WANG PSYCHOLOGICAL SERVICES 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.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Wang Psychological Services PLLC may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes. These terms mean the following:

- **PHI** is information in your health record that could identify you.
- **Treatment** is when I provide, coordinate, or manage your health care and related services. For example, I may consult with another health care provider, such as your family physician or another psychologist.
- **Payment** is when I obtain reimbursement for your health care. For example, I may disclose your PHI to your health insurer to obtain reimbursement or to determine eligibility or coverage.
- **Health care operations** are activities related to the performance and operation of my practice. Examples include quality assessment and improvement, business matters such as audits and administrative services, and case management and care coordination.
- **Use** means activities within my practice, such as sharing, applying, examining, or analyzing information that identifies you.
- **Disclosure** means activities outside my practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations only after I obtain your written authorization. An “authorization” is written permission, beyond any general consent, that allows only the specific disclosures it describes.

The following always require your written authorization:

- Uses and disclosures of PHI for **marketing** purposes.
- Disclosures that constitute a **sale** of PHI.

Any other use or disclosure not described in this notice will be made only with your written authorization.

You may revoke any authorization at any time, provided the revocation is in writing. A revocation does not apply to the extent that (1) I have already relied on the authorization, or (2) the authorization was obtained as a condition of obtaining insurance coverage, and the law gives the insurer the right to contest a claim under the policy.

III. Uses and Disclosures Without Your Consent or Authorization

I may use or disclose PHI without your consent or authorization only in the following circumstances:

- **Child abuse or neglect:** If I suspect that a child is abused, neglected, or dependent, or has died as a result of maltreatment, North Carolina law requires me to report it to the county Department of Social Services.
- **Disabled adult abuse, neglect, or exploitation:** If I have reasonable cause to believe that a disabled adult is in need of protective services because of abuse, neglect, or exploitation, North Carolina law requires me to report it to the county Department of Social Services.
- **Serious threat to health or safety:** I may disclose PHI if I believe in good faith that it is necessary to prevent or lessen a serious and imminent threat to your health or safety, or to the health or safety of another person or the public. I will disclose it only to people reasonably able to prevent or lessen the threat, such as public authorities, the potential victim, or family members or others who could help protect you.
- **Health oversight activities:** If the North Carolina Psychology Board or another health oversight agency is investigating my competency, license, or practice, I may be required by law to produce records relevant to that investigation.
- **Judicial and administrative proceedings:** Information about your treatment is privileged under North Carolina law. If you are involved in a court proceeding and someone requests information about your services or records, I will not release it without your written authorization, your legally appointed representative's authorization, or a court order. The privilege does not apply when you are being evaluated for a third party or when the evaluation is court-ordered. I will tell you in advance if this applies to you.
- **Workers' compensation:** If you have filed a workers' compensation claim, I may be required to disclose PHI about services I have provided that are relevant to the claim.
- **As required by law:** I will disclose PHI when federal, state, or local law requires it.
- **Law enforcement and other government requests:** I do not release your information to law enforcement, military, public health, or other government agencies unless you give written authorization, a court orders the release, or another law requires it.

IV. Substance Use Disorder Records Protected by 42 C.F.R. Part 2

If I create, receive, or maintain substance use disorder (SUD) records protected by federal law under 42 C.F.R. Part 2 ("Part 2"), those records receive additional confidentiality protections beyond HIPAA.

Disclosures with your consent:

- In general, I may use or disclose Part 2 records only with your written consent.
- You may give a single consent for all future uses and disclosures for treatment, payment, and health care operations.
- SUD counseling notes require a separate written consent that cannot be combined with consent for other records.
- Each disclosure made with your consent must be accompanied by a copy of the consent or a clear explanation of its scope, and by the written notice required under 42 C.F.R. § 2.32.
- You may revoke your consent at any time, in writing, except to the extent I have already relied on it.

Disclosures without your consent: Part 2 permits limited disclosures in these circumstances:

- **Medical emergencies:** to medical personnel, to the extent necessary to treat you in a bona fide medical emergency.

- **Crimes on program premises or against program personnel:** limited information to law enforcement, to report the crime.
- **Child abuse and neglect reporting:** reports of suspected child abuse or neglect to appropriate state or local authorities, as required by state law.
- **Research, audits, and program evaluations:** as permitted under Part 2 and subject to its safeguards.
- **Public health:** de-identified information to public health authorities, as permitted under Part 2.
- **Court orders:** as authorized by a court order that meets the requirements of Part 2.

V. Protections for Part 2 Records in Legal Proceedings and Redisclosure

- **Use in legal proceedings against you:** Part 2 records, or testimony relaying their contents, may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless (1) you give specific written consent, or (2) a court issues an order after you and the record holder have had notice and an opportunity to be heard, as required by Part 2. A court order authorizing such use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the records are used or disclosed.
- **Redisclosure under HIPAA:** If Part 2 records are disclosed to me or my business associates under your written consent for treatment, payment, and health care operations, I may further use or disclose them as permitted by HIPAA, except for uses and disclosures in proceedings against you as described above.

VI. Your Rights and My Duties

Your rights:

- **Right to request restrictions:** You may ask me to restrict certain uses and disclosures of your PHI. I am not required to agree to most requests. However, I must agree if you ask me not to disclose PHI to your health plan for payment or health care operations purposes, and the PHI relates only to services you have paid for out of pocket in full.
- **Right to request confidential communications:** You may ask to receive communications about your PHI by alternative means or at alternative locations. For example, if you do not want a family member to know you are seeing me, I can send bills to another address.
- **Right to inspect and obtain a copy:** You may inspect or obtain a paper or electronic copy of your PHI for as long as it is maintained in my records. I may deny access in limited circumstances, such as when a licensed health care professional determines that access is reasonably likely to endanger the life or physical safety of you or another person. In such cases, you may have the denial reviewed by another licensed health care professional. I may charge a reasonable, cost-based fee for copies and postage.
- **Right to request an amendment:** You may ask me to amend PHI in your record. I may deny your request in certain circumstances, and I will explain the details of the process on request.
- **Right to an accounting of disclosures:** You generally have the right to receive a list of certain disclosures I have made of your PHI. On your request, I will discuss the details of the accounting process.
- **Right to be notified of a breach:** You have the right to be notified if there is a breach of your unsecured PHI.
- **Right to choose someone to act for you:** If you have given someone medical power of attorney, or if someone is your legal guardian or personal representative, that person can exercise your rights regarding your PHI.

- **Right to a paper copy of this notice:** You may obtain a paper copy of this notice on request, even if you agreed to receive it electronically.

My duties:

- I am required by law to maintain the privacy of your PHI and to provide you with this notice of my legal duties and privacy practices.
- I will notify you if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the terms of the notice currently in effect.
- I reserve the right to change this notice. Any changes will apply to all information I maintain. If I revise it, I will post the revised notice in my office and on my website at wangpsychology.com, and you may request a copy.

VII. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact:

Mei-Chuan Wang, Ph.D., Privacy Officer
Wang Psychological Services PLLC
596 Executive Pl., Suite 102
Fayetteville, NC 28305
910-758-1799

If you believe your privacy rights have been violated, you may file a complaint with me. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at www.hhs.gov/ocr/complaints, by mail, or by phone. I can provide the mailing address on request. Complaints about violations of Part 2 may also be filed with HHS.

I will not retaliate against you for filing a complaint.

VIII. Effective Date

This notice was first effective on April 15, 2018, and was revised on October 22, 2026.