

## NOTICE OF PRIVACY PRACTICES

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

Effective Date: February 16, 2026

### **Our Responsibilities**

We are required by law to maintain the privacy and security of your protected health information (PHI). We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing.

### **How We May Use and Disclose Your Health Information:**

The following categories describe different ways we may use and disclose health information without authorization:

**For Treatment:** We may use and disclose your health information to provide, coordinate, or manage your mental health care.

**For Payment:** We may use and disclose your information to bill and collect payment for insurance companies or other entities.

**For Health Care Operations:** We may use your information for administrative, legal, quality improvement, and business operations.

**As Required by Law:** We will disclose information when required to do so by Federal, State, or Local law.

**To Avert Serious Threat to Health and Safety:** We may disclose information to prevent or lessen a serious and imminent threat.

**Abuse or Neglect:** We may disclose information to appropriate authorities as required by law.

**Legal Proceedings:** We may disclose information in response to court orders, subpoenas, or other lawful processes.

**Professional Consultation and Supervision:** Information may be shared for consultation or supervision purposes, with identifying information limited when possible.

### **YOUR RIGHTS:**

You have the right to:

Get a copy of your health records.

Ask us to correct your health records.

Request confidential communications.

Ask us to limit what we use or share.

Get a list of disclosures.

Get a copy of this Notice of Privacy Practices.

Chose someone to act for you.

This program complies with 42 CFR Part 2 and HIPAA regulations. Your records indicating treatment for a substance use disorder are protected by Federal law, and cannot be disclosed or used against you in legal proceedings without your written consent, except in specific emergency or court-ordered situations. Once your SUD information is disclosed pursuant to your authorization, it may be subject to redisclosure by the recipient and may no longer be protected by federal confidentiality laws. You understand that your consent is voluntary and you may revoke this consent in writing at any time, except to the extent that we have already acted in reliance on it. If our records indicate you have received treatment for a substance use disorder, we will not use your contact information for fundraising purposes unless you provide written consent.

### **Electronic Communications and Telehealth**

We may communicate with you electronically to provide services via telehealth platforms. While we take reasonable steps to protect your information, electronic communications may involve some risk.

### **Changes to This Notice**

We reserve the right to change the terms of this Notice and make the new notice apply to all information we maintain. The revised notice will be available upon request and on our website.

### **Complaints**

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 retaliated against for filing a complaint.

### **Contact Information**

The Vine Pastoral Counseling Center, Inc.

333 Franklin St., Suite 300

Huntsville AL 35801

Privacy Officers: Jack Ragland or Laura Frederick

256-270-7399