HIPAA Privacy Notice

Effective Date: June 24, 2025
DiVinity N HumAnity, Inc.
Notice of Privacy Practices – Health Information
This notice describes how medical information about you or your loved one may be used and disclosed, and how you can access this information. Please review it carefully.

Our Commitment to Your Privacy

At **DiVinity N HumAnity, Inc.**, we respect your right to privacy and are committed to keeping your personal health information (PHI) confidential. This notice outlines how we protect, use, and share your information in compliance with the **Health Insurance Portability and Accountability Act (HIPAA)**.

What is Protected Health Information (PHI)?

PHI includes any information that identifies you and relates to your:

- Physical or mental health condition
- The provision of healthcare services
- Payment for healthcare services

This includes names, dates of birth, diagnoses, medications, service records, and other identifying information.

How We May Use and Disclose PHI

We may use or share your PHI for the following purposes **without your written authorization**:
Treatment: To provide, coordinate, or manage your care (e.g., sharing information with doctors, therapists, or direct care staff).

1. **Payment:** To process billing, insurance, or funding for services.
2. **Operations:** For internal evaluations, audits, staff training, quality assurance, and licensing compliance.
3. **Required by Law:** If we are legally required to disclose information (e.g., for abuse reporting, court orders, or public health activities).
4. **Emergencies:** If needed to prevent serious harm to you or others.
5. **Family or Legal Representatives:** Unless you object, we may share PHI with your caregiver, guardian, or legally authorized representative.

Uses and Disclosures Requiring Written Authorization

We will ask for your signed authorization before using or disclosing your PHI for:
Marketing or fundraising communications

- Sharing PHI with outside organizations not involved in your care
- Any use or disclosure not outlined in this notice

- You may revoke your authorization in writing at any time.

Your Rights Under HIPAA

You or your legal guardian have the right to:
Access your records: Request to see or get a copy of your PHI

- **Request a correction:** Ask us to amend incorrect or incomplete information
- **Request limits:** Ask us to limit what we use or share
- **Confidential communications:** Request that we contact you in a specific way (e.g., only by mail)
- **Get a list of disclosures:** Request a report of who we've shared your information with
- **File a complaint:** You can file with us or with the U.S. Department of Health and Human Services if you feel your privacy rights have been violated

We will not retaliate against you for filing a complaint.

Our Responsibilities

We are required by law to:
Keep your PHI private

- Provide you with this notice
- Abide by the terms of this notice
- Notify you if there is a breach involving your PHI
- Contact for Privacy Concerns

To request access, file a complaint, or ask a question about your health information:
Privacy Officer
DiVinity N HumAnity, Inc.
6047 Tyvola Glen Circle, Charlotte, NC, 28217
910-601-2110
contact@dnhnc.org

Changes to This Notice

We reserve the right to change this notice and apply the new rules to your information. Updated versions will be posted on our website and available upon request.