Effective Date: 02/16/2026

NOTICE OF PRIVACY PRACTICES
for Substance Use Disorder Treatment
of Holland and Associates Counseling, PLLC

***This notice describes*:**

- **HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED**
- **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**
- **HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION**
- **YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM), AND TO DISCUSS IT WITH OUR PRIVACY OFFICIAL, WHOSE CONTACT INFORMATION IS AT THE END OF THIS NOTICE, IF YOU HAVE ANY QUESTIONS.**

Holland and Associates Counseling, PLLC respects your privacy. The confidentiality of Substance Use Disorder (SUD) treatment records is protected by Federal laws, 42 U.S.C. § 290dd–2 and 45 CFR Part 2, referred to in this Notice as "Part 2". Substance Use Disorder (SUD) treatment records are referred to in this Notice as "SUD Health Information". This Notice applies to the SUD Health Information we maintain about you. It explains how we may use or disclose your SUD Health Information, your rights and our legal duties regarding such information, and how you may file a complaint if you believe your privacy rights have been violated. This Notice supplements our HIPAA Notice of Privacy Practices and describes the additional protections under Part 2 for SUD Health Information.

How We May Use and Disclose Your SUD Health Information

Uses and Disclosures of Your SUD Health Information Without Your Written Consent

We are permitted to use and disclose your SUD Health Information without your written consent for the following purposes.

1. **Medical Emergencies.** We may disclose your SUD Health Information in a bona fide medical emergency to health care providers as needed to provide you with emergency medical treatment when your prior written consent cannot be obtained.
2. **Food and Drug Administration.** We may disclose identifying information about you to medical personnel of the Food and Drug Administration (FDA) who assert a reason to believe that the health of any individual may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.
3. **Scientific Research.** We may use or disclose patient identifying information for the purpose of the recipient conducting scientific research, subject to strict legal protections established by Federal health research laws and regulations governing health information privacy and the protection of human subjects.
4. **Management Audits, Financial Audits and Program Evaluation.** We may use or disclose your SUD Health Information to qualified personnel for audit or program evaluation who agree in writing to protect the information as our policies require, represent federal, state, or local government agencies that are authorized by law to oversee our program, provide financial assistance to our program or provide payment for health care, or have direct administrative control over our program.
5. **Public Health**. We may use or disclose SUD Health Information that has been de-identified so that there is no reasonable basis to believe the information can be used to identify you to a public health authority established by law that is responsible for public health matters.
6. **Qualified Service Organizations.** We may use or disclose SUD Health Information to Qualified Service Organizations that provide us with services and agree in writing to protect the information in the manner required by Part 2.
7. **Court Order with a Subpoena.** We may use or disclose SUD Health Information in response to a court order, accompanied by a valid subpoena or similar legal mandate, that compels such use or disclosure.
8. **Child Abuse and Neglect.** We may report incidents of suspected child abuse and neglect to the appropriate state or local authorities when required by law; however, uses and disclosures of your

SUD Health Information in civil or criminal proceedings arising out of such a report are subject to the restrictions of Part 2.

9. **Crimes on our Premises or against our Personnel.** We may use and disclose SUD Health Information to report a patient's commission of a crime on our premises, or against our personnel or a threat to commit such crime to law enforcement agencies or officials, which information is limited to the circumstances of the incident, including the patient status of the individual committing or threatening to commit the crime, the individual's name, address, and last known whereabouts.
10. **Required by Law.** We will disclose SUD Health Information to the Secretary of the U.S. Department of Health and Human Services to investigate our compliance with Part 2.

Uses and Disclosures of Your SUD Health Information Requiring Your Written Consent

We are permitted to use and disclose your SUD Health Information with your written consent for the following purposes. We will provide you with a form to give your written consent for each purpose.

1. **Single Consent for Treatment, Payment and Healthcare Operations.** We may use and disclose your SUD Health Information with your single written consent for all future purposes of treatment, payment and health care operations. For example, we may use and disclose the information to diagnose and provide you with health care treatment. We may use or disclose the information to obtain payment or be reimbursed for the health care treatment and services we provide. We may use and disclose the information in connection with our health care operations to manage our organization, including evaluating our performance in providing health care to you and identifying ways to improve our services.
2. **Specific Consent for a Treatment, Payment or Healthcare Operations Purpose.** We may use or disclose your SUD Health Information with your written consent that is limited to a specific treatment, payment or health care operations purpose. For example, you may give us consent to disclose your information only to your health plan to obtain payment for, or provide reimbursement for, our provision of your health care treatment.
3. **Consent for Use and Disclosure of SUD Counseling Notes.** If we maintain SUD counseling notes about you, we will not use or disclose those notes without your written consent, except in limited instances that are permitted by Part 2.
4. **Consent for Use and Disclosure in Civil, Criminal, Administrative, or Legislative Proceedings.** We may not use and disclose your SUD Health Information or testimony that describes the information in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless you give us your written consent.

Uses and Disclosures of Your SUD Health Information Not Described in this Notice

Your written consent is required for uses and disclosures of your SUD Health Information not described in this Notice.

Your Right to Revoke Consent to Use and Disclose Your SUD Health Information

You may revoke a consent to use or disclose your SUD Health Information anytime. Your revocation must be in writing, and it will not affect uses or disclosures of your SUD Health Information made in reliance on your consent before its revocation. We will provide you with a form to revoke your consent.

Uses and Disclosures of Your SUD Health Information in Legal Proceedings against You

1. Your SUD Health Information, or testimony that describes the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order;
2. Your SUD Health Information shall only be used or disclosed based on a court order after notice, and an opportunity to be heard is provided to you or to the holder of the record, as required by Part 2; and
3. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before your SUD Health Information is used or disclosed.

Certain Uses or Disclosures of Your SUD Health Information

1. Your SUD Health Information disclosed to a Part 2 SUD treatment program, HIPAA-regulated entity like a health care provider, health plan, or their HIPAA-regulated business associates, with your written consent for treatment, payment, and health care operations, may be further disclosed by those entities to the extent the HIPAA regulations permit such disclosure.
2. Holland and Associates Counseling, PLLC may use or disclose your SUD Health Information to fundraise

for the benefit of our SUD treatment program only if we first provide you with a clear and conspicuous opportunity to elect not to receive fundraising communications.

Your Rights Regarding Your SUD Health Information

This section explains your rights regarding your SUD Health Information and how you may exercise those rights.

1. **Your Right to Request Restrictions of Disclosures of Your SUD Health Information made with your prior written consent for purposes of Treatment, Payment, and Health Care Operations,**
   You have the right to request that we restrict uses or disclosures of your SUD Health Information for treatment, payment, or health care operations, including when you have signed written consent for such disclosures. Your request must be in writing and given to our Privacy Official, whose contact information is at the end of this notice. You may not request the restriction of uses or disclosures required by law or permitted by Part 2 for purposes other than treatment, payment, and health care operations. We are not required to agree to your request except that we must agree to your request that we not disclose your SUD Health Information to your health plan (your health insurance provider) if the disclosure:
   (1) is to carry out payment or health care operations and is not otherwise required by law, and
   (2) pertains solely to a health care item or service for which you or someone other than the health plan on your behalf has paid for in full.
   If we agree to your request for restrictions, we will comply with your request unless the information is needed to provide you with emergency treatment, and we will request that emergency health care providers not further use or disclose your SUD Health Information.
   We may terminate our restriction if you agree to, or request, its termination in writing, or orally agree to the termination and the oral agreement is documented. We may also inform you that we are terminating a restriction, except that such termination is effective only with respect to records created or received after we notify you of the termination and will not affect restricted disclosures to a health plan described above.
2. **Your Right to an Accounting of Disclosures of Your SUD Health Information**
   Upon request, you have the right to receive a list (accounting) of all disclosures made by Holland and Associates Counseling, PLLC with your written consent as well as an accounting of disclosures made through an electronic health record for treatment, payment, and health care operations during the 3 years prior to the date of the request (or a shorter time period chosen by you). If you provided an intermediary with written consent to share your SUD Health Information records to a general designation of persons who would have a treating provider relationship with you, you have a right to a list of the persons to whom your information has been disclosed by the intermediary within the past 3 years. Your request must be in writing and given to our Privacy Official, whose contact information is at the end of this notice.
3. **Your Right to Our Notice of Privacy Practices**
   You have the right to obtain a paper copy of our current Notice of Privacy Practices upon request. You have the right to receive an electronic copy of this Notice from our website if we maintain one or, if you agree in writing, by email. You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive it electronically. You may ask our Privacy Official, whose contact information is at the end of this Notice, to provide you with a copy of our current Notice at any time.
4. **Your Right to Elect not to receive Fundraising Communications**
   If we raise funds to support our organization, you have the right not to receive fundraising communications from us or on our behalf. You may exercise this right by informing our Privacy Official, whose contact information is at the end of this notice, that you do not want to receive fundraising communications. In addition, we will include simple instructions about how to stop receiving these communications in each fundraising communication.
5. **Your Access to Your SUD Health Information**
   You may obtain access to the SUD Health Information, including the opportunity to inspect and copy any such information we maintain about you. Information obtained by such access is subject to the restriction on use and disclosure to initiate or substantiate any criminal charges against you or to conduct any criminal investigation of you. We are not required to obtain your written consent or other authorization under Part 2 to provide such access. Ask our Privacy Official, whose contact information is at the end of this Notice, about how to obtain access to your SUD Health Information.

Our Duties Regarding Your SUD Health Information

Holland and Associates Counseling, PLLC is required by law to maintain the privacy of your SUD Health Information and provide you with this Notice of Privacy Practices and our legal duties with respect to your SUD Health Information and notify you if there is a breach of your unsecured SUD Health Information. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make the provisions of the new Notice effective with respect to the SUD Health Information we maintain. If we revise our Notice of Privacy Practices, we will provide it to you when it is effective by posting it in a clear and prominent location in our facility, making a copy available for you to request and take with you, and posting it on our website, if we maintain one. We must follow the terms of the Notice that is in effect. You may request a copy of the Notice at any time, and we will give you a copy of the Notice that is in effect when you request it.

Your Right to Make a Complaint that Your Privacy Rights Have Been Violated

If you believe your privacy rights have been violated, you have the right to file a complaint with us and with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint alleging a violation of your privacy rights. You may file a complaint with us by contacting the office of our Privacy Official listed below. Information on how to file a complaint with the Secretary is provided below.

Contact Information

Holland and Associates Counseling, PLLC

For more information about the matters covered by this Notice, your health information rights, or to complain that your privacy rights have been violated, please contact our Privacy Official listed below. If you wish, we will provide you with a form to file a written complaint. We will not retaliate against you for filing a complaint alleging a violation of your privacy rights.

Privacy Official of Holland and Associates Counseling, PLLC
Telephone: 252-255-2733
Office address:
2224 South Croatan Highway, D7, PMB 21
Nags Head, NC 27959

Secretary, U. S. Department of Health and Human Services

You may make a health information privacy or security complaint to the Secretary of the U.S. Department of Health and Human Services (HHS). We will not retaliate against you for making the complaint. A complaint to HHS must be filed within 180 days of when you first knew of the reasons you believe your health information privacy rights were violated, although the 180-day period can be extended if you can show "good cause."

You may file a Health Information Privacy Complaint with the Secretary online through the HHS Complaint Portal or obtain a Health Information Privacy Complaint Form Package to fill out, print and submit by mail, fax or email.

If you have any questions about how to file a complaint, you may contact the Department of Health and Human Services, Office for Civil Rights Customer Response Center at 1-800-368-1019 (voice) or TDD: 1-800-537-7697. You may also send an email message to OCRMail@hhs.gov or fax to (202) 619-3818.