CAROLINA WOMEN'S
PSYCHIATRY, PLLC

HIPAA & Notice of Privacy Practices

Carolina Women's Psychiatry is committed to maintaining and protecting the confidentiality of your personal health information (PHI). We are required by federal and state law—including the Health Insurance Portability and Accountability Act (HIPAA) to safeguard your PHI and provide you with this Notice of Privacy Practices. This notice outlines our policies, safeguards, and practices regarding how we use and disclose your information.

When we use or share your PHI, we are bound by the terms of this notice or any updated version that replaces it.

I. Our Commitment to Your Privacy

At Carolina Women's Psychiatry, we understand that your health information is deeply personal. We are dedicated to protecting it with care and integrity.

We maintain a record of the care and services you receive in our practice. This record supports your treatment and helps us meet legal and ethical standards. This notice applies to all records created by our practice and explains:

• How we may use and share your health information

• Your rights regarding your health information

• Our responsibilities under the law

We are required to:

• Keep your PHI private

• Provide you with this notice of our legal duties and privacy practices

• Follow the terms of the notice currently in effect

We may update this notice at any time. New versions will be available on our website, and, when applicable, communicate via email.

II. How We May Use and Share Your Health Information

We take your privacy seriously. Below are the ways we may use or disclose your PHI. Outside of these purposes, we will only do so with your written consent, which you may revoke at any time.

For Treatment

We may share PHI with professionals involved in your care—inside or outside our practice—to coordinate and support your treatment.

For Payment

We may use PHI to bill your insurance or third-party payers for services provided. If you choose to pay privately, you may opt out of insurance billing by notifying us in writing.

For Health Care Operations

We may use PHI for administrative purposes such as staff training, quality improvement, compliance reviews, and enhancing patient services.

For Appointment Reminders and Health-Related Services

We may contact you with reminders, treatment options, or resources that support your care.

Incidental Disclosures

While we take precautions to protect your privacy, incidental disclosures (e.g., overheard conversations) may occur. These are not considered violations when reasonable safeguards are in place.

III. Special Situations Where We May Share PHI Without Consent

As Required by Law: We will disclose PHI when legally required by federal, state, or local law.

To Prevent Serious Harm: We may share PHI to prevent an imminent threat to your health or safety, or that of another person. This may include law enforcement, medical professionals, or potential victims. Disclosures will be limited to the minimum necessary.

Law Enforcement: We may release PHI to law enforcement under specific circumstances, such as:

• Court orders, subpoenas, or warrants

• Identifying a suspect, fugitive, witness, or missing person

• Reporting a crime or criminal conduct on our premises

• Assisting in emergencies or investigations

Abuse or Neglect: We may report PHI to authorized agencies when required by law to disclose suspected abuse or neglect.

Essential Government Functions: In rare cases, we may disclose PHI for government functions such as military missions, intelligence activities, or the health and safety of inmates or government employees.

IV. Your Rights Regarding Your PHI

You have the right to:

• Request limits on how your PHI is used or shared

• Request restrictions for services paid out-of-pocket in full

• Choose how we communicate with you (e.g., phone, email, mail)

• Access and obtain copies of your PHI

• Request a list of disclosures we've made

• Request corrections to your PHI

• Receive a paper or electronic copy of this notice

• Be notified if a breach of your PHI occurs

If you have questions or wish to exercise any of these rights, please contact our office.

Consent to Communicate via Spruce

I consent to receive communications from Carolina Women's Psychiatry via Spruce, including phone calls, text messages (SMS), and secure messages. These may include appointment reminders, billing updates, or care-related messages.

• Message/data rates may apply

• Message frequency may vary

• I can text STOP to opt out or HELP for assistance

• Messages may come from our organizational phone numbers, including: (910) 601-9917

I understand SMS is not encrypted; sensitive messages may be sent through the secure Spruce app. This consent works alongside our privacy policies and may be withdrawn at any time

Acknowledgment of Receipt of Privacy Notice

By signing below, I confirm that I have read and understand this HIPAA Notice of Privacy Practices. I acknowledge my rights regarding my Protected Health Information and consent to the policies outlined in this notice.

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Client or Parent/Guardian Signature Date