Notice of Privacy Practices/Client Rights and HIPAA Information

Aspen Mental Health Therapy and Consulting, PLLC
Effective date: November 2, 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.

This notice explains your rights, your choices, and our legal duties regarding protected health information (PHI). Additional federal or North Carolina confidentiality laws may provide stronger protections, particularly for certain behavioral health and substance use disorder records. When a stricter law applies, we follow that law.

1. Your Rights

Access your records

You may request to inspect or receive a paper or electronic copy of protected health information in the designated record set we maintain about you, including records used to make decisions about your care. We generally respond within 30 days; one extension of up to 30 additional days may be permitted with written notice. We may charge a reasonable, cost-based fee when allowed by law. Certain information, such as separately maintained psychotherapy notes or information prepared for legal proceedings, is excluded from the HIPAA right of access. In limited circumstances, access may be denied if a licensed health care professional determines that access is reasonably likely to endanger life or physical safety or cause substantial harm under applicable standards. If we deny access, we will provide a written explanation and explain whether you may have the denial reviewed by another licensed health care professional.

Ask us to correct information

If you believe information in your designated record set is incorrect or incomplete, you may request an amendment in writing and explain why. We generally respond within 60 days, subject to one permitted extension with written notice. We may deny an amendment if the information is accurate and complete, is not part of the designated record set, is not available for inspection, or was not created by us (unless its creator is no longer available to act). If we deny your request, we will explain why and how to submit a statement of disagreement, request that your request and denial accompany future disclosures, or file a complaint. If we accept the amendment, we will make the appropriate correction and notify others as required by law.

Request confidential communications

You may ask us to contact you in a specific way or at a different address or telephone number. We will accommodate reasonable requests. Tell us if leaving a voicemail, sending mail, or communicating electronically creates a privacy concern.

Ask us to limit uses or disclosures

You may request limits on our uses or disclosures for treatment, payment, or health care operations, and on certain disclosures to family or others involved in your care. We generally are not required to agree to a requested restriction. If we agree, we will honor it except as permitted by law, including when information is needed for emergency treatment. If you pay in full out of pocket for a particular service and request that information about that service not be disclosed to your health plan for payment or health care operations, we must honor that restriction unless disclosure is required by law.

Request an accounting of disclosures

You may request an accounting (a list) of certain disclosures of your protected health information during the six years before your request. The accounting generally includes the date, recipient, a description of information disclosed, and the purpose or legal basis. HIPAA excludes some disclosures from the accounting, including most disclosures for treatment, payment, and health care operations, disclosures to you, and certain disclosures you authorized. We generally provide the accounting within 60 days; one extension may be permitted with written notice. The first accounting in any 12-month period is free. We may charge a reasonable, cost-based fee for additional accountings after telling you the cost and giving you an opportunity to withdraw or modify your request.

Receive this notice and designate a representative

You may obtain a paper copy of this notice at any time, even if you agreed to receive it electronically. A legally authorized personal representative may exercise your rights where permitted by law. Special rules may apply to minors and certain confidential services.

File a complaint without retaliation

If you believe your privacy rights have been violated, you may complain to Aspen using the contact information at the end of this notice or to the U.S. Department of Health and Human Services (HHS), Office for Civil Rights, at https://www.hhs.gov/hipaa/filing-a-complaint/index.html, by calling 1-877-696-6775, or by writing to 200 Independence Avenue SW, Washington, DC 20201. We will not retaliate against you for filing a complaint.

2. Your Choices

You may tell us your preferences about sharing information with family members, close friends, or other people involved in your care or payment for your care. When the law allows, you may agree, object, or ask us to limit such disclosures. If you cannot tell us your preference, we may share relevant information when, in our professional judgment, doing so is in your best interest or is otherwise permitted by law. Certain disaster-relief notifications may also be permitted. We will follow applicable additional confidentiality protections for behavioral health and other sensitive records.

Most uses or disclosures of separately maintained psychotherapy notes require your specific written authorization, subject to limited legal exceptions. Uses or disclosures for marketing and any sale of protected health information generally require written authorization when HIPAA so provides. Aspen does not use client records for fundraising, marketing, or promotional campaigns and does not sell client information. Other uses or disclosures not described here will be made only with your written authorization unless permitted or required by law. You may revoke an authorization in writing, except to the extent we have already acted in reliance on it.

3. How We Use and Disclose Information

Treatment

We may use and share information to provide, coordinate, or manage your care. For example, with applicable confidentiality protections, your therapist may communicate with another treating provider about your medications or a referral.

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Payment

We may use and share information to obtain payment for services. For example, we may send your health plan information about a visit, diagnosis, or services provided to process a claim.

Health care operations

We maintain records for clinical documentation, required recordkeeping, insurance billing, and audits, and use or disclose information as needed for legitimate health care operations, including compliance and quality assurance. Authorized access is limited to appropriate purposes. Treatment, payment, and health care operations generally do not require a separate HIPAA authorization, although other laws may impose additional restrictions.

Service providers (business associates)

We may share information with outside companies that perform services for us, such as electronic health record, billing, technology, or record-copying vendors. We require business associates to safeguard PHI and comply with applicable privacy and security requirements.

Other uses and disclosures permitted or required by law

- Public health and safety: We may report information for disease prevention, product safety, abuse or neglect reporting, or to prevent or lessen a serious and imminent threat when the law permits or requires it.
- Health oversight: We may disclose information to authorized agencies for audits, investigations, inspections, or licensing activities as permitted by law.
- Law enforcement and legal proceedings: We may disclose information in response to a qualifying legal process or when otherwise required or permitted by law. A subpoena alone does not always authorize release; applicable HIPAA and other confidentiality requirements must be satisfied.
- Workers' compensation: We may disclose information as authorized by laws governing workers' compensation and similar programs.
- Medical examiners, coroners, and funeral directors: We may disclose information when authorized by applicable law.
- Research: We may use or disclose information for research only when applicable privacy requirements are satisfied, such as a valid authorization, an approved waiver, or another lawful exception. Research review by an Institutional Review Board or privacy board may be required, depending on the circumstances.
- Correctional institutions: If you are in custody, certain disclosures to correctional or law-enforcement officials may be permitted for health, safety, or security purposes.
- Government oversight of HIPAA: We must provide information to HHS when required to demonstrate compliance with privacy rules.

Appointment reminders and information about services

We may contact you with appointment reminders and information about treatment alternatives or other health-related services directly related to your care, as permitted by law. We do not use client records for fundraising or promotional marketing. You may request reasonable confidential methods of communication.

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Reporting concerns about improper conduct

Under specific HIPAA conditions, workforce members or business associates may disclose PHI to appropriate oversight agencies, accreditation organizations, or legal counsel when reporting suspected unlawful conduct, professional-standard violations, or potentially dangerous care. Such disclosures must satisfy applicable legal requirements.

4. Special Protections for Behavioral Health and Substance Use Disorder Records

Psychotherapy notes: Notes that a mental health professional records separately to document or analyze counseling conversations receive special protection. They are different from progress notes, diagnoses, treatment plans, medication records, and other information in the ordinary medical record. Most disclosures of separately maintained psychotherapy notes require specific written authorization, subject to legal exceptions.

Substance use treatment and your separate disclosure choice: Aspen provides treatment for substance use concerns when they coexist with other conditions. Aspen is not operated as a federally assisted substance use disorder program. Our separate intake consent lets you select “Yes” or “No” concerning release and exchange of information that may include substance use/abuse, HIV, or infectious disease information; you confirm the selection with your initials. A “No” selection declines the disclosure authorization described on that form, but does not prevent treatment or override disclosures independently permitted or required by applicable law. A “Yes” selection is interpreted according to the scope and terms of the actual consent; it is not permission for unrestricted sharing. You may revoke an authorization in writing, subject to applicable law and disclosures already made in reliance on it.

Records protected by 42 CFR Part 2: Some substance use disorder treatment records may carry additional federal protections when created by a covered Part 2 program and later received or maintained by Aspen. When Part 2 applies, we will follow its applicable consent, use, disclosure, and redisclosure rules. A valid Part 2 consent may authorize future disclosures for treatment, payment, and health care operations; when a HIPAA-covered recipient receives records under such a consent, certain redisclosures may be permitted under HIPAA, subject to Part 2 limitations and other applicable law. Part 2-protected records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or an appropriate Part 2 court order accompanied by required legal process. Ordinary subpoenas do not by themselves override these protections.

Additional Part 2 safeguards and rights: We will not use Part 2-protected records for fundraising, marketing, or sale of information. Where applicable, we will honor additional rights concerning Part 2 records, including rights to request restrictions, obtain information about disclosures as required by law, and complain about suspected privacy violations without retaliation. We will notify you of breaches when required by applicable HIPAA or Part 2 rules. Information subject to stricter North Carolina or other federal confidentiality rules will receive those additional protections.

Limits and coordination of protections: Not every reference to substance use in an Aspen treatment record is automatically a Part 2 record. Conversely, records received from a Part 2 program may remain protected even when maintained by a provider that is not itself a Part 2 program. We evaluate the source and legal status of the information before disclosure. This notice does not replace any separate consent or authorization required by law.

North Carolina law: Certain mental health, developmental disability, and substance use records may be subject to additional state confidentiality protections. We will follow the more protective applicable requirements.

5. Our Responsibilities

- We are required by law to protect the privacy and security of your PHI and to provide this notice of our duties and privacy practices.
- We must follow the terms of the notice currently in effect.
- We will notify affected individuals following a breach of unsecured PHI when notification is required by law.
- We will not use or disclose information in ways not described here unless you authorize it in writing or the law otherwise permits or requires it.
- We may change this notice and apply the revised terms to information we already maintain. The current version will be available upon request, at our office, and on our website.

6. Questions, Requests, and Complaints

Privacy contact: Dallas Johnson, Aspen Mental Health Therapy and Consulting, PLLC

Phone: 336-827-0089 | Address: 14072 Elkin HWY 268, Ronda, NC 28670

Website: aspenmentalhealth.com | Fax: 1-844-676-0500

Please contact our privacy contact to request access, an amendment, confidential communication, a restriction, an accounting of disclosures, or to make a privacy complaint. You may also complain directly to HHS as described above.