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

A. Our Commitment to Your Privacy

We are dedicated to protecting your Protected Health Information (PHI) and maintaining your privacy in accordance with federal HIPAA laws, the HITECH Act, and the laws of North Carolina. This notice explains how Sun Counseling & Wellness, operated by Juliet Kuehnle & Associates, PLLC, a consortium of independently licensed providers, uses, shares, and protects your health information, and outlines your rights related to that information. Our clinicians are independently licensed providers who share administrative systems, scheduling, and this Notice. If you have any questions about this notice, please speak with your provider.

B. Definitions

Protected Health Information (PHI) — Information about your health, healthcare services, or payment for care that identifies you.

Treatment — Providing, coordinating, or managing your healthcare. Example: consulting with another provider involved in your care.

Payment — Activities related to billing, reimbursement, eligibility, or insurance benefits.

Health Care Operations — Administrative, quality-improvement, training, record-keeping, and other internal activities that help us run our practice.

Use — Activities within our practice involving PHI (sharing, analyzing, or applying information).

Disclosure — Releasing PHI to individuals or organizations outside our practice.

Authorization — Your written permission to disclose PHI for specific purposes beyond treatment, payment, or healthcare operations.

C. How We Use and Disclose PHI for Treatment, Payment, and Operations

We may use or disclose your PHI without additional written permission for:

- **Treatment** — coordinating or managing your care internally or with other healthcare providers.
- **Payment** — billing for services, verifying insurance coverage, or claims processing.
- **Health Care Operations** — quality assessment, staff training, audits, accreditation, and contacting you when needed.

We only disclose the minimum necessary information required to accomplish these tasks.

D. Uses and Disclosures Requiring Your Authorization

We will obtain written authorization before using or disclosing your PHI for:

- Release of psychotherapy notes
- Research involving PHI
- Marketing activities
- Sale of health information
- Responding to judicial or legal requests not otherwise required by law
- Any other disclosure not covered in this notice

Drug dependence treatment: Under NC law, requests for treatment of drug dependence remain confidential and cannot be disclosed without your written consent.

You may revoke an authorization at any time in writing, except for information already used or disclosed.

E. Uses and Disclosures Allowed Without Authorization

We may use or disclose PHI without your written permission when required or permitted by law, including:

1. **Serious Threat to Health or Safety** — If there is a serious and imminent threat of harm to you or an identifiable person, consistent with North Carolina duty-to-warn and duty-to-protect standards. We may notify potential victims, family members, emergency personnel, or law enforcement.
2. **Child Abuse** — We must report suspected abuse, neglect, or dependency of a minor to the county Department of Social Services.
3. **Elder or Disabled Adult Abuse** — We must report suspected abuse, neglect, or exploitation of adults who require protective services.
4. **Worker's Compensation** — We must provide relevant PHI related to a workers' compensation claim.
5. **Health Oversight Activities** — For audits, investigations, licensure reviews, or regulatory requests from boards such as the NC Board of Licensed Clinical Mental Health Counselors.
6. **Judicial or Administrative Proceedings** — We may disclose PHI if required by a valid court order. For subpoenas or other legal requests not accompanied by a court order, we will follow applicable federal and North Carolina law before releasing any information. If you file a complaint or lawsuit against Sun Counseling & Wellness, we may disclose relevant PHI necessary for our defense.
7. **Public Health & Communicable Diseases** — We may disclose PHI for disease reporting, exposure notifications, or preventing the spread of communicable illnesses as required by NC law.

8. **Law Enforcement & Government Functions** — Limited PHI may be disclosed for investigating crimes, identifying individuals, military or veterans' services, national security, or correctional institutions.
9. **Research** — We may use PHI for research after removing identifying information, or with proper oversight.
10. **Business Associates** — Vendors who assist with billing, EHR storage, administration, or other services may have access to PHI only after signing a HIPAA-compliant Business Associate Agreement (BAA) requiring strict safeguards.
11. **Family, Caregivers, and Emergencies** — We may share limited PHI with family or caregivers involved in your care when: you give verbal permission, you are incapacitated, or disclosure is in your best interest during an emergency.
12. **Reproductive Health Care Information** — Information about your reproductive health care is protected as PHI under HIPAA the same as any other health information, and is used and disclosed only as described throughout this Notice. We do not disclose PHI for the purpose of investigating or penalizing you, or anyone else, for seeking, obtaining, providing, or facilitating lawful reproductive health care, except where disclosure is otherwise required by law. If you have questions about how a specific request for your records would be handled, ask us directly.

F. Telehealth, Email, Texting, and Electronic Communication

Telehealth. We use HIPAA-compliant telehealth platforms whenever possible. However, no electronic system is completely risk-free. By engaging in telehealth, you acknowledge and accept these limitations and agree to protect your own privacy (e.g., using a private space, secure internet).

Email & Text Messaging. Email and text communication may not be fully secure. By initiating or consenting to communication through these methods, you acknowledge these risks and agree to receive such communication. You may opt out at any time.

Electronic Records. We use an encrypted electronic health record (EHR) system to store PHI securely, consistent with HIPAA/HITECH standards.

G. Your Rights Regarding Your PHI

You have the right to:

1. **Right to Treatment Without Discrimination** — Receive ethical, respectful, nondiscriminatory care regardless of identity, background, or protected status.
2. **Right to Choose Your Provider** — You may decline services and request referrals to other qualified clinicians.
3. **Right to Confidential Communications** — Request that we contact you at a specific address, phone number, or method.
4. **Right to Request Restrictions** — Request limits on how we use or disclose your PHI. (We may not always be able to agree.)

5. **Right to Restrict Disclosures to Health Plans** — If you pay out-of-pocket in full for a service, you may request we not share information about that service with your health plan.
6. **Right to Access Your Records** — Request to inspect or receive paper or electronic copies of your health records. We will provide these within 15 business days. Reasonable copy fees may apply.
7. **Right to Explanation of Denial** — If we must deny access in rare circumstances, we will explain why in writing.
8. **Right to Amend Records** — Ask us to change or correct PHI if you believe it is inaccurate or incomplete.
9. **Right to an Accounting of Disclosures** — Receive a list of certain disclosures made without your authorization.
10. **Right to Be Notified of a Breach** — You will be notified in writing if there is any breach of unsecured PHI, in accordance with the HIPAA/HITECH Breach Notification Rule.
11. **Right to Paper Copy of This Notice** — At any time, regardless of whether you received an electronic version.
12. **Right to Terminate Services** — You may end therapy at any time without penalty. We ask for a final session when possible.
13. **Right to Designate a Representative** — A legally authorized representative (e.g., medical power of attorney or guardian) may act on your behalf.
14. **Minors' Rights** — Under NC law, minors may consent to services for emotional disturbance, substance use, and STIs and certain other conditions. When minors consent for these services independently, they hold the same rights to privacy described in this notice. Parents or legal guardians generally have access to a minor's records unless the minor has independently consented to treatment under North Carolina law.
15. **Right to File a Complaint** — If you believe your privacy rights have been violated, you may file a complaint with:

Juliet Kuehnle & Associates, PLLC dba Sun Counseling & Wellness 5950 Fairview Rd, Suite 320, Charlotte, NC 28210 Phone: 704-412-8830

North Carolina Department of Health and Human Services

U.S. Department of Health & Human Services, Office for Civil Rights
www.hhs.gov/ocr/privacy/hipaa/complaints

We will not retaliate in any way for filing a complaint.

H. Social Media & Public Communication

To protect your confidentiality, we do not engage with clients through personal social media accounts. If you choose to post public reviews, testimonials, or comments online, we will not respond in a way that confirms you are or were a client.

I. Our Responsibilities

We are legally required to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of Privacy Practices
- Notify you if a breach compromises your unsecured PHI
- Follow the terms of this notice as long as it is in effect
- Update and post a revised notice if our privacy practices change

We reserve the right to revise this notice and make the new version effective for all PHI we maintain. Updated notices will be available in our office and on our website. We comply with the HIPAA Privacy Rule.

J. Contact Information

If you have questions about this notice or your privacy rights, please contact your provider or our administrative office at:

Juliet Kuehnle & Associates, PLLC dba Sun Counseling & Wellness 5950 Fairview Rd, Suite 320, Charlotte, NC 28210 704-412-8830