Notice of Privacy Practices

This Notice describes how your medical and mental health information may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Legal Duty

Healing Hearts Therapeutic Services, PLLC is required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect

"Protected Health Information" (PHI) means information that identifies you and relates to your physical or mental health, health care services, or payment for services.

How We May Use and Disclose Your Information

1. For Treatment
We may use and share your PHI to provide, coordinate, or manage your mental health care. This includes consultation with other providers, referrals, and coordination of care.

2. For Payment
We may use and disclose your PHI to bill and collect payment from insurance companies, third-party payers, or you.

3. For Health Care Operations
We may use and disclose your PHI for practice operations such as quality assurance, training, supervision, licensing, audits, legal services, and administrative purposes.

4. Appointment Reminders and Health-Related Communications
We may contact you to remind you of appointments or provide information about treatment or services. We may use phone, text, email, or portal messaging unless you request otherwise in writing.

5. Disclosures Without Your Authorization
We may disclose your PHI without your written authorization in certain situations, including:

- When required by law or court order
- To report suspected abuse, neglect, or domestic violence
- To prevent or lessen a serious and imminent threat to health or safety
- For health oversight activities (licensing, audits, investigations)
- For public health activities
- For law enforcement purposes as permitted by law

6. Family and Others Involved in Your Care
With your permission, or when appropriate in our professional judgment, we may share limited information with family members or others involved in your care or payment for care.

7. Emergencies
In emergency situations, we may disclose necessary information to medical personnel or others involved in your care.

8. Psychotherapy Notes
Psychotherapy notes are kept separately from your medical record and are given special protection under HIPAA. They are not released without your written authorization except as required by law.

9. Uses and Disclosures That Require Your Authorization
Any uses or disclosures not described in this Notice will be made only with your written authorization. You may revoke that authorization in writing at any time.

Your Rights

You have the right to:

1. Get a Copy of Your Records
You may request to inspect or receive a copy of your health record and billing records. Requests must be made in writing. We may charge a reasonable fee.

2. Request a Correction
You may ask us to correct information you believe is incorrect or incomplete. Your request must be in writing and include the reason for the request.

3. Request Confidential Communications
You may request that we contact you in a specific way or at a specific location (for example, only at home or only by email). We will accommodate reasonable requests.

4. Request Restrictions
You may request limits on how we use or disclose your information. We are not required to agree, but if we do, we will honor the agreement unless required by law or in emergencies.

5. Get a List of Disclosures
You may request an accounting of certain disclosures of your information.

6. Get a Copy of This Notice
You may request a paper or electronic copy of this Notice at any time.

7. File a Complaint

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

Healing Hearts Therapeutic Services, PLLC
Privacy Officer
7489 Rockfish Rd
Raeford, NC 28376
Phone: 910-584-6739

Or with:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, SW
Washington, DC 20201
Phone: 1-800-368-1019
Website: www.hhs.gov/ocr

You will not be penalized or retaliated against for filing a complaint.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your PHI
- Notify you if a breach occurs that may have compromised your information
- Follow the terms of this Notice

Changes to This Notice

We reserve the right to change this Notice. Any changes will apply to all information we maintain. The current version will always be available upon request and on our website/portal.

Contact Information

If you have questions about this Notice or your privacy rights, contact:

Healing Hearts Therapeutic Services, PLLC
7489 Rockfish Rd
Raeford, NC 28376
Phone: 910-584-6739