

Notice of Privacy Practices_2026

MindLab LLC DBA True Spectrum Psychiatry

- 607 Briarwood Drive, Suite 6, Myrtle Beach, SC 29572

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on [6/1/2026]

NOTICE OF PRIVACY PRACTICES

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

I. OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. As such, the practice is committed to protecting health information about you. We create a record of the care and services you receive. We 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 the practice may use and disclose health information about you. It also describes your rights to the health information kept about you, and describes certain obligations the practice has regarding the use and disclosure of your health information. The practice is required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of legal duties and privacy practices with respect to your health information.
- Follow the terms of the notice that is currently in effect.
- The practice may change the terms of this Notice, and such changes will apply to all information collected about you. The new Notice will be available upon request, and will be posted on the practice website.

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

The following categories describe different ways that the practice may use and disclose health information. An explanation will be provided for each category of uses or disclosures. Not every use or disclosure in a category will be listed. However, all of the ways the practice is permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. The practice may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. 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.

Lawsuits and Disputes: If you are involved in a lawsuit, the practice may disclose health information in response to a court or administrative order. The practice 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 and Treatment Notes.** The practice does 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 use in treating you. b. For use in training or supervising mental health practitioners to help them improve their skills in delivering mental health services. c. For use of legal defense in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate practice 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 treatment 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 mental health provider group, the practice will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a mental health provider group, the practice will not sell your PHI in the regular course of conducting business.

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

Subject to certain limitations in the law, the practice 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 the practice preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on practice 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 the practice preference is to obtain an Authorization from you, the practice may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. The practice may use and disclose your PHI to contact you to remind you that you have an appointment. The practice may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that are offered.

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

1. Disclosures to family, friends, or others. The practice 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.

YOUR INDIVIDUAL RIGHTS

1. Right to Inspect and Copy. You have the right to look at or get copies of your health information, with limited exceptions. Your request must be in writing. If you request a copy of the information, a reasonable charge may be made for the costs incurred.
2. Right to Amend. You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We have the right to deny your request under certain circumstances.
3. Right to an Accounting of Disclosures. You have the right to receive a list of instances in which we have disclosed your health information for a purpose other than treatment, payment, or health care operations. To request an accounting of disclosures, you must submit your request in writing to the practice. Such accountings remain available for six years after the last date of service at the practice.
4. Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you. While you are in treatment, a written request should be made with your provider. To request a restriction after treatment is completed, you must make your written request to the practice. Please note that we are not required to agree to your request, except when a restriction is requested regarding a disclosure to a health plan in situations where the patient has paid for services in full and where the purpose of the disclosure is for payment. If we do agree, we will abide by the restriction unless the information is needed in an emergency or we are required to disclose it by law.

5. Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you may ask that we contact you only by mail or at work. You must make this request in writing and it must specify the alternative means or location that you would like us to use to provide you information about your health care. We will make every attempt to accommodate reasonable requests.
6. Right to File Complaints. You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by contacting the practice at [email] or via phone at (843) 973-7527. You will not be retaliated against for filing a complaint. You may also contact the practice for further information about this notice.

EMAIL AND TEXT MESSAGES

Some of our patients prefer to communicate with their provider via email or text message. Email and text messages have inherent privacy and security risks, and you should be aware of those before using emails and text messages. Errors in transmission or interception of messages can occur. Your email or text message is not a secure communication between you and your treating provider. At your health care provider's discretion, your email or text message any and all responses may become part of your medical record. Additionally, for urgent or an emergency situation, you should not rely on email communication with providers affiliated with the practice. In those situations, you should call 911.

ACKNOWLEDGEMENT AND RECEIPT OF PRIVACY PRACTICES

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 checking the box below, 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.

