Effective Date: 01/08/2026

Holland and Associates Counseling, PLLC
NOTICE OF PRIVACY PRACTICES

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

Holland and Associates Counseling, PLLC respects your privacy. We maintain records containing your personal health information that are protected by law. This Notice of Privacy Practices explains how we may use or disclose your protected health information, your rights, and our legal duties regarding such information. In this Notice, your protected health information is called your "Health Information".

If Holland and Associates Counseling, PLLC provides you with substance use disorder (SUD) treatment or receives SUD treatment records about you accompanied by notice for treatment, payment or healthcare operations, we maintain the confidentiality of such information, called SUD Health Information in this Notice, as required by Federal laws, 42 U.S.C. § 290dd–2 and 45 CFR Part 2, referred to in this Notice as "Part 2". This Notice provides some information about our SUD Health Information protections. Please see our Notice of Privacy Practices for Substance Use Disorder Treatment for information about your rights and our legal duties regarding Part 2 SUD Health Information confidentiality.

Our Duties Regarding Health Information

Holland and Associates Counseling, PLLC is required by law to maintain the privacy of your Health Information and confidentiality of your SUD Health Information and provide you with this Notice of our legal duties and privacy practices with respect to such information and notify you if there is a breach of such information that is unsecured. We reserve the right to change our privacy practices and the terms of this Notice and make the provisions of a revised Notice effective for all your Health Information and SUD Health Information we maintain. If we revise the Notice, we will provide it to you when it is in effect by posting it in a clear and prominent location in our facility, keeping 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.

You may contact our Privacy Official, whose contact information is at the end of this Notice, if you have any questions or require further information regarding the matters covered by this Notice.

How We May Use and Disclose Your Health Information

Use and Disclosure of Your Health Information for Treatment, Payment and Health Care Operations

We are permitted to use and disclose your Health Information for purposes of treatment, payment and health care operations.

1. **Treatment.** We may use or disclose your Health Information to provide you with health care treatment or services. For example, we may use your Health Information to diagnose and treat you, or we may disclose your Health Information to a health care provider you may be referred to, so the provider has the information needed to diagnose or treat you.
2. **Payment.** We may use or disclose your Health Information to obtain payment or be reimbursed for the health care treatment and services we provide. For example, we may give your Health Information to your health plan so it can reimburse you or pay us. We may also provide your Health Information to your health plan to obtain prior approval for treatment or to determine whether your plan will cover the treatment.
3. **Health Care Operations.** We may use or disclose your Health Information in connection with our health care operations, which are ways we provide health care and manage our organization. For example, we may use or disclose your Health Information to evaluate our performance in providing health care to you and identify ways we may improve our service.

Use and Disclosure of SUD Health Information

We may not use or disclose SUD Health Information or provide testimony about the content of such information in civil, criminal, administrative, or legislative proceedings against you unless based on your

written consent, or on a court order after notice and an opportunity to be heard is provided to you. A court order authorizing the use or disclosure of your SUD Health Information must be accompanied by a subpoena or other legal requirement compelling disclosure.

Use and Disclosure of Your Health Information Required or Permitted by Law

There are situations other than treatment, payment, or health care operations in which we may use or disclose some of your Health Information without obtaining your written authorization. Any such use or disclosure will be limited to your Health Information required or permitted by law in the following situations.

1. **Public Health**. We may disclose your Health Information to public health authorities authorized by law to collect or receive information to report vital information and prevent or control disease or injury. For example, we may report information about communicable diseases, child abuse or neglect, problems related to food, medications, medical devices or products and vital events such as births or deaths. We may also disclose your Health Information to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, or findings concerning a work-related illness or injury, or workplace-related health issue, to an employer. If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose your Health Information, limited to requirements of law, to a government authority, including a social service or protective services agency authorized by law to receive reports of such abuse, neglect, or domestic violence.
2. **Health Oversight Activities.** We may disclose your Health Information to a health oversight agency that includes, among others, an agency of the federal or state government authorized by law to monitor the health care system. Authorized health oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; and civil, administrative or other activities necessary for appropriate oversight of the health care system.
3. **Judicial and Administrative Proceedings.** We may disclose your Health Information in the course of judicial or administrative proceedings. For example, we may disclose in response to a court or administrative order or subpoena.
4. **Law Enforcement Purposes.** We may disclose your Health Information to a law enforcement official as required by law in response to a law enforcement official's lawful request to identify or locate a victim, suspect, fugitive, material witness or missing person or to report a crime that has occurred on our premises or that may have caused a need for emergency services.
5. **Required by Law.** We may use or disclose your Health Information to the Secretary, U.S. Department of Health and Human Services to investigate our compliance with health information privacy laws, when required by state, federal or other laws to correctional institutions, to the Food and Drug Administration and to authorized federal officials for the conduct of lawful national security activities and the provision of protective services to the President or other persons as required by federal law.
6. **Coroners, Medical Examiners and Funeral Directors.** We may disclose your Health Information to coroners or medical examiners to identify a deceased person or to determine the cause of death, and to funeral directors as necessary to carry out their duties.
7. **Organ Donation.** We may disclose your Health Information to an organ procurement organization or other facility that participates in or makes a determination for the procurement, banking or transplantation of organs or tissues.
8. **Research.** We may use or disclose your Health Information for research purposes under strict legal protection only if the use or disclosure has been reviewed and approved by a special Privacy Board or Institutional Review Board, or if you authorize the use or disclosure.
9. **Disaster Relief Incidents.** We may use or disclose your Health Information to a public or private entity authorized to assist in disaster relief efforts, such as the American Red Cross. If you tell us you object, we will not make this use or disclosure unless we must do so to respond to an emergency situation.
10. **Persons Involved in Your Care.** We may use or disclose your Health Information to persons involved in your health care or payment for health care, including family members, your personal representative or another person identified by you, unless you object to our use and disclosure of your Health Information to such persons.

11. **Workers Compensation.** We may use or disclose your Health Information to comply with workers' compensation laws.
12. **Avert a Serious Threat to Health or Safety.** We may use or disclose your Health Information if we believe it is necessary to prevent or lessen a serious threat to the health or safety of a person or the public.
13. **School Immunization Records.** We may disclose your Health Information to provide proof of your immunization to a school if you are an adult or emancipated minor and you agree, or about a minor child if the child's parent or guardian agrees.
14. **Military.** If you are a member of the armed forces, we may release medical information about you to military authorities as authorized or required by law. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
15. **Business Associates.** We may use entities that are called Business Associates to perform work or services for us, such as legal, accounting or financial services, where the Business Associate may be required to create, receive, maintain or transmit your Health Information, but only if the Business Associate first agrees by written contract to safeguard your Health Information as is required by law.
16. **Fundraising.** We may use limited Health Information, such as your name, address, and treatment dates, to contact you for fundraising purposes to support our health care mission and objectives. You have the right to elect not to receive fundraising communications. If you receive a fundraising communication from us, you will also receive simple instructions on how to stop receiving further fundraising communications. If we intend to use or disclose your SUD Health Information for fundraising purposes, we will first provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

Use and Disclosure of Your Health Information Requiring Written Authorization

Your written authorization is required for the following uses and disclosures of your Health Information:

1. **Marketing.** We will not use or disclose your Health Information for marketing purposes without your written authorization. Marketing is a communication about a product or service related to your health care for which we receive payment from a third party.
2. **Sale of your Health Information.** We will not use or disclose your Health Information in a way that is considered a sale of your Health Information without your written authorization. A sale of your Health Information is defined as an exchange where we, directly or indirectly, receive payment for your Health Information from the recipient of your Health Information.
3. **Psychotherapy Notes.** If we maintain psychotherapy notes about you, we will not disclose psychotherapy notes without your written authorization except in limited instances that are permitted or required by law.

All Other Uses and Disclosures of Your Health Information Require Written Authorization

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

You May Revoke an Authorization in Writing at Any Time

You may revoke an authorization to use or disclose your Health Information anytime. Your revocation must be in writing, and it will not affect uses or disclosures of your Health Information made in reliance on your authorization before its revocation. If the Authorization was obtained as a condition of obtaining insurance coverage, other laws may confer on the insurer the right to contest a claim under the policy or the policy itself.

Your Rights Regarding Your Health Information

This section explains your rights and how to exercise them with respect to your Health Information.

1. **Your Right to Our Notice of Privacy Practices**
   You have the right to obtain a paper copy of our current Notice of Privacy Practices. 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.
2. **Your Right to Request Restrictions of Use and Disclosure of Your Health Information**
   A. **Your General Right to Request Restrictions - We Are Not Required to Agree**

You have the right to request a restriction on the use or disclosure of your Health Information for your treatment, for payment for your health care services, or for activities related to our health care operations. You may also request a restriction on the disclosure of Health Information to someone involved in your care or payment for your care, such as a family member or friend. Your request must be in writing and given to our Privacy Official, whose contact information is at the end of this Notice. We will provide you with the form to make your written request. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment, and we will request that health care providers not further use or disclose your Health Information. We may terminate our restriction upon your request. We may also terminate a restriction, whether or not you request it, by notifying you of its termination. If we terminate a restriction, it will affect only your Health Information created or received after we inform you of the termination.

B. Your Right to Request We Do Not Disclose Your Health Information to Your Health Plan (Health Insurance Provider) - We Must Agree Under Certain Conditions

You have the right to request that we not disclose your Health Information to your health plan (your health insurance provider) if the disclosure:

(1) is to carry out payment or health care operations,
(2) is not otherwise required by law, and
(3) 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.

Your request must be in writing and given to our Privacy Official, whose contact information is at the end of this Notice. We will provide you with the form to make your written request. We must agree to your request if all three conditions set forth above are satisfied.

3. Your Right to Request Confidential Communications

You have the right to request that we communicate with you about your Health Information by alternative means or at an alternative location. For example, you may request that we contact you only by telephone at work or by mail in a sealed envelope (not a postcard). We will not ask you the reason for your request, and we will accommodate all reasonable requests. If we cannot communicate with you by alternative means or at the alternative location you have requested, we may attempt to communicate with you using any information we have. Your request must be in writing and given to our Privacy Official, whose contact information is at the end of this Notice. We will provide you with the form to make your written request.

4. Your Right to Inspect and Copy Your Health Information

You have the right to inspect and copy your Health Information we maintain that may be used to make decisions about your treatment and care, including billing records, for as long as we maintain the information. You may also request an electronic copy of your Health information if we maintain it electronically. Your request must be in writing and given to our Privacy Official, whose contact information is at the end of this Notice. We will provide you with the form to make your written request and provide access to your Health Information, except in some limited circumstances. If we deny any part of your request, we will explain in writing why we made the denial, whether and how you may request a review of our denial, and how you may file a complaint with the Secretary of the U.S. Department of Health and Human Services and with us regarding our denial. We may charge a reasonable, cost-based fee for making copies of your Health Information and sending the copies to you, including costs of labor, supplies and postage. We will not charge a fee if you only view and inspect your Health Information at a convenient time and place.

5. Your Right to Request Amendment of your Health Information

If you believe the Health Information we maintain is incorrect or incomplete, you have the right to request that we correct (amend) the Health Information. Your request must be in writing and given to our Privacy Official, whose contact information is at the end of this Notice. We will provide you with the form to make your written request. We will inform you of our action on your request, including what we will do if we accept your request for amendment in whole or in part. If we deny all or part of your request for amendment, we will provide the reasons for the denial and inform you of your additional rights regarding our denial, including your right to complain to the Secretary of the U.S. Department of Health and Human Services and us.

6. **Your Right to an Accounting of Disclosures of Your Health Information**
   You have the right to receive a list (accounting) of certain disclosures of your Health Information we have made. Your request for an accounting of these disclosures must be in writing and given to our Privacy Official, whose contact information is at the end of this Notice. We will provide you with the form to submit your written request and the accounting in writing. You may request an accounting of disclosures for up to six (6) years before the date you make the request. We will provide the accounting free of charge. If you request an accounting more than once within a twelve (12) month period, we may charge you a reasonable, cost-based fee for providing an additional accounting. Before we proceed, we will inform you of the cost so you may modify your request to reduce the fee or withdraw it.
7. **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.