

Notice of Privacy Practices 2026

NOTICE OF PRIVACY PRACTICES

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

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting your health information (PHI). I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your care generated by SanGeorge Counseling, PLLC.

The privacy and security provisions of the federal **Health Insurance Portability and Accountability Act (HIPAA)** and the **Health Information Technology for Economic and Clinical Health (HITECH) Act** require me by law to:

- Maintain the privacy of your PHI
- Provide you with notice of my legal duties and privacy practices
- Abide by the terms of this Notice currently in effect
- Notify you following a breach of unsecured PHI

I reserve the right to change the terms of this Notice. Any changes will apply to all information I maintain about you. A revised Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:.

Federal privacy rules allow health care providers with a direct treatment relationship to use or disclose PHI without written authorization for the purposes of:

• 1. Treatment

To provide, coordinate, or manage your health care and related services (including consultation, referral, or care coordination).

2. Payment

To obtain reimbursement for services provided (e.g., submitting claims to insurance).

3. Health Care Operations

For practice operations such as quality assessment, credentialing, audits, compliance, and administrative functions.

Disclosures for treatment purposes are not limited to the "minimum necessary" standard.

III. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Psychotherapy Notes. I may keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

1. Most uses and disclosures of psychotherapy notes
2. Marketing Purposes. As a Licensed Clinical Social Worker (LCSW), I will not use or disclose your PHI for marketing purposes.
3. Sales of PHI. As an LCSW, I will not sell your PHI in the regular course of my business.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I may disclose your PHI without authorization:

- When required by federal or North Carolina law
- To report suspected child abuse, elder abuse, or abuse of a disabled adult
- To prevent or lessen a serious and imminent threat to health or safety
- For health oversight activities (audits, investigations, licensure review)
- For judicial or administrative proceedings when legally required

- For law enforcement purposes, when required by law
- For workers' compensation claims
- To coroners or medical examiners, as authorized by law
- For appointment reminders and information about treatment alternatives or services
- Occasionally, I may need to consult with other professionals in their areas of expertise to provide the best treatment for you. Information about you may be shared in this context without using your name

V. DISCLOSURES TO FAMILY MEMBERS OR OTHERS INVOLVED IN YOUR CARE

I may share relevant PHI with a family member, friend, or other person involved in your care or payment for care unless you object. In emergency situations, professional judgment may be used.

VI. BUSINESS ASSOCIATES

I may share your PHI with Business Associates (such as electronic health record providers, billing services, telehealth platforms, or other vendors) who perform services on my behalf. These Business Associates are required by law and contract to safeguard your information.

VII. ELECTRONIC COMMUNICATION

If you choose to communicate with me via email, text message, client portal, or other electronic means, there is some risk that communications may not be completely secure. By initiating electronic communication, you acknowledge and accept this risk.

VIII. YOUR RIGHTS REGARDING YOUR PHI

1. Right to Inspect and Receive a Copy

You may request an electronic or paper copy of your record (excluding psychotherapy notes). I will respond within 30 days and may charge a reasonable cost-based fee.

2. Right to Request an Amendment

If you believe information is incorrect or incomplete, you may request a correction. I may deny the request but will provide a written explanation within 60 days.

3. Right to an Accounting of Disclosures

You may request a list of disclosures made in the past six years, excluding treatment, payment, and health care operations disclosures.

4. Right to Request Restrictions

You may request limits on certain uses or disclosures. I am not required to agree unless you request restriction of disclosure to a health plan for services paid out-of-pocket in full.

5. Right to Confidential Communications

You may request that I contact you in a specific way or at a specific location.

6. Right to a Paper Copy of This Notice

You may request a paper copy at any time.

7. Right to Be Notified of a Breach

You have the right to be notified if a breach of your unsecured PHI occurs

IX. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Lynley SanGeorge, LCSW
 SanGeorge Counseling, PLLC
 336-310-8882

Lynley@sangeorgecounseling.com

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services.

You will not be retaliated against for filing a complaint.

X. PRIVACY FOR MINOR CLIENTS (North Carolina)

Under North Carolina law (G.S. 90-21.5), minors aged 12 and older may consent to certain outpatient mental health services without parental involvement under specific circumstances.

When minors legally consent to their own treatment, confidentiality protections may limit parental access to records, except:

- When there is a risk of harm to the minor or others
- When abuse or neglect is suspected
- When disclosure is required by court order or law

North Carolina law and federal HIPAA regulations will guide decisions regarding access to minor records.

XI. SanGeorge Counseling, PLLC also provides telehealth services to clients (18 and older) located in South Carolina on a private pay basis only. These services follow the same privacy and confidentiality practices described in this Notice of Privacy Practices.

ACKNOWLEDGMENT OF RECEIPT

By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices.

Effective Date: March 1, 2026

