

Notice of Privacy Practices

EWING COUNSELING AND WELLNESS PLLC

Phone: 704-235-1776

Address: 18121 W Catawba Ave Cornelius, NC 28031

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

Ewing Counseling and Wellness, PLLC

Kara L Ewing, LCSW

NC License Number: C004626

National Provider Identifier (NPI): 1780617902

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. 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 this mental health care practice.

This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Notify you if there is a breach of your unsecured PHI.

I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request.

Record Retention: Records will be maintained in accordance with North Carolina law and professional standards for a minimum of 7 years after the last date of service (or until a minor reaches age 19, whichever is longer).

Substance Use Disorder Records:

Ewing Counseling and Wellness PLLC does not hold itself out as providing substance use disorder diagnosis, treatment, or referral services and is not a federally designated "Part 2 program" under 42 CFR Part 2. Records created and maintained by this practice are governed by HIPAA and applicable North Carolina law.

If this practice receives records from another provider that are specifically protected under federal substance use disorder confidentiality laws, those records will be handled in accordance with applicable federal requirements, and additional authorization may be required for certain uses or disclosures.

Such records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual without appropriate authorization or a court order, as required by federal law.

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

The following categories describe different ways that I use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations: I may use or disclose your PHI without your written authorization to provide, coordinate, or manage your care; obtain payment; and conduct health care operations.

Examples include consultation with other licensed providers, referrals, documentation, billing, scheduling, supervision, and quality assurance activities.

Disclosures for treatment purposes are not limited to the minimum necessary standard because mental health professionals need access to full information to provide appropriate care.

Business Associates: I may share your PHI with business associates (such as billing companies, electronic health record vendors, or consultants) who perform services on my behalf. These business associates are required by contract to protect your PHI and use it only as necessary to perform their services.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

*Health information disclosed pursuant to this Notice may be subject to redisclosure by the recipient and may no longer be protected by HIPAA, **unless the information is subject to additional federal confidentiality protections.**

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Psychotherapy Notes. Psychotherapy notes are kept separate from the medical record and document the therapist's personal reflections, impressions, and process notes. Occasionally I 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:

a. For my use in treating you.

- b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For my use in defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

Marketing Purposes. As a licensed mental health professional, I will not use or disclose your PHI for marketing purposes.

Sale of PHI. As a licensed mental health professional, I will not sell your PHI in the regular course of my business.

Most Other Uses and Disclosures. Other uses and disclosures not described in this Notice will be made only with your written Authorization. You may revoke your Authorization at any time by submitting a written notice to me, except to the extent that I have already taken action in reliance on your Authorization.

Certain Information May Be Subject to Additional Protections. Some types of health information may be protected by more restrictive federal or state laws. This may include, for example, records related to substance use disorder treatment that are received from other providers. When applicable, those laws will control how such information may be used or disclosed, and additional authorization may be required.

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

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

For public health activities, including:

- **Reporting suspected child abuse or neglect** to the North Carolina Department of Social Services as required by NC General Statute § 7B-301. As a social worker, I am a mandatory reporter and must report any reasonable suspicion of child abuse, neglect, or dependency.
- **Reporting suspected abuse, neglect, or exploitation of disabled or elder adults** to the appropriate county department of social services as required by NC General Statute § 108A-102.
- **Reporting communicable diseases** as required by North Carolina law.
- **Duty to warn and protect:** When there is a serious and imminent threat to the health or safety of an identifiable person or the public, I may disclose PHI to law enforcement, the potential victim, or other appropriate parties to prevent or lessen the threat.

For health oversight activities, including audits and investigations by licensing boards or government agencies.

For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.

For law enforcement purposes, including reporting crimes occurring on my premises or in the course of providing services.

To coroners or medical examiners, when such individuals are performing duties authorized by law.

For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition, provided appropriate safeguards and approvals are in place. Any research use would occur only with appropriate safeguards, approvals, and when required, your authorization.

Specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.

For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.

Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.

The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full. I must agree to this type of restriction request.

The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.

The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record,

or a summary of it if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so.

The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.

The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

The Right to Be Notified of a Breach. You have the right to be notified promptly if there is a breach of your unsecured PHI. I will notify you in writing of any such breach and the steps being taken to address it.

*Personal representatives (such as parents or legal guardians) may exercise privacy rights on behalf of minors or dependent clients, except where restricted by law.

*Requests must be made in writing. I will respond in accordance with HIPAA timelines.

VII. ELECTRONIC COMMUNICATIONS AND TELEHEALTH:

Electronic Health Records. Your health information may be maintained in an electronic health record system. Access to this system is restricted to authorized personnel only and is protected by security measures including encryption, passwords, audit trails, and secure backup systems.

Telehealth Services. If I provide services via telehealth (video conferencing or phone), your PHI may be transmitted electronically. I use secure, HIPAA-compliant platforms with encryption to protect your information. However, you should be aware

that electronic transmission carries some inherent risk of unauthorized access despite security measures. By consenting to telehealth services, you acknowledge and accept these risks.

*Please note that while the client portal and email are secured, no electronic communication method is entirely risk-free.

VIII. COMPLAINTS AND CONTACT INFORMATION:

If you have questions about this Notice, need to exercise any of your rights described above, or believe your privacy rights have been violated, you may:

Contact me at:

Ewing Counseling and Wellness PLLC

18121 West Catawba Ave Cornelius, NC 28031

Phone: 704-235-1776

Email: kewing@counselingsecure.com

File a complaint with the U.S. Department of Health and Human Services:

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

Phone: 1-877-696-6775

Website: www.hhs.gov/ocr/privacy/hipaa/complaints/

File a complaint regarding professional conduct with the North Carolina Social Work Certification and Licensure Board:

North Carolina Social Work Certification and Licensure Board

P.O. Box 1043

Asheboro, NC 27204-1043

Phone: (844) 622-3572 or (336) 625-1679

Fax: (336) 625-9029

Email: complaints@ncswboard.org

Website: www.ncswboard.org

Complaints regarding professional conduct, ethics violations, or concerns about my practice as a Licensed Clinical Social Worker can be submitted to the NC Social Work Board using their online complaint form or by mail.

You will not be penalized or retaliated against in any way for filing a complaint with any of these entities.

EFFECTIVE DATE OF THIS NOTICE:

This notice went into effect on 01/14/2026

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 signing below, you are acknowledging that you have received a copy of the HIPAA Notice of Privacy Practices.

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

I consent to sharing information provided here.