



Azalea Wellness, PLLC
4020 Oleander Drive, Suite 103-B
Wilmington, NC 28403
Phone: (910) 932-2006
Fax: (910) 415-9586
Email: Meghan@azaleawellness.com

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE OR LOCAL LAW.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on June 9, 2025

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting your protected health information ("PHI"). I create and maintain a clinical record of the services you receive in order to provide you with quality care and to comply with legal requirements.

This Notice applies to all records of your care that I maintain at Azalea Wellness, PLLC, including records created by me and records transferred from previous providers. It explains how I may use and disclose your PHI and describes your rights regarding that information.

I am required by law to:

- Make sure that PHI identifying you is kept private.
- Provide you with this Notice of my legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you that I may update this Notice. Any revised version will apply to all PHI I maintain and will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways I may use and disclose your health information. Not every possible use or disclosure is listed, but all permitted uses fall within these categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules allow health care providers with a direct treatment relationship to use or disclose PHI without written authorization for treatment, payment, and health care operations.



Examples include:

- **Treatment:** Consulting with another licensed health care provider about your condition, coordinating your care, or making referrals to another provider.
- **Payment:** Submitting claims to your health plan, verifying insurance benefits, or obtaining prior authorization for services.
- **Health Care Operations:** Reviewing the quality and effectiveness of services, maintaining clinical records, providing appointment reminders, or conducting administrative or supervisory activities necessary to support the practice.

Disclosures for treatment purposes are not subject to the "minimum necessary" rule, since providers require full access to information to ensure quality care.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, I may disclose PHI in response to a court or administrative order. I may also disclose PHI in response to a subpoena, discovery request, or other lawful process, but only after reasonable efforts have been made to notify you or obtain a protective order.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** I do keep "psychotherapy notes" as defined by 45 CFR § 164.501. These notes receive special protections under federal law. I may not use or disclose psychotherapy notes without your written authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in training or supervising mental health practitioners to help them improve their clinical skills.
 - c. For my use in defending myself in legal proceedings initiated by you.
 - d. For use by the Secretary of the Department of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law, and the disclosure is limited to what the law requires.
 - f. Required for certain health oversight activities relating to the originator of the notes.
 - g. Required by a coroner or medical examiner performing duties authorized by law.
 - h. Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
2. **Marketing Purposes.** I will not use or disclose your PHI for marketing purposes without your written authorization.
3. **Sale of PHI.** I will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I may use or disclose your PHI without your written authorization for the following purposes:

- **When disclosure is required by federal or state law,** and the use or disclosure complies with and is limited to the relevant legal requirements.



- **For public health activities**, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- **For health oversight activities**, such as audits or investigations authorized by law.
- **For judicial and administrative proceedings**, including responding to a court or administrative order. I may also disclose PHI in response to a subpoena, discovery request, or other lawful process, although my preference is to obtain an authorization from you before doing so whenever the court permits it.
- **For law enforcement purposes**, including reporting crimes occurring on my premises.
- **To coroners or medical examiners**, when they are performing duties authorized by law.
- **For research purposes**, when the research is permitted or approved by law.
- **For specialized government functions**, such as national security or protective services, when authorized by law.
- **For workers' compensation purposes**, in order to comply with workers' compensation laws.
- **For appointment reminders and health-related services**, such as contacting you to remind you of an appointment or to provide information about treatment alternatives or health-related benefits or services that I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

I may share your PHI with a family member, friend, or another person you identify as being involved in your care or the payment for your care, unless you object in whole or in part. If you are not able to agree or object, I may disclose information if I believe it is in your best interest based on my professional judgment.

The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures

You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations. I am not required to agree to your request, and I may say "no" if I believe the restriction would affect your care.

2. The Right to Request Restrictions for Services Paid Out of Pocket

If you pay in full for a service out of pocket, you may request that I not disclose information about that service to your health plan. I am required to honor this request.

3. The Right to Request Confidential Communications

You may ask me to contact you in a specific way (for example, at a particular phone number, email, or mailing address). I will accommodate reasonable requests.



4. The Right to See and Get Copies of Your PHI

Except for psychotherapy notes, you have the right to view or obtain an electronic or paper copy of your clinical record and other PHI that I maintain. I will provide the copy or, if you prefer, a summary within 30 days of your written request. I may charge a reasonable, cost-based fee for copying or preparing a summary.

5. The Right to Request a List of Disclosures

You may request a list of the times I have disclosed your PHI during the past six years, except for disclosures related to treatment, payment, or health care operations, and certain other exceptions allowed by law. I will provide one list per year at no cost. If you request additional lists within the same year, I may charge a reasonable, cost-based fee.

6. The Right to Correct or Update Your PHI

If you believe that information in your record is incorrect or incomplete, you may request an amendment. If I deny your request, I will provide a written explanation within 60 days.

7. The Right to Have Someone Act on Your Behalf

If you have given someone medical power of attorney, or if someone is your legal guardian, that person may exercise your rights and make decisions regarding your PHI.

8. The Right to Revoke an Authorization

If you authorize the use or disclosure of your PHI, you may revoke that authorization at any time by submitting a written request. This will not affect any disclosures already made based on your prior authorization.

9. The Right to Receive a Paper or Electronic Copy of This Notice

You have the right to receive a paper or electronic copy of this Notice at any time, even if you agreed to receive it electronically.

10. The Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with me using the contact information listed at the beginning of this Notice, or with the U.S. Department of Health and Human Services, Office for Civil Rights. You may file a complaint with HHS at 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling (877) 696-6775, or at www.hhs.gov/ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint.