



Genesis Clinical Services

Notice of Privacy Practices

This Notice describes how information about you may be used and disclosed in connection with neuropsychological, psychoeducational testing, therapy, and other psychological services. It also explains how you can access this information. **Please review it carefully.**

Our Commitment to Protecting Your Privacy

We are committed to protecting the privacy and confidentiality of your health information. This is a right you have, as outlined by the **Health Insurance Portability and Accountability Act (HIPAA) of 1996**, and we take it seriously.

Effective Date: February 2020

Last Revised: September 2025

If you have any questions or concerns about this notice, please contact our Operations Manager at **704-464-4910** or operationsmanager@genesis-clinical.com.

How We Can Use and Disclose Your PHI

1. Uses and Disclosures Without Your Authorization

We may use and disclose your PHI without your written consent in the following situations:

- **Treatment:** To provide psychological treatment, therapy, testing, and assessment services. For example, we may share PHI with other healthcare providers involved in your care.
 - **Payment:** To obtain payment for services provided, such as with insurance companies, health plans, or billing agencies.
 - **Healthcare Operations:** For administrative and quality improvement activities, such as evaluating the quality of care provided.
 - **Appointment Reminders:** To send you appointment reminders or communicate regarding scheduling or cancellations.
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2. Uses and Disclosures Without Your Authorization or Opportunity to Object

There are specific instances where we may disclose your PHI without your consent, including:

- **When Required by Law:** If federal, state, or local laws require it.
- **Public Health Activities:** To prevent or control disease, report adverse drug reactions, or support public health surveillance.
- **Health Oversight:** For oversight activities by regulatory agencies.
- **Legal Proceedings:** In response to a **valid court order, subpoena with appropriate legal authority, or applicable law**. If a subpoena is received, **we may be required to notify you before responding** unless prohibited by law.
- **Law Enforcement:** If legally required or permitted, such as responding to a court order or reporting certain injuries (e.g., gunshot wounds). **We will not disclose PHI to law enforcement unless legally mandated.**
- **To Prevent Harm:** If there is a serious and imminent threat to your health or safety, or the health or safety of others.
- **Specialized Government Functions:** For military, national security, or intelligence purposes, as allowed by law.
- **Disaster Relief:** To assist organizations like the **Red Cross**, but **only to the extent necessary for coordinating care and assistance**. **You have the right to object to**

such disclosures unless emergency circumstances prevent us from obtaining your permission.

3. SMS/Text Messaging Policy

We may use SMS messaging to send appointment reminders, scheduling updates, and administrative notices.

SMS Consent

- By consenting, you agree to receive SMS messages related to appointments, reminders, and practice updates.
- Consent to SMS is not required as a condition of receiving services.
- You may withdraw consent at any time.

If you consent to receive SMS from Genesis Clinical Services, you agree to receive appointment and scheduling SMS from us. Reply STOP to opt-out; Reply HELP for support; Message & data rates may apply; Messaging frequency may vary. Visit [Privacy Policy](#) to see our privacy policy and [Terms URL](#) for our Terms of Service.

SMS Data Privacy

- Your phone number, SMS consent, and opt-in status will **never** be sold, rented, or shared with other companies, affiliates, or third parties for marketing or promotional purposes.
- SMS contact information is used **exclusively** by Genesis Clinical Services for appointment, scheduling, and administrative purposes consistent with this Privacy Policy.

SMS Consent Collection Methods

We may collect consent in the following ways:

1. **Website Forms** – Consent checkbox is **unchecked by default** and optional.

2. **Paper/Electronic Intake Forms** – Consent language is clearly included.
 3. **Verbal Consent** – Our staff follows a standardized script.
 4. **Consumer-Initiated Texts** – Opt-in occurs when you text us directly.
 5. **Email Consent** – Consent language is included in our email confirmation.
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4. Disclosures to People Involved in Your Care

We may disclose your PHI to **family members or others involved in your care or payment for care**, unless you object. If you do not want certain information shared, please notify us in writing.

Other Considerations for Privacy Protection

Psychotherapy Notes

Your written authorization **is required** for the use or disclosure of **psychotherapy notes**—which include personal observations made by your therapist that are **kept separate from your general medical record**.

- **These notes do not include** session start times, medications, treatment summaries, or test results, which are part of your general PHI.
- **Psychotherapy notes require separate written authorization** beyond the standard PHI disclosure rules, except in very limited circumstances (e.g., legal mandates or safety concerns).

Other Uses

For any **situation not listed above**, we will request your **written authorization** before using or disclosing your PHI. You may revoke this authorization at any time by submitting a **written request** to our office.

Your Privacy Rights

You have the following rights regarding your health information:

- **Right to Request Restrictions:** You may request **limitations on how we use or disclose your PHI**. We are not required to agree to your request, but we **must** comply if you ask us **not** to disclose PHI to your **health plan for services you have paid for in full**.
- **Right to Request Alternate Communications:** You may request communication via a specific method (e.g., mail instead of phone). We will accommodate reasonable requests.
- **Right to Access Your PHI:** You may review or obtain a copy of your health information by submitting a **written request**. We may charge a fee for copies.
- **Right to Request Corrections:** If you believe your PHI is incorrect, you can request changes. If we deny the request, we will provide an explanation in writing.
- **Right to an Accounting of Disclosures:** You may request a **list of disclosures** made (excluding those for treatment, payment, or healthcare operations) for up to **6 years**. **You are entitled to one free request per 12-month period. Additional requests may be subject to a reasonable fee.**
- **Right to a Copy of This Notice:** You may request a **paper copy** of this notice at any time, or access it online at www.genesis-clinical.com.

Health Information Exchanges (HIE)

Genesis Clinical Services participates in **North Carolina HealthConnex**, a **statewide health information exchange**. This system allows healthcare providers to securely share patient information to improve care coordination.

Opt-Out Option: You have the right to opt out of HealthConnex. **Opting out may limit the ability of other healthcare providers to access your records in emergencies or when coordinating treatment.**

To opt out, visit [North Carolina Health Information Exchange Authority](#) or call (919) 754-6912.

Filing a Complaint

If you believe your **privacy rights have been violated**, you have the right to file a complaint.

Contact Our Office:

Operations Manager

Phone: (980) 987-4130

Email: operationsmanager@genesis-clinical.com

File a Complaint with the U.S. Department of Health and Human Services (HHS):

Office for Civil Rights (OCR)

Website: www.hhs.gov/ocr

Phone: 1-800-368-1019

Email: OCRComplaint@hhs.gov

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

Genesis Clinical Services

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