Blossom Family Therapy, PLLC

Notice of Privacy Practices

Effective Date: October 1, 2026

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.

Our Commitment to Your Privacy

Blossom Family Therapy, PLLC ("Blossom," "we," "us") understands that what you share in therapy is personal. Information about you and your care is called protected health information ("PHI"). We are required by law to:

- Maintain the privacy and security of your PHI;
- Give you this Notice describing our legal duties and privacy practices;
- Follow the terms of the Notice currently in effect; and
- Notify you if a breach occurs that may have compromised the privacy or security of your information.

Blossom follows the federal HIPAA Privacy Rule, federal confidentiality rules for substance use disorder records (42 CFR Part 2), and North Carolina law. When North Carolina law gives you more privacy protection than federal law, we follow the more protective law.

How We May Use and Share Your Information

For Treatment, Payment, and Health Care Operations

- **Treatment.** We use your information to provide and coordinate your care. Example: your therapist may consult with a clinical supervisor, or coordinate with your psychiatrist or primary care provider.
- **Payment.** We use and share information to bill and receive payment for services. Example: we send your insurance plan the dates of service, service type, and diagnosis needed to process a claim.
- **Health care operations.** We use information to run our practice and improve care. Example: reviewing records for quality, training graduate interns under supervision, or completing audits.

We work with outside companies ("business associates"), such as our electronic health record and billing services, that must sign agreements to protect your information.

Other Uses and Disclosures Permitted or Required by Law

We may use or share your information without your written authorization in the following situations, only as the law allows:

- **Required by law**, including when federal, state, or local law requires disclosure.
- **Abuse, neglect, or exploitation.** North Carolina law requires us to report suspected abuse, neglect, or dependency of a child, and suspected abuse, neglect, or exploitation of a disabled or older adult.
- **Serious threat to health or safety.** We may share information when necessary to prevent or lessen an imminent danger to your health or safety or the safety of another person.
- **Health oversight activities**, such as audits, licensing, and investigations by oversight agencies, including Medicaid and Medicare program reviews.
- **Legal proceedings**, in response to a court order, or a subpoena accompanied by the protections the law requires. We will not release your records in response to a subpoena alone unless the law permits it.
- **Law enforcement**, in limited circumstances permitted by law.
- **Public health activities**, such as reporting required by public health authorities.
- **Coroners and medical examiners**, as required by law.

- **Specialized government functions**, such as military, national security, or protective services, as required by law.
- **Workers' compensation**, as permitted by workers' compensation laws.
- **Research**, only when approved under federal privacy protections.
- **Appointment reminders and service information**, such as reminders sent by phone, text, or email.

Uses That Require Your Written Authorization

We will not do the following without your written permission:

- **Psychotherapy notes.** Psychotherapy notes are a therapist's separate notes analyzing the content of sessions, kept apart from your main record. Most uses or disclosures of psychotherapy notes require your authorization.
- **Marketing.** We will not use your information for marketing without your authorization.
- **Sale of information.** We will never sell your information.
- **Any other use not described in this Notice.**

You may revoke an authorization in writing at any time. Revoking it will not undo anything we already shared while the authorization was in effect.

Blossom does not use client information for fundraising.

Substance Use Disorder Treatment Records

If you receive substance use disorder (SUD) treatment from Blossom that is protected by 42 CFR Part 2, or if we receive SUD records protected by Part 2 from another program, those records have additional protection:

- We will not use or share your SUD records, or testimony about their contents, in any civil, criminal, administrative, or legislative proceeding against you unless you give specific written consent or a court issues an order that meets Part 2 requirements, together with a subpoena or other legal requirement to comply.
- With your written consent, including a single consent for all future treatment, payment, and health care operations, we may use and share SUD records as described in this Notice. Once shared with another HIPAA-covered provider or plan for those purposes, the records may be further shared as HIPAA allows, but still may not be used in proceedings against you without your consent or a qualifying court order.
- Without your consent, SUD records may be disclosed only in limited situations, such as bona fide medical emergencies, required reporting of suspected child abuse or neglect, qualified audits and evaluations, approved research, qualifying court orders, and reporting a crime committed on our premises or against our staff.
- You have the right to a list of disclosures of your SUD records made with your consent, and to file a complaint about a Part 2 violation with Blossom or the U.S. Department of Health and Human Services, as described below.

Couples, Family, and Minor Clients

- **Couples and family therapy.** When more than one person participates in therapy, the record may include information about each participant. Blossom may require written authorization from each adult participant before releasing a record from joint sessions.
- **Minors.** Parents or legal guardians generally act on behalf of minor clients. However, when North Carolina law allows a minor to consent to their own treatment, such as certain mental health or substance use services, the minor may control the related information.

Your Rights

You have the right to:

- **See and get a copy of your records**, in paper or electronic form. We may charge a reasonable, cost-based fee. In limited circumstances, we may deny access to certain information, and you may request a review of that denial.
- **Ask us to correct your records** if you believe they are incorrect or incomplete. We may say no, but we will tell you why in writing.
- **Ask us to limit what we use or share.** We are not required to agree, except that we **must** agree not to share information with your health plan about a service you paid for out of pocket in full, unless the law requires it.
- **Request confidential communications**, such as being contacted at a different phone number or address. We will accommodate reasonable requests.
- **Get a list of disclosures** we have made of your information in the six years before your request, with certain exceptions.
- **Get a copy of this Notice** at any time, including a paper copy if you received it electronically.
- **Choose someone to act for you**, such as a legal guardian or someone with a valid health care power of attorney.
- **Be notified of a breach** of your unsecured information.
- **File a complaint** if you believe your privacy rights have been violated.

To use any of these rights, contact our Privacy Officer using the information below. Some requests must be made in writing.

Communication by Text, Email, and Telehealth

Blossom uses secure systems for scheduling, records, and telehealth. Standard text messages and email are not fully secure. If you choose to communicate by text or unencrypted email, we will ask for your consent, and we will limit the clinical information shared in those messages.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Blossom's Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights:

- 200 Independence Avenue SW, Washington, D.C. 20201
- 1-877-696-6775
- www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.

Changes to This Notice

We may change this Notice, and the changes will apply to all information we maintain. The current Notice will be posted in our office and on our website, and a copy will be available on request.

Contact Information

Privacy Officer: Shacoya Graham, MA, LMFT, Clinical Director

Blossom Family Therapy, PLLC

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