

Notice of Privacy Practices

HÖLOS PSYCHIATRY

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EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 09.01.2025

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices ("Notice") apply to Holos Psychiatry, LLC, its affiliates and its employees ("Holos Psychiatry"). Holos Psychiatry will share protected health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law. We are required by law to maintain the privacy of our patients' protected health information and to provide patients with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new notice of privacy practices effective for all protected health information maintained by Holos Psychiatry. We are required to notify you in the event of a breach of your unsecured protected health information. We are also required to inform you that there may be a provision of state law that relates to the privacy of your health information that may be more stringent than a standard or requirement under the Federal Health Insurance Portability and Accountability Act ("HIPAA"). A copy of any revised Notice of Privacy Practices or information pertaining to a specific State law may be obtained by mailing a request to the Privacy Officer at the address below.

"Protected health information" or "PHI" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:

Authorization and Consent: Except as outlined below, we will not use or disclose your protected health information for any purpose other than treatment, payment or health care operations unless you have signed a form authorizing such use or disclosure. You have the right to revoke such authorization in writing, with such revocation being effective once we actually receive the writing; however, such revocation shall not be effective to the extent that we have taken any action in reliance on the authorization, or if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

Treatment: Your protected health information may be used and disclosed by our organization, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the organization and any other use required by law. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to: quality assessment activities, employee review activities, accreditation activities and conducting or arranging for other business activities.

Individuals Involved In Your Care: We may from time to time disclose your protected health information to designated family, friends and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval.

Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, outcomes data collection, legal services, etc. At times it may be

necessary for us to provide your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these associates to appropriately safeguard the privacy of your information.

Appointments and Services: We may contact you to provide appointment updates or information about your treatment or other health-related benefits and services that may be of interest to you. We request in writing, including your name and address, and send such writing to the Privacy Officer at the address below.

Psychiatric Appointment Notes and Psychotherapy Notes: We must obtain your specific written authorization prior to disclosing any psychiatric appointment and psychotherapy notes unless otherwise permitted by law. However, there are certain purposes for which we may disclose psychiatric appointment and psychotherapy notes, without obtaining your written authorization, including the following: (1) to carry out certain treatment, payment or healthcare operations (e.g., use for the purposes of your treatment, for our own training, and to defend ourselves in a legal action or other proceeding brought by you), (2) to the Secretary of the Department of Health and Human Services to determine our compliance with the law, (3) as required by law, (4) for health oversight activities authorized by law, (5) to medical examiners or coroners as permitted by state law, or (6) for the purposes of preventing or lessening a serious or imminent threat to the health or safety of a person or the public.

Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object, unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that the provider or this organization has taken an action in reliance on the use or disclosure indicated in this authorization.

RIGHTS THAT YOU HAVE REGARDING YOUR PROTECTED HEALTH INFORMATION:

Access to Your Protected Health Information: You have the right to copy and/or inspect much of the protected health information that we retain on your behalf. For protected health information that we maintain in any electronic designated record set, you may request a copy of such health information in a reasonable electronic format, if readily producible. Requests for access must be made in writing and signed by you or your legal representative. You may obtain a "Patient/Client Access to Health Information Form" from the front office person. You will be charged a reasonable copying fee and actual postage and supply costs for your protected health information. If you request additional copies, you will be charged a fee for copying and postage.

Amendments to Your Protected Health Information: You have the right to have our organization amend or correct your protected health information. All amendment requests, must be in writing, signed by you or legal representative, and must state the reasons for the amendment/correction request. We are not obligated to make the requested amendment, but will give it careful consideration. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Restrictions on Use and Disclosure of Your Protected Health Information: You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restrictions to apply. Our organization is not required to agree to a restriction you may request. If our organization believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another provider.

Right to Notice of Breach: We take very seriously the confidentiality of our patient/client information, and we are required by law to protect the privacy and security of your protected health information through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself.

Accounting for Disclosures of Your Protected Health Information: You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. Requests must be made in writing and signed by you or your legal representative. These requests may result in reasonable charges related to collecting and copying the information. You will be notified of the fee at the time of your request.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: You have the right to complain if you feel we have violated your rights. We will not retaliate against you for filing a complaint. You may either file a complaint:

- directly with us by contacting our Privacy Officer, Dannah Moore at 864-664-3121; or

- with the Office for Civil Rights at the U.S. Department of Health and Human Services by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Social Media and Telecommunication:

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on personal social networking sites (Instagram, Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

Patients may choose to follow, "like," comment on, or otherwise engage with the practice's social media accounts (including, but not limited to, Instagram, Facebook, LinkedIn, or other platforms) at their own discretion. Please be aware that any information you disclose through public social media activity is not protected by HIPAA privacy laws and may be visible to the public, including other patients.

Please feel free to call us if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality services.

Confidentiality

The information you share in psychiatric medical appointments and psychotherapy is protected health information and is generally considered confidential by South Carolina statute law and federal regulations. Dannah Moore is mandated by law to breach confidentiality if: 1) you are threatening self-harm or suicide, 2) you are threatening to harm another or homicide, 3) a child has been or is being abused or neglected, 4) a vulnerable adult has been or is being abused or neglected, 5) if you have communicable diseases and/or behaviors that put others at risk, and/or 6) as ordered by an applicable court of law. Finally, if you wish your protected health information be released to another party, you must sign a specific release of information.

Holos Psychiatry and Dannah Moore practice in accordance with HIPAA Rules and Regulations for protected health information. Please review the provided HIPAA Notice of Privacy Rights.

In the event that you may encounter Dannah Moore or a staff member of Holos Psychiatry in the community, your status as a patient will remain confidential. Within a community setting, the staff of Mountain View Mental Health will not engage in conversation unless you initiate to preserve your privacy and ensure your comfort.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.