ANCORA COMPASSIONATE CARE COUNSELING CENTER

8380 NC HWY 87, REIDSVILLE NC 27320

(336) 427-9022

www.ancoracc.org/counseling-center

This updated notice went into effect on SEPTEMBER 1, 2026.

NOTICE OF PRIVACY PRACTICES

Privileged Communication

Communication between the therapist and the client is privileged and confidential, except where specified by state statute or federal law, and/ or where a release has been signed by the client or guardian for consultation with other professionals. Verbal authorization will not be sufficient, except in emergency situations.

State law mandates that providers report to appropriate authorities suspected cases of abuse and/ or neglect of children, elders, or the disabled and instances of danger to self or others, when reasonably necessary to protect the client or others form a clear and imminent threat of serious physical harm. This may include contagious, life-threatening diseases that have been confirmed by the therapist. Your HIPPA handout will cover other exceptions.

Certain litigation may lead to court-ordered releases of information without your consent. Also, if you use third party insurers, you must sign a release of information, and all information requested by your insurer will be disclosed. In marriage and family therapy, material obtained from an adult client individually may only be shared with the client's spouse or other family members with the client's permission. When working with couples, families, or groups, we cannot disclose any information outside of the treatment context without a written authorization form all individuals competent to sign such authorization. For example, I cannot release any information about either or both spouses we have seen for marital therapy to an attorney without signed authorization from both spouses.

In family or couples therapy, information shared by individuals in sessions where other family members are not present must be held in confidence (except for mandated exceptions already noted) unless all individuals involved sign written waivers at the onset of therapy. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individual sessions during couples or therapy or family therapy could impede or even prevent positive outcomes in therapy. Clients in group therapy are to maintain group confidentiality so as not to infringe upon the privacy of others.

Your signature below, as the patient, parent, or guardian, authorizes Ancora Compassionate Care Counseling Center and all authorized agents to release to an insurer, managed care company, or other agency of the preceding, relevant patient information, including, but not limited to the following: date of appointment, provider, diagnosis, type of service provided, patient and/ or insured name, identification information, or any other information needed to obtain authorization, certification, or process of your claim. Any referring physician may receive correspondence from this office regarding your visit. Other requests for information will require you, as the patient, parent, or guardian, to sign a "Consent to Release Information" form and must state the patient's name, requesting party's name, and reason for the request.

YOUR HEALTHCARE PRIVACY RIGHTS:

When it comes to your health information, you have certain rights. This section explains your rights, and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record:

• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask how to do this.

• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to limit what we use or share:

• You can ask us not to use or share certain health information for treatment, payment, or our operations.

o We are not required to agree to your request, and we may say "no" if it would affect your care.

• If you pay for a health care service item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

o We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information:

• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy practice:

• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you:

• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

• We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated:

• You can complain if you feel your rights have been violated by contacting the main Ancora Compassionate Care office at (336) 427-9022.

• You can file a complaint with the US Department of Health & Human Services' Office for Civil Rights by:

o Mailing a letter to: 200 Independence Avenue, SW, Washington, DC, 20201

o Calling (877) 696-6775

o Visiting www.hhs.gov/ocr/privacy/hipaa/complaints

• We will not retaliate against you for filing a complaint.

YOUR CHOICES:

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

• Share information with your family, close friends, or others involved in your care

• Share information in a disaster-relief situation

• Include your information in a hospital directory

• Contact you for fundraising efforts

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

• Marketing purposes

• Sale of your information

• Most sharing of psychotherapy notes

OUR USES AND DISCLOSURES:

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Treat You:

o We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run Our Organization:

o We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

Bill For Your Services:

o We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

In the case of fundraising:

• We may contact you for fundraising efforts, but you can tell us not to contact you again.

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How else can we use or share your health information?

We are allowed or required to share your information in other ways- usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers.index.html.

Changes to the Terms of this Notice:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Updated effective September 1, 2026

This Notice of Privacy Practices applies to the following organization:

Ancora Compassionate Care (formerly known as Hospice of Rockingham County, Inc.)

Privacy officer, Teressa Townes, ttownes@ancoracc.org, (336) 427-9022.