

## NOTICE OF PRIVACY PRACTICES

Effective 1/27/2026

### **This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.**

Protected health information ("PHI") is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, calling the office to request that a revised copy be sent to you by mail or email, or asking for one at the time of your next appointment.

### **How we may use and disclose your PHI, without written authorization:**

• **Treatment:** Your PHI may be used and disclosed to those who are involved in your care for the purpose of providing, coordinating, or managing your services. For example, we may share your medical information with other physicians or other health care providers who are directly involved in your care. Or we may share this information with a pharmacist if needed in order to dispense a prescription.

We may use and disclose PHI to contact you with appointment reminders or other health information related to your care by phone, email, text or through the patient portal. If you are not available, we may leave this information on your voicemail or with the person answering the phone. At an appointment, we may call out your name when we are ready to see you.

• **Healthcare Operations:** We may use or disclose your information for certain activities that are necessary to operate our practice and ensure that our patients receive quality care. For example, we may use your information to train or review the performance of our staff or make decisions affecting the practice.

• **Business Operations/Payment:** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging other business activities.

We will share your PHI with third party "business associates" that perform services (for example, billing or testing services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we have a written contract that contains terms to protect the confidentiality and security of your PHI.

• **Other Uses or Disclosures:** We are allowed or required to share your information in other ways such as public health.

- As required by state or federal law: sharing information with the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule, law enforcement purposes or with a law enforcement official, or for special government functions such as military or correctional institutions
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- For research purposes if certain conditions are satisfied
- Sharing information with a coroner, medical examiner or funeral director when an individual dies
- In response to a court order, warrant, or subpoena in judicial or administrative proceedings
- Exercise of professional judgement if individual is incapacitated or an emergency treatment circumstance arises
- Substance Use Disorder Records (42 CFR Part 2)

We may use and disclose your substance use disorder records subject to 42 CFR Part 2 for treatment, payment, and health care operations as permitted by law. We are prohibited from using or disclosing your substance use disorder records subject to 42 CFR Part 2 in any civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order.

- **Verbal Permission:** We may use or disclose your information to family members that are directly involved in your receipt of services with your verbal permission.
- **With Authorization:** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked. Your explicit authorization is required to release notes and PHI for the purposes of marketing, subsidized treatment communication and for the sale of such information.

### **Your PHI Rights:**

To exercise any of these rights, please submit your request in writing to our Practice at the address listed above:

- **Right of Access to Inspect and Copy.** You have the right to inspect or obtain a copy of your PHI for so long as we maintain the PHI. You may obtain an electronic or paper copy of your medical record that contains medical and billing records and any other records that your physician and the practice use for making decisions about you. Your request may be restricted only in exceptional circumstances or with documents released to us. We will provide requested information within 30 days (with one 30 day extension when justified). As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about PHI matters in a specific manner (e.g. telephone, text, email, postal mail, etc.) We will accommodate reasonable requests.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you have a right to request that we amend the information. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. However, we may deny your request in writing within 30 days for certain reasons (Ex: if we did not create the record or if we determine that the record is accurate and complete).
- **Right to an Accounting of Disclosures.** You have the right to request a list (accounting) of certain disclosures that we make of your PHI. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Receive Notification in the Event of a Breach.** You have a right to receive notification if there is a breach of your PHI. After learning of a breach, we must provide notice to you without unreasonable delay and in no event later than 60 calendar days after discovery of the breach, unless a law enforcement official requires us to delay the breach notification
- **Right to a Copy of this Notice.** You have the right to a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Website Privacy:**

Any personal information you provide us with via our website, including your e-mail address, will never be sold or rented to any third party without your express permission. If you provide us with any personal or contact information in order to receive anything from us, we may collect and store that personal data. We do not automatically collect your personal e-mail address simply because you visit our site. In some instances, we may partner with a third party to provide services such as newsletters, surveys to improve our services, health or company updates, and in such case, we may need to provide your contact information to said third parties. This information, however, will only be provided to these third-party partners specifically for these communications, and the third party will not use your information for any other reason.

Our site may contain links to other outside websites. We cannot take responsibility for the privacy policies or practices of these sites and we encourage you to check the privacy practices of all internet sites you visit. While we make every effort to ensure that all the information provided on our website is correct and accurate, we make no warranty, express or implied, as to the accuracy, completeness or timeliness, of the information available on our site. We are not liable to anyone for any loss, claim or damages caused in whole or in part, by any of the information provided on our site. By using our website, you consent to the collection and use of personal information as detailed herein. Any changes to this Privacy Policy will be made public on this site so you will know what information we collect and how we use the information.



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### **Complaints:**

If you believe we have violated your privacy rights, you have the right to file a complaint in writing to Greenville ADHD Specialists at the address listed above. We will not retaliate against you for filing a complaint. You can 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 S.W. Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)