

# Notice of Privacy Practices

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Roots of Clarity Consulting PLLC  
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## NOTICE OF PRIVACY PRACTICES

Effective date 4/13/2026

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

Roots of Clarity Consulting PLLC, hereafter referred to as “we,” “us”, or “our.”

### I. PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health care is personal. Roots of Clarity Consulting PLLC is committed to protecting your privacy and maintaining the confidentiality of your Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA). We create a record of the care and services you receive to provide quality care and to comply with certain legal requirements. While no system is completely risk-free, we follow industry standards to minimize risk.

This notice applies to all records of your care generated by this mental and behavioral health care practice. This notice will explain ways in which we may use and disclose health information about you. Also, will describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We protect your information through:

- Limiting access to records on a need-to-know basis
- Secure, encrypted electronic health record (EHR) systems
- HIPAA-compliant telehealth, billing, and communication platforms
- Making sure that protected health information (“PHI”) that identifies you is kept private
- We do not sell or share your information for advertising
- We follow the terms of the notice that is currently in effect
- Giving you this notice of our legal duties and privacy practices with respect to health information. This Notice will be available upon request and on our website.

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

The following categories describe different ways that we use and disclose health information. Each category of uses or disclosures will be explained with some examples though not every use or disclosure example will be listed but it will fall within the categories listed. We can also change the terms of this Notice, and such changes will apply to all information we have about you.

**For Treatment, Payment, or Health Care Operations:** Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the client to use or disclose the client’s personal health information without the client’s written authorization, to carry out the health care provider’s own treatment, payment, or health care operations. We may disclose your protected health information for the treatment activities of any health care provider. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Personal health information is shared to bill and receive payment for services, including submitting information to insurance providers or billing platforms. Additionally, personal health information is shared to operate our practice, improve quality of care, conduct training, and perform administrative functions.

**Lawsuits and Disputes:** If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child 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.

### **III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION**

1. Psychotherapy Notes as 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 our use in treating you.
  - b. For our 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 use in defending ourselves in legal proceedings instituted by you.
  - d. For use by the Secretary of Health and Human Services to investigate our 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.
2. Marketing Purposes. As a psychotherapist, we will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychotherapist, we will not sell your PHI in the regular course of our business.

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

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

1. 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.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on our premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. 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.
8. 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.
9. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

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

1. We 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**

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if believed that it would affect your health care.
2. 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.
3. The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable

requests.

4. 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 we have about you. We will provide a copy of your record, or a summary of it if you agree, within 30 days of receiving your written request. We may charge a reasonable, cost-based fee for doing so in accordance to state law and HIPAA regulations.
5. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list given will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.
6. 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 we correct the existing information or add the missing information. We may say "no" to your request, but will explain why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to receive a paper copy of this Notice. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
8. Right to be notified if a breach occurs that may have compromised your information.
9. Have the right to file a complaint if you believe your privacy rights have been violated. You may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

<https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

### **Third-Party Services**

We use HIPAA-compliant third-party platforms for scheduling, telehealth, billing, and documentation. Our website may include links to external sites (e.g., directories, resources, or social media). These are provided as a convenience only. We do not endorse and are not responsible for the content or security practices of any third-party sites.

### **Communication**

Website contact forms are not considered secure under HIPAA. Please use our secure client portal or approved communication platforms for sensitive or clinical information.

### **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. You are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

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