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Effective Date: January 20, 2026

**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.**

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## **OUR PLEDGE REGARDING HEALTH INFORMATION**

At **Mended Willow**, we understand that health information about you and your healthcare is personal. We are committed to protecting health information about you. We create a record of the care and services you receive to provide you with quality care and to comply with certain legal requirements.

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

We may use and disclose your Protected Health Information (PHI) for the following purposes:

- **For Treatment:** We may use your PHI to provide, coordinate, or manage your massage therapy and bodywork services. This includes documentation of physical assessments and treatment plans.
- **For Payment:** We may use and disclose your PHI so that the services you receive may be billed to and payment may be collected from you, an insurance company, or a third party.
- **For Health Care Operations:** We may use and disclose PHI to run our practice, conduct quality assessments, and ensure that you receive quality care.
- **Appointment Reminders:** We may use and disclose PHI to contact you as a reminder that you have an appointment (e.g., via SimplePractice text or email notifications).

## **SPECIAL CIRCUMSTANCES (WITHOUT YOUR AUTHORIZATION)**

Federal and state laws allow or require us to disclose PHI without your consent in these specific situations:

- **As Required by Law:** To comply with federal, state, or local laws.
- **Public Safety:** To prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Abuse or Neglect:** To report suspected abuse or neglect as mandated by North Carolina law.

- **Lawsuits and Disputes:** In response to a court or administrative order, or a valid subpoena.

## **YOUR RIGHTS REGARDING YOUR PHI**

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your health and billing records.
- **Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information.
- **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we made of your PHI.
- **Right to Request Restrictions:** You have the right to request a restriction on the health information we use or disclose about you.
- **Right to Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way (e.g., home phone vs. cell phone).

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with **Andrea Flowers** at the contact information listed above or with the Secretary of the U.S. Department of Health and Human Services. **You will not be penalized for filing a complaint.**