate written authorization for use or disclosure and may not be combined with consent for other types of records except as allowed by law.

Marketing and Sale of PHI

We will not use or disclose your PHI for marketing purposes or sell your PHI without your written authorization, except as permitted by law.

Disclosures Where You Have the Opportunity to Object

- **Family, Friends, or Others Involved in Your Care:** We may share limited information with a family member, friend, or other person involved in your care or payment for your care if you agree, do not object, or we reasonably infer from the circumstances that you do not object. In emergencies, we may provide limited information if it is in your best interest.
- **Disaster Relief Organizations:** We may share limited information with disaster relief organizations to help notify family or others of your location or condition.
- **Fundraising:** If we use or disclose information for practice-related fundraising, you may opt out at any time. If Part 2-protected records are involved, we will provide a clear and conspicuous opportunity to opt out before any such use or disclosure occurs.

How We May Contact You

We may contact you to:

- Remind you of appointments by phone, voicemail, text, email, portal message, or mail.
- Provide information about treatment options or related healthcare services.
- Discuss billing, insurance, forms, scheduling, or practice operations.
- Request participation in practice-related surveys, quality improvement, or fundraising, when permitted by law.

Email, text, voicemail, fax, and portal communications may carry privacy risks and may become part of your medical record. You may request limits on electronic communication. Do not use electronic communication for emergencies.

Your Rights Regarding Your Health Information

1. **Receive a copy of this Notice:** You may request a paper or electronic copy of this Notice at any time.
2. **Request confidential communications:** You may ask us to contact you in a specific way or at a specific location. We will agree to reasonable requests.
3. **Inspect and obtain copies of your records:** You may request an electronic or paper copy of your medical record and other health information we maintain about you, except for psychotherapy notes, SUD counseling notes, or other information excluded by law. We will respond within the timeframe required by law and may charge a reasonable, cost-based fee.
4. **Request an amendment:** If you believe information in your record is incorrect or incomplete, you may request that we correct or update it. We may deny the request, but we will explain the reason in writing.
5. **Request an accounting of disclosures:** You may request a list of certain disclosures of your PHI made during the past six years, excluding disclosures for treatment, payment, healthcare operations, and certain other disclosures allowed by law. You may also have a right to request an accounting of certain disclosures of Part 2-protected records when that requirement becomes legally effective.
6. **Request restrictions:** You may ask us not to use or disclose certain information for treatment, payment, or healthcare operations. We are not always required to agree. If you pay out-of-pocket in full for a healthcare item or service, you may request that we not disclose information about that item or service to your health plan for payment or healthcare operations purposes.
7. **Revoke an authorization:** You may revoke a written authorization at any time in writing, except to the extent we have already relied on it.

8. **File a complaint:** You may file a complaint if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Requests must be made in writing unless otherwise permitted by law. Reasonable fees may apply for copies or repeated requests as allowed by law.

Additional Rights for Individuals Receiving Mental Health Services

You have the right to:

- Be treated with dignity, respect, and privacy.
- Be free from abuse, neglect, or exploitation.
- Receive individualized, age-appropriate services.
- Participate in your treatment planning.
- Consent to or refuse treatment, except in emergencies or as otherwise permitted by law.
- Receive services in the least restrictive appropriate environment.
- Access grievance and advocacy processes.

Rights for Minors

Minors receiving services have rights to appropriate supervision and guidance, communication with parents or legal guardians when permitted by law, and access to legal counsel when applicable. Special confidentiality rules may apply to minors under North Carolina law.

Social Media and Online Contact

P&G providers do not accept friend requests from current or former patients on personal social media accounts. Patients are asked not to communicate with providers through social media platforms about clinical, billing, scheduling, or emergency matters.

Record Retention

- Adult records are retained for at least 11 years after the last date of service.
- Minor records are retained for at least 12 years after the minor reaches age 18.
- You have the right to review or request copies of your records, except in limited legal circumstances.

Recording of Sessions

Recording, photographing, or taking screenshots of therapy sessions is prohibited unless expressly authorized in writing by P&G and all applicable participants. Unauthorized recording may result in termination of services and may have legal or clinical consequences.



North Carolina General Statute § 130A-143

Records identifying individuals with reportable diseases or conditions are confidential and may only be disclosed under specific circumstances permitted by law.

Complaints

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

P&G Clinical Services, PLLC

Phone: (704) 408-8489

Email: info@pgclinicalservices.com

You may also 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.

Acknowledgment of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.

Prepared for P&G Clinical Services, PLLC. Please have legal/compliance counsel review before final publication or patient portal release.