

Notice of Privacy Practices

I keep a record of the healthcare services I provide you. You may ask me to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. You may request to see your record or request to receive more information about it at P.O. Box 44, Spring Lake, NC 28390.

This notice describes how health information about you may be used and disclosed and how you can access this information. Please review it carefully.

About This Notice

I understand that health information about you is highly personal, and I am committed to protecting your information. I create a record of the treatment and services you receive here at Distinctly Free, PLLC. I need this record to provide treatment, to collect payment, and to comply with legal requirements.

This notice lists the ways I may use and disclose your health information. It also describes your rights as well as obligations I have regarding the use and disclosure of health information. I am required by law to provide this notice to you, to follow the terms of the notice, and to inform you of any changes by providing an updated notice.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities.

Get an electronic or paper copy of your medical record.

You may request an electronic or paper copy of your medical record and other health information I have about you. Ask me how to do this.

I will provide a copy or a summary of your health information, usually within 30 days of your request. See Payment & Fees Agreement for cost.

Ask me to correct your medical record.

You may ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.

I may deny your request, but I'll respond in writing within 60 days and tell you why.

Request confidential communications.

You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

I will agree to all reasonable requests.

I will not share mobile information with third parties/affiliates for marketing/promotional purposes. All other categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

Ask me to limit what I use or share.

You can ask me not to use or share certain health information for treatment, payment, or operations.

I am not required to agree to your request, and I may deny it if it would affect your care.

If you pay for a service or healthcare item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or operations with your health insurance provider.

I will agree unless a law requires me to share that information.

Get a list of those with whom we've shared information.

You can ask for a list (accounting) of the times I've shared your health information in the six years prior to the date you ask, who I shared it with, and why.

I will include all disclosures except for those about treatment, payment, healthcare operations, and certain other disclosures (such as any you asked us to make). I'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another within 12 months.

Get a copy of this privacy notice.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will promptly provide you with a paper copy via mail.

Choose someone to act for you.

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

I will make sure the person has this authority and can act for you before I take any action.

File a complaint if you feel your rights are violated.

I act as my own Privacy and Security Officer. If you feel I have violated your rights, you can complain by emailing me at rachel@distinctlyfree.com, calling me at 253-561-7598, or sending me a letter at P.O. Box 44, Spring Lake, NC 28390.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue Southwest, Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

I will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

You have both the right and choice to tell me to ...

Share information with others (i.e., family, friends, others involved in your care, etc.).

Share information in a disaster relief situation.

Include your information in a hospital directory.

Refrain from contacting you regarding fundraising.

If you are not able to tell me your preference (for example, if you are unconscious), I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

You must give me written permission if you want me to ...

Use your information for marketing purposes.

Sell your information.

Share psychotherapy notes.

Most Common Uses and Disclosures

I typically use or share your health information in the following ways.

To treat you.

I can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

To run my practice.

I can use and share your health information to run my practice, improve your care, and contact you when necessary.

Example: I use your health information to manage your treatment and services.

To bill for services.

I can use and share your health information to bill and get payment from health insurance providers or other entities.

Example: I give information about your health to your health insurance provider so it will pay for your services.

Other Uses and Disclosures

I am allowed or required to share your health information in other ways – usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. Find more information at www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

To help with public health and safety issues.

I can share your health information to prevent disease; help with product recalls; report adverse reactions to medications; report suspected abuse, neglect, or domestic violence; and prevent or reduce a serious threat to anyone's health or safety.

To do research.

I can share your health information for research purposes.

To comply with the law.

I will share your health information if state or federal laws require it, including sharing with the Department of Health and Human Services if it wants to see that I am complying with federal privacy law.

To respond to organ and tissue donation requests.

I can share your health information with organ procurement organizations.

To work with a medical examiner or funeral director.

I can share your health information with a coroner, medical examiner, or funeral director when an individual dies.

To address workers' compensation, law enforcement, or other government request.

I can share your health information for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions, such as military, national security, and presidential protective services.

To respond to lawsuits and legal actions.

I can share your health information in response to a court or administrative order or in response to a subpoena.

My Rights & Responsibilities

I am required by law to maintain the privacy and security of your protected health information.

I will promptly inform you if a breach occurs that may have compromised the privacy or security of your information.

I will not use or share your health information, except as described above, unless you tell me in writing that I can. *You may change your mind at any time; you must let me know in writing.*

I may update this notice at any time, and I will provide you with an updated notice.

More Information

If you'd like additional information, you may visit <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.

Effective Date

The effective date of this notice is 01 April 2025.