



Notice of Privacy Practices

Effective August 29, 2025

Last Reviewed and Updated January 1, 2026

This document describes how information about you may be utilized and disclosed, and how you can gain access to this information. Please review carefully.

This notice applies to all records about your care provided by Graceful Healing, PLLC. Your health information is personal, and we are committed to protecting it in compliance with laws.

We are legally required to protect your health information by maintaining the privacy of your Protected Health Information (PHI), providing you with this notice, and complying with this notice.

Graceful Healing, PLLC, reserves the right to change its Notice of Privacy Practices. If changes are necessary, we will revise the notice and notify you of any updates. You may also request a copy of any revised notice by contacting Graceful Healing, PLLC, at cassie@gracefulhealingpllc.org or (910)408-2527.

Your Rights

- Access to Records:** You can request and obtain a copy of your health records. We will provide access to your records within the timeframes required by law, generally no later than 30 days from your request.
- Amendments:** You can request corrections to your health records.
- Confidential Communications:** You can request specific communication methods.
- Restrictions:** You can request limitations on the disclosure of your information.
- Accounting of Disclosures:** You are entitled to a list of disclosures made.
- Breach Notification:** You will be notified if there is a breach of your health information. You will be notified of a breach of unsecured protected health information without unreasonable delay and no later than 60 days following discovery.
- Paper Copy:** You can request a physical copy of the NPP.

Authorization Required for Certain Uses:

This document outlines situations where clients can control how their information is shared and how they would like to be contacted. For specific health information, you may choose to inform us of your preferences regarding what is shared.

Written permission is required in the following situations:

- Marketing - You may opt out of any marketing communications at any time without affecting your care.
- Fundraising - We may contact you for fundraising purposes as permitted by law. You have the right to opt out of any fundraising communications at any time without affecting your care.
- Psychotherapy notes - Psychotherapy notes are notes recorded by a mental health professional documenting or analyzing counseling sessions and are kept separate from the medical record.

Communication Preferences

- Phone
- Email
 - Email or text communication may involve some risk of unauthorized access despite reasonable safeguards.
- Mail

Our Uses and Disclosures of Your PHI:

We may use and disclose your protected health information without your written authorization for treatment, payment, and health care operations, as permitted by law.

Treatment: We use your PHI to provide you with therapy services. We may disclose health information about you to health care professionals and staff involved in your care.

Payment: We may use and disclose your PHI so that the services you receive may be billed and payment is collected for Graceful Healing, PLLC from yourself, an insurance provider, or other organization.

Health Care Operations: For documents required by law, we may contact your physician for therapy orders. We may use your PHI to efficiently run our practice, such as for quality assessments and training purposes.

Other Uses and Disclosures of PHI are only made with your written authorization. This may include educationally related reports and requests from other professionals and organizations providing services to you.

Patient Rights

Right to restrict disclosures to a health plan when self-pay. Clients who pay out of pocket in full may request that information not be shared with their health plan.

Right to receive an electronic copy. Including email or secure electronic format when readily producible.

Right to choose a personal representative. Such as a parent, guardian, or authorized individual. Access by a personal representative may be limited when permitted or required by law, including

circumstances involving minors or safety concerns.

Right to receive notice electronically. And to request a paper copy at any time.

Right to be free from retaliation. For filing a complaint.

Special Situations:

The law requires Graceful Healing, PLLC, to obtain your authorization for some uses and disclosures of PHI. Unless you object, we may provide relevant information to emergency personnel/organizations or individuals performing disaster relief activities. The law allows for the disclosure of PHI without your consent in certain situations. We may use or disclose your protected health information in the following situations without your authorization:

- **Required by Law:** Disclosures required by law (e.g., reporting abuse or court orders, etc.).
- **Public Health and Safety:** Disclosures for public health activities (e.g., disease control, threats to safety, etc.).
- **Research:** Conditions under which health information may be used for research.
- **Organ and Tissue Donation:** Information on disclosures related to organ and tissue donation.
- **Workers' Compensation, Law Enforcement, and Other Government Requests:** Disclosures for workers' compensation claims, law enforcement purposes, and other government requests.
- **Lawsuits and Legal Actions:** Disclosures in response to legal proceedings.

Our Responsibilities

At Graceful Healing, PLLC, we are committed to protecting your health information. We adhere to the following responsibilities:

- **Privacy Obligations:** We are legally required to safeguard your Protected Health Information (PHI) and ensure its privacy in accordance with HIPAA regulations. We will only use or disclose your information as permitted by law or as authorized by you.
 - We make reasonable efforts to use, disclose, and request only the minimum necessary amount of protected health information needed to accomplish the intended purpose.
- **Confidentiality:** We take appropriate measures to ensure the confidentiality of your PHI. We will limit access to your information only to those who need it to provide you with services, process payments, or perform administrative duties and office tasks.
- **Compliance with the Notice of Privacy Practices (NPP):** We are committed to following the terms outlined in this Notice of Privacy Practices. We will not use or disclose your health information in a manner inconsistent with this notice, unless you provide us with written permission.
- **Changes to this Notice:** We may update our Notice of Privacy Practices to reflect changes in regulations or our clinic practices. We will inform you by providing an electronic copy of the revised notice. Any changes will apply to all information we maintain.
- **Right to Revoke an Authorization:** You may revoke any written authorization you have previously provided for the use or disclosure of your protected health information (PHI) at any time. To do so, submit a written notice to Graceful Healing, PLLC at cassie@gracefulhealingpllc.org or 1108 New Pointe Blvd., Ste 130, PMB 1025, Leland, NC 28451. Revocation will not affect disclosures or actions taken prior to receiving your notice.

Contact Information

- **Privacy Officer/Contact Person:** Cassie Tellez, Graceful Healing, PLLC.
- **Filing a Complaint:** We support your right to protected health information. You may file a complaint if you believe your privacy rights have been violated by contacting Graceful Healing, PLLC, at cassie@gracefulhealingllc.org or (910)408-2527 or 1108 New Pointe Blvd., Ste 130, PMB 1025, Leland, NC 28451. You may also file a complaint with the Department of Health and Human Services.

I acknowledge that I have received a copy of Graceful Healing, PLLC's Notice of Privacy Practices.

For Office Use Only:

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained due to:

Client Refusal:

Communication Barriers:

Others (Explain):