

HIPAA POLICY

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

Effective Date of this Notice: July 10, 2026 | Last Revised: July 16, 2026

Throughout this Notice, “you” and “your” refer to the client receiving services and, when applicable, the client’s parent, legal guardian, or other personal representative. “We,” “us,” and “our” refer to Trellis Occupational Therapy, PLLC (“Trellis”).

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, “HIPAA”), you have certain rights regarding the use and disclosure of your protected health information (hereafter, “PHI”).

I. OUR COMMITMENT TO YOUR PRIVACY

We understand that information about your health care is personal. We create and maintain records of occupational therapy evaluations, treatment, consultation, caregiver coaching, communications, billing, and related services. We use these records to provide quality care, operate our practice, obtain payment when applicable, and meet legal and professional obligations.

We are required by law to:

- Maintain the privacy and security of protected health information (“PHI”).
- Provide this Notice describing our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify affected individuals promptly if a breach occurs that may have compromised the privacy or security of their information.
- Make the current Notice available on Trellis Occupational Therapy’s website and provide a paper or electronic copy directly upon request.

Electronic Records and Secure Platforms. We utilize secure, HIPAA-compliant electronic platforms, such as client portals, to manage health information, facilitate communication, and store clinical records. Information shared through these secure channels is protected by encryption and other administrative, physical, and technical safeguards. Ordinary email or text messaging may have different privacy risks and may be addressed through separate communication policies or consent forms.

II. HOW WE TYPICALLY USE AND DISCLOSE HEALTH INFORMATION

HIPAA permits us to use and disclose PHI for treatment, payment, and health care operations without a separate written authorization, subject to applicable law. We may also use service providers that perform functions for Trellis. When those service providers are business associates under HIPAA, we require appropriate written agreements and safeguards.

- 1. Treatment.** We may use your PHI and share it with health care professionals who are involved in your care. This may include coordination with physicians, speech-language pathologists, physical therapists, mental health professionals, or other treating providers. When a separate authorization is required to communicate with a school, daycare, caregiver, or other third party, we will obtain it.
- 2. Payment.** We may use and disclose PHI to bill you, prepare superbills, process payments, obtain payment from a health plan or other payer, verify benefits when applicable, and address billing questions.
- 3. Health Care Operations.** We may use and disclose PHI to run our practice, improve quality, conduct compliance activities, manage scheduling, send appointment reminders, maintain our client portal, review services, train or supervise personnel when applicable, and perform other necessary administrative functions.

III. USES AND DISCLOSURES THAT GENERALLY REQUIRE WRITTEN AUTHORIZATION

- 1. Marketing, Photographs, Media, and Testimonials.** We will not use or disclose identifiable photographs, video, audio, testimonials, reviews, or other PHI for Trellis's website, social media, advertising, or marketing unless we obtain a valid written authorization. Permission for such uses is optional, and declining will not affect access to services. Once information is publicly posted with authorization, Trellis may not be able to control copies or further sharing by others.
- 2. Sale of PHI.** Trellis does not sell PHI. HIPAA generally requires written authorization before PHI may be sold.
- 3. Psychotherapy Notes.** Routine occupational therapy evaluations, daily treatment notes, progress reports, plans of care, test results, functional-status information, and billing records are not "psychotherapy notes". Your written authorization is required for disclosures, except as otherwise permitted or required by law. Trellis does not ordinarily create or maintain psychotherapy notes.
- 4. Other Uses and Disclosures.** Uses and disclosures not described in this Notice will be made only with your written authorization, unless otherwise permitted or required by law.
- 5. Revoking an Authorization.** You may revoke an authorization in writing at any time. Revocation will not affect actions already taken in reliance on the authorization, and it may not require removal of materials already published or distributed.

IV. OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

We may use or disclose PHI without written authorization in the situations below, but only when the conditions and limitations of applicable law are met:

- To contact you about appointments, treatment alternatives, or health-related services that may be relevant to your care.
- When required by federal, state, or local law, including disclosures to the U.S. Department of Health and Human Services for HIPAA compliance activities.
- For public health and safety activities, including reporting suspected child abuse or neglect, elder abuse, dependent adult abuse, or reporting certain diseases or injuries, or preventing or reducing a serious and imminent threat to health or safety.
- For health oversight activities authorized by law, including audits, investigations, inspections, licensure matters, and disciplinary proceedings.
- For judicial or administrative proceedings, including responding to a court or administrative order, subpoena, discovery request, or other lawful process when legal requirements are satisfied.
- For law-enforcement purposes when permitted or required by law, including certain incidents occurring at a service location or involving the safety of a client, family member, the public, or Trellis personnel.
- To a coroner, medical examiner, funeral director, or organ-procurement organization when authorized by law.
- For workers' compensation claims and similar programs authorized by law.
- For specialized government functions, such as military, national-security, protective-service, or correctional-institution activities, when legally applicable.
- For health research only when HIPAA's requirements are met, such as with your authorization, an Institutional Review Board or Privacy Board waiver, or the use of properly de-identified information.

Substance Use Disorder Records. To the extent that we maintain substance use disorder patient records protected by 42 CFR Part 2, we will not use or disclose those records in a civil, criminal, administrative, or legislative investigation or proceeding against you without your written consent or a court order and subpoena, as required by law.

V. YOUR CHOICES ABOUT CERTAIN DISCLOSURES

You may tell us whether and how to share information with a family member, close friend, caregiver, or other person involved in your care or payment for care, and whether to share information for disaster-relief purposes.

If you are unable to communicate a preference, we may share limited information when, in our professional judgment, doing so is in your best interest or is necessary to lessen a serious and imminent threat to health or safety.

Fundraising. Trellis does not currently use PHI for fundraising. If we conduct fundraising in the future, you may opt out of future fundraising communications. If protected Part 2 information is involved, we will provide the clear notice and choice required by law.

VI. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- 1. Request Restrictions.** You may ask us not to use or disclose certain PHI for treatment, payment, or health care operations. We are not required to agree to every request. If we agree, we may still disclose the information when needed for emergency treatment or when required by law.
- 2. Restrict Disclosures to a Health Plan After Full Out-of-Pocket Payment.** If you pay in full out of pocket for a specific service or item, you may ask us not to disclose information about that service or item to your health plan for payment or health care operations. We will agree unless the disclosure is required by law.
- 3. Request Confidential Communications.** You may ask us to contact you in a specific way, such as by a particular phone number, client portal, or mailing address. We will accommodate reasonable requests.

- 4. Inspect and Obtain Copies.** You may ask to inspect or receive an electronic or paper copy of PHI in the designated record set, subject to limited legal exceptions. We will usually respond within 30 days. We may provide a summary if you agree and may charge a reasonable, cost-based fee as permitted by law.
- 5. Receive an Accounting of Certain Disclosures.** You may request a list of certain disclosures made during the six years before your request. The accounting generally does not include disclosures for treatment, payment, or health care operations, disclosures you authorized, or certain other disclosures excluded by law. One accounting in a 12-month period is free; additional requests may involve a reasonable, cost-based fee.
- 6. Request an Amendment.** You may ask us to correct or add to PHI that you believe is inaccurate or incomplete. We may deny the request in circumstances permitted by law, but we will explain the denial in writing, generally within 60 days.
- 7. Receive a Copy of This Notice.** You may request a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically.
- 8. Choose Someone to Act for You; Rights of Parents and Legal Guardians.** If a person has legal authority to act as your personal representative, such as through a medical power of attorney, guardianship, or other applicable authority, that person may exercise your HIPAA rights and make choices about your PHI. We will verify the person's authority before acting. In pediatric care, parents and legal guardians generally have the right to act on behalf of an unemancipated minor child regarding the child's PHI, subject to applicable North Carolina law and any court order. Absent a court order to the contrary, North Carolina law generally provides each parent equal access to a minor child's health records. Exceptions may apply, including when a minor is legally emancipated, when North Carolina law permits the minor to consent to certain health services without parental consent, when another person is legally authorized to consent, or when treating a parent or other person as the child's personal representative could endanger the child or involves suspected abuse, neglect, or domestic violence. We may request custody orders, guardianship documents, authorizations, or other documentation needed to determine who may act for the child.
- 9. Revoke an Authorization.** You may revoke a written authorization at any time by notifying Trellis in writing, except to the extent we have already acted in reliance on it or another legal exception applies.
- 10. Opt Out of Fundraising Communications.** If Trellis sends fundraising communications in the future, you may tell us not to contact you again for that purpose.
- 11. File a Complaint.** You may complain if you believe your privacy rights have been violated by contacting Trellis Occupational Therapy, PLLC using the information at the beginning of this Notice. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or using the complaint information available on the HHS website. Trellis will not retaliate against you for filing a complaint.

VII. MOBILE AND COMMUNITY-BASED PRIVACY SAFEGUARDS

As a mobile practice, we provide services in various settings, including homes, schools, daycares, parks, and other community locations. While we take every reasonable measure to protect your privacy, these community-based settings may carry inherent privacy limitations compared with a private, stationary clinic.

We use reasonable administrative, physical, and technical safeguards appropriate to the circumstances. When feasible, we may identify a more private area, limit the people present, lower voices, limit the information discussed in public areas, and use secure electronic systems. This explanation does not waive your privacy rights, reduce Trellis's legal obligations, or authorize disclosures that are not otherwise permitted by law.

VIII. CHANGES TO THIS NOTICE AND HOW TO CONTACT US

We may change the terms of this Notice. Any revised Notice may apply to all PHI we maintain, including information created or received before the revision. The current Notice will be available on Trellis Occupational Therapy's website and will be provided directly in paper or electronic form upon request.

For questions, requests, complaints, or a copy of this Notice, contact:

Trellis Occupational Therapy, PLLC

Email: Info@TrellisOT.com

Phone: (919) 627-7883