Holston Health Associates PLLC
Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

About this notice

Holston Health Associates PLLC ("we," "us") provides telehealth psychiatry, addiction treatment and medical weight management for adults ages 18 and older. Family medicine services are coming soon and are not yet available. The law requires us to protect the privacy of your health information, give you this notice of our legal duties and privacy practices, and follow the notice currently in effect.

Effective date: October 26, 2026

Privacy Officer: Dan Nicolau, MD | Phone: (423) 568-5980

This notice applies to all clinicians who provide care through our practice. Where Tennessee or Virginia law gives your mental health, substance use or other health information more protection than federal law, we follow the stricter law.

How we may use and share your health information

We may use and share your information without your written permission in the following ways, subject to stricter state law and the additional protections for substance use disorder records described below.

Treatment. We use your information to evaluate and treat you, and we share it with the clinicians in our practice and with other providers involved in your care, such as your pharmacy, lab or primary care clinician. Example: we send your prescription electronically to the pharmacy you choose.

Payment. We use your information to collect payment for our services. We do not bill insurance, Medicare or Medicaid. If you ask, we give you a superbill with diagnosis and procedure codes so you can submit it to your insurer yourself.

Health care operations. We use your information to run our practice, improve care and train staff. Example: reviewing charts to check the quality of our care, or the required physician review of nurse practitioner charts.

Business associates. We share information with vendors that help us operate, such as our electronic health record, video platform, secure messaging, e-fax and payment processor. Each signs a written agreement to protect your information.

Appointment reminders. We may contact you by the method you choose at intake to remind you of appointments. Depending on the communication method, reminders may include your name, clinician, appointment date and time, and a secure visit or portal link. You may request a different confidential communication method. Avoid sending medical details through ordinary email or text.

People involved in your care. With your agreement, or if you do not object, we may share information with a family member or friend involved in your care. In an emergency, or if you cannot agree, we may share what is needed if we judge it is in your best interest.

We may also share your information when the law allows or requires it:

- As required by law, including to the U.S. Department of Health and Human Services when it checks our compliance.
- To prevent a serious threat to your health or safety, or the health or safety of another person or the public, sharing only with someone able to help prevent the threat.
- Public health activities, such as reporting adverse drug reactions or preventing disease.
- Abuse, neglect or domestic violence of an adult, reported to the agency authorized by law to receive the report.
- Health oversight, such as audits, investigations and licensing reviews by state boards.
- Lawsuits and legal actions, in response to a court or administrative order, or to a subpoena when the law's conditions are met.
- Law enforcement, for limited purposes the law permits, such as responding to a court-ordered warrant.
- Medical examiners and funeral directors, as needed for their duties.
- Workers' compensation claims, as the law allows.
- Specialized government functions, such as military, national security and protective services, as the law allows.

Uses that require your written permission

We will not do the following unless you give us written authorization:

- Share psychotherapy notes, except in the limited cases the law allows
- Use or share your information for marketing
- Sell your information
- Any other use or disclosure not described in this notice

You may revoke an authorization in writing at any time. Revoking it stops future sharing but does not undo sharing already done in reliance on it. We do not conduct fundraising.

Your rights

To use any of these rights, contact our Privacy Officer.

- Get a copy of your records. You may ask to see or get an electronic or paper copy of your medical and billing records. We furnish requested copies within 10 working days after receiving your written request, or sooner when applicable law requires, subject to legally permitted limitations and required notices. We may charge only a reasonable, cost-based fee permitted by applicable law.
- Ask us to correct your records. If you think information is incorrect or incomplete, you may ask us in writing to amend it. We respond within 60 days and will explain in writing if we say no.
- Ask for confidential communications. You may ask us to contact you a specific way, such as a certain phone number or the patient portal. We will agree to reasonable requests.

- Ask us to limit what we use or share. You may ask us not to use or share certain information. We are not required to agree, except that if you pay in full out of pocket for a service, we will honor a request not to share that information with your health insurer.
- Get a list of those we shared information with. You may ask for an accounting of disclosures made in the past six years, other than for treatment, payment, operations and certain other purposes. One list a year is free.
- Get a copy of this notice. You may ask for a paper copy at any time, even if you agreed to receive it electronically.
- Choose someone to act for you. A legal guardian or a person with your medical power of attorney may exercise your rights. We will confirm their authority first.
- Be notified of a breach. We will notify you if a breach occurs that may have compromised the privacy or security of your information.

Our responsibilities

- We are required by law to keep your health information private and secure.
- We will tell you promptly if a breach occurs that may have compromised your information.
- We must follow the duties and privacy practices in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing.

Substance use disorder records (42 CFR Part 2)

Some of our patients receive treatment for substance use disorders. Records of that diagnosis and treatment are protected by a federal law, 42 CFR Part 2, in addition to HIPAA.

- We will not use or share these records without your written consent, except as Part 2 allows (for example, medical emergencies, certain audits and research, and reporting suspected child abuse or neglect).
- You may give one written consent that covers our treatment, payment, and health care operations, and you may revoke it in writing at any time.
- If Part 2 records are disclosed for treatment, payment or health care operations to a HIPAA covered entity or business associate, the recipient may redisclose them as HIPAA permits, while Part 2 restrictions on proceedings against you continue to apply. Separately maintained SUD counseling notes require separate consent, except where the law permits otherwise.
- Your substance use disorder records, or testimony about them, cannot be used against you in any civil, criminal, administrative, or legislative proceeding unless you give separate written consent or a court issues an order that meets Part 2 requirements. Consent for an investigation or proceeding cannot be combined with consent for another purpose.
- You may ask us to restrict disclosures for treatment, payment, or operations, and you may request a list of disclosures made with your consent.
- You may file a complaint about a Part 2 violation with our Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Changes to this notice

We may change this notice, and the changes will apply to all information we have about you. The current notice is posted at holstonhealthassociates.com and available on request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the federal government. We will not retaliate against you for filing a complaint.

- With us: contact our Privacy Officer, Dan Nicolau, MD, at (423) 568-5980.
- With HHS: U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201; 1-877-696-6775; www.hhs.gov/ocr/complaints.