



HIPAA Notice of Privacy Practices

Abiding Springs Therapeutic Group, PLLC
701 Green Valley Rd., Ste 100
Greensboro, NC 27408

Abiding Springs Therapeutic Group, PLLC

Effective Date: 04/01/2026

NOTICE

We keep a record of the health care services we provide to you. You may request to inspect and obtain a copy of that record. You may also request that we amend your record if you believe it is incorrect or incomplete. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or requires us to do so.

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

Understanding Your Health Information

Your health record contains personal and confidential information about you and your mental health services. This information is referred to as Protected Health Information (PHI) and includes demographic information, clinical records, diagnoses, and billing information.

Both federal law (HIPAA) and North Carolina law protect the confidentiality of your PHI.

Our Legal Duties

Abiding Springs Therapeutic Group, PLLC is required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect
- Notify you in the event of a breach of your unsecured PHI

We reserve the right to change the terms of this Notice at any time. Any revised Notice will apply to all PHI we maintain and will be made available upon request or posted in our office and/or website.

How We May Use and Disclose Your PHI

For Treatment

We may use and disclose your PHI to provide, coordinate, or manage your mental health treatment. This may include consultation with other healthcare providers or referrals.

Disclosures for treatment purposes are not subject to the "minimum necessary" standard under HIPAA, as providers may need access to the full record to provide quality care.

For Payment

We may use and disclose your PHI to obtain payment for services rendered. This may include billing your insurance company or using a collection agency for unpaid balances.

If you choose to use insurance, your insurance company may receive information about your diagnosis, treatment, and services provided. Please be aware that once your PHI is disclosed to your insurance carrier, we have no control over how that information is used or further disclosed by the insurance company.

For Healthcare Operations

We may use and disclose your PHI for operations necessary to run our practice, including supervision, consultation, quality assurance, and administrative activities.

We may also contact you for:

- Appointment reminders
- Information about treatment alternatives or services that may be of interest to you

Administrative staff may have limited access to your PHI for purposes such as scheduling, billing, and other necessary business operations. All staff are trained to maintain confidentiality and are required to follow HIPAA privacy standards.

We may use secure electronic systems, such as electronic health records, scheduling platforms, or communication tools, to support our practice operations. These service providers are required to meet HIPAA privacy and security standards, and we maintain Business Associate Agreements with them to ensure your PHI is appropriately safeguarded.

Uses and Disclosures Without Your Authorization

We may disclose your PHI without your written authorization in certain situations permitted or required by law, including:

- As Required by Law – including court orders, subpoenas, or legal proceedings
 - Health Oversight Activities – audits, investigations, or licensing reviews
 - Abuse or Neglect Reporting – reporting suspected abuse, neglect, or exploitation
 - Serious Threat to Health or Safety – to prevent or lessen a serious and imminent threat
 - Law Enforcement Purposes – as permitted by law under specific conditions
 - Judicial and Administrative Proceedings – in response to legal processes (we will make reasonable efforts to obtain your authorization when appropriate)
 - Public Health Activities – to prevent or control disease
 - Workers' Compensation – as authorized by and to the extent necessary to comply with applicable laws
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Disclosures to Family, Friends, or Others

We may share your PHI with a family member, friend, or other person involved in your care or payment for your care, unless you object.

In emergency situations, we may disclose relevant information if we determine it is in your best interest.

Psychotherapy Notes

Psychotherapy notes, if maintained separately, receive special protection under HIPAA. We will not use or disclose these notes without your written authorization except as permitted by law, including:

- For your treatment
 - For training or supervision
 - To defend against legal claims
 - As required by law or oversight agencies
 - To prevent a serious threat to health or safety
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Uses and Disclosures With Your Authorization

Other uses and disclosures of your PHI—including marketing or any non-routine disclosures—will only be made with your written authorization.

We will not:

- Use or disclose your PHI for marketing purposes
- Sell your PHI

You may revoke your authorization at any time in writing. Revocation will not apply to actions already taken based on your prior authorization.

Your Rights Regarding Your PHI

Right to Access

You may inspect and obtain a copy of your PHI. Requests must be in writing. We will respond within 30 days. A reasonable, cost-based fee may apply.

Right to Amend

You may request corrections to your PHI. We will respond within 60 days. If denied, you may submit a statement of disagreement.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your PHI for up to six (6) years. We will respond within 60 days.

Right to Request Restrictions

You may request limits on how your PHI is used or disclosed. While we are not required to agree, we will consider all requests.

We will honor requests to restrict disclosures to your health plan if you pay in full out-of-pocket.

Right to Confidential Communications

You may request that we contact you in a specific way or at a specific location. We will accommodate all reasonable requests.

Right to a Copy of This Notice

You may request a paper or electronic copy of this Notice at any time.

Right to Breach Notification

You have the right to be notified if your unsecured PHI is compromised.

SMS / Text Messaging Addendum

If you choose to communicate with us via text message, we will use reasonable safeguards to protect your information.

No mobile information will be shared with third parties or affiliates for marketing or promotional purposes. Text messaging opt-in data and consent will not be shared with any third parties.

Contact Information

Privacy Officer:

Abiding Springs Therapeutic Group, PLLC

Mailing Address:

701 Green Valley Road, Suite 100

Greensboro, NC 27408

Phone: 336-355-0916

Complaints

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

- With our Privacy Officer at the contact information above
- Or with the U.S. Department of Health and Human Services (HHS)

You will not be retaliated against for filing a complaint.

To file with HHS:

<https://www.hhs.gov/hipaa/filing-a-complaint>

Effective Date

This Notice is effective as of: April 2026