



Outside of the Box Therapy, LLC
206 W. Meadow St., Gaffney, SC 29341
Phone (864) 597-9493 • Fax (864) 206-4563
officemanager@outsideoftheboxtherapy.com
outsideoftheboxtherapy.com

NOTICE OF PRIVACY PRACTICES

Effective October 26, 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.

Your privacy matters to us. This notice explains how Outside of the Box Therapy, LLC uses and shares your health information, the rights you have, and the duties we have to protect it. Your health information includes your therapy records, diagnoses, treatment plans, and billing and insurance information. If you are a parent or guardian reading this for your child, “you” and “your” in this notice include your child.

YOUR INFORMATION AT A GLANCE

Your rights	• Get a copy of your records • Ask us to correct your records • Ask us to contact you privately • Ask us to limit what we use or share • Get a list of who we’ve shared your information with • Get a paper copy of this notice • Choose someone to act for you • File a complaint if you believe your privacy rights were violated
Your choices	You can tell us whether to share information with family, friends or others involved in your care, and for disaster relief. We never use your information for marketing or sell it without your written permission, and most sharing of psychotherapy notes needs your written permission too.
How we use and share it	We use and share information to treat you, bill for your services and run our practice. The law also allows or requires sharing in some other cases, such as reporting suspected child abuse or preventing serious harm. South Carolina law and federal law give mental health and substance use disorder records extra protection.

Questions or requests?

Contact our **Office Manager**, who is our privacy contact.

Phone (864) 597-9493 • Fax (864) 206-4563 • Email officemanager@outsideoftheboxtherapy.com

Mail or bring written requests to: Office Manager, Outside of the Box Therapy, LLC, 206 W. Meadow St., Gaffney, SC 29341

Need this notice in another language, in large print or read aloud, or need an interpreter or another accommodation? Just ask. It’s free.

YOUR RIGHTS

You have the rights below for your health information. To use any of them, contact our Office Manager. We may ask you to make your request in writing, and we can give you a form.

- **Get a copy of your records.** You can ask to see or get a paper or electronic copy of your health record and other health information we have about you, or have a copy sent to someone you choose. We will usually respond within 30 days. We may charge a reasonable, cost-based fee. In rare cases the law lets us deny part of a request, such as when a licensed professional believes access is reasonably likely to endanger someone's life or physical safety. If we deny a request, we will explain why in writing and tell you whether you can have the decision reviewed.
- **Ask us to correct your records.** You can ask us to correct health information you believe is incorrect or incomplete. Please tell us why. We may say "no," but we will tell you why in writing within 60 days, and you may send us a statement of disagreement to add to your record.
- **Ask us to contact you privately.** You can ask us to contact you in a specific way (for example, only on your cell phone) or to send mail to a different address. We will say "yes" to all reasonable requests. If you ask us to use regular email or text messages, which are not fully secure, we will talk with you about the risks first.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree, and we may say "no" if it could affect your care. If we agree, we may still share the information if you need emergency treatment. If you pay for a service in full out of pocket, you can ask us not to share information about that service with your health plan for payment or our operations. We will say "yes" unless a law requires us to share it.
- **Get a list of those we've shared your information with.** You can ask for a list (an "accounting") of the times we've shared your health information in the six years before your request, who we shared it with and why. The list won't include sharing for treatment, payment or health care operations, or certain other sharing, such as sharing you asked us to make. We provide one list a year for free. If you ask for another within 12 months, we may charge a reasonable, cost-based fee, and we will tell you the fee first so you can change or withdraw your request.
- **Get a copy of this notice.** You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. It is also posted in our office and on our website.
- **Choose someone to act for you.** If someone is your legal guardian, holds your health care power of attorney, or is otherwise your legal personal representative, that person can use your rights and make choices about your health information. We will make sure the person has this authority before we act. For children, see "If your child is our client" below.
- **File a complaint.** If you believe your privacy rights have been violated, you can file a complaint with us by contacting our Office Manager in person, by phone, by mail or by email. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint. We will not retaliate against you for filing a complaint, and we will never ask you to give up this right in order to receive care.

YOUR CHOICES

For some kinds of sharing, you can tell us what you want. If you have a clear preference, tell us and we will follow your instructions.

- **Family, friends and others involved in your care.** You can tell us whether to share information with a family member, close friend or other person involved in your care or in paying for it. For adult clients, we usually ask for this permission in writing.
- **Disaster relief.** You can tell us whether to share information with disaster relief organizations so your family can be told where you are and how you are doing.

If you are not able to tell us your preference, for example in an emergency or if you are unconscious, we may share information if we believe it is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety.

We never share your information for these purposes unless you give us written permission:

- Marketing
- Sale of your information
- Most sharing of psychotherapy notes (see "Extra protection for certain records")

IF YOUR CHILD IS OUR CLIENT

- **Parents and guardians.** In most cases, a parent or legal guardian acts for a child under 18 and can use the rights in this notice on the child's behalf.
- **Custody and court orders.** We follow court orders and legal documents that affect who can make decisions about a child's care or see a child's records. Please give us a copy of any custody, guardianship or similar order.
- **Clients 16 and older.** South Carolina law allows young people 16 and older to consent to their own health care. When a client 16 or older consents to their own care, the client generally holds these rights for that care, and we use professional judgment, as the law allows, to decide what to share with a parent or guardian.
- **Child safety.** We may decide not to treat someone as a child's representative if we reasonably believe the child has been or may be abused or neglected by that person, or that doing so could put the child in danger.

HOW WE USE AND SHARE YOUR INFORMATION

We typically use or share your health information in these ways:

- **Treatment.** We use your information, and share it with other professionals who treat you, to provide and coordinate your care. Example: Your counselor reviews your treatment plan with a licensed clinical supervisor in our practice.
- **Payment.** We use and share information to bill for your services and get paid by health plans and others. Example: We send your diagnosis, dates of service and type of service to your health plan, such as South Carolina Healthy Connections Medicaid, a Medicaid managed care plan or a private insurer. South Carolina law requires your written permission before we share mental health information to process insurance claims, so we ask for it on our intake forms.
- **Health care operations.** We use and share information to run our practice, improve your care, train and supervise our clinicians, and contact you when needed. Example: We review records to check the quality of our services, and we send you appointment reminders.
- **Business associates.** Companies that perform services for us, such as our electronic health record, billing and technology providers, may receive information to do that work. They must sign contracts agreeing to protect it.

OTHER WAYS WE MAY USE OR SHARE YOUR INFORMATION

The law allows or requires us to share information in some other situations, usually to keep people safe or to serve the public good. We must meet the law's conditions first, and we share only what is needed. The extra protections described under "Extra protection for certain records" also apply.

- **Reporting abuse or neglect.** We must report suspected abuse or neglect of a child or of a vulnerable adult to the authorities South Carolina law names, such as the Department of Social Services or law enforcement. When the law allows us to report other abuse, neglect or domestic violence involving an adult, we will tell you that we made the report unless doing so could put someone at risk.
- **Preventing serious harm.** We may share information when we believe in good faith that it is needed to prevent or lessen a serious and imminent threat to the health or safety of you, another person or the public. This may include warning a person who has been threatened or contacting law enforcement.
- **Public health.** For example, to prevent or control disease, or to report a reaction to a medication or a problem with a product.
- **Health oversight.** With agencies that oversee health care and professional licenses, for audits, inspections and investigations. Examples include the South Carolina Department of Health and Human Services (Medicaid), the South Carolina Department of Labor, Licensing and Regulation and its licensing boards, and the U.S. Department of Health and Human Services.
- **Required by law.** When federal or state law requires it, including when the U.S. Department of Health and Human Services wants to see that we are complying with federal privacy law.
- **Lawsuits and legal actions.** In response to a court or administrative order, or when a professional licensing board lawfully subpoenas records. Because South Carolina law gives extra protection to mental health information, we generally do not release your records for a lawsuit or other legal proceeding in response to a subpoena alone. We need your written permission or a court order, unless another law requires us to release them.
- **Law enforcement.** For certain law enforcement purposes allowed by law, such as responding to a court-ordered warrant or reporting a crime on our premises.
- **Coroners, medical examiners and funeral directors.** When a person dies, as the law allows.

- **Organ and tissue donation.** With organizations that handle organ and tissue donation, if this ever applies.
- **Research.** For health research, only as the law allows. In most cases, we would ask for your written permission first.
- **Workers' compensation.** For workers' compensation claims, as the law allows.
- **Special government functions.** For military and veterans activities, national security and intelligence, and presidential protective services, and with a correctional institution or law enforcement official if you are in custody.

EXTRA PROTECTION FOR CERTAIN RECORDS

- **Mental health information under South Carolina law.** South Carolina law (S.C. Code § 19-11-95) protects what you share with licensed counselors and other mental health professionals. In general, we may reveal it only: with your written authorization; when another law allows or requires it, such as the reporting duties above; when you express an intent to commit a crime or to harm yourself, to the extent needed to prevent it; to collect our fees or defend against an accusation of wrongful conduct; as needed to provide your care within professional standards; or when a court orders it for good cause or a professional licensing board lawfully requires it. When this law is stricter than federal law, we follow it.
- **Psychotherapy notes.** Some therapists keep separate personal notes about the content of therapy sessions, apart from the rest of your record. These are called psychotherapy notes. We share them only with your written authorization, except in a few cases the law allows, such as use by the therapist who wrote them, supervised training, defending ourselves in a legal action you bring, oversight of that therapist, or preventing a serious and imminent threat. Psychotherapy notes are not part of your right to get a copy of your records.
- **Substance use disorder records.** To the extent we have substance use disorder treatment records about you that are protected by federal law (42 CFR Part 2), we cannot use or share information in those records, or testimony about their contents, in any civil, criminal, administrative or legislative investigation or proceeding against you unless (1) you give written consent, or (2) a court orders it after notice and an opportunity to be heard. A court order must come with a subpoena or other legal requirement that compels the disclosure.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information and to give you this notice of our legal duties and privacy practices.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in the notice currently in effect, and give you a copy of it.
- We will not use or share your information other than as described here unless you give us written permission (an authorization). You can take back (revoke) your permission at any time by telling us in writing, except for anything we already did because of it.

CHANGES TO THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you, including information we already had. The new notice will be available upon request, posted in our office and on our website, and will show its effective date.

This notice takes effect **October 26, 2026**. It replaces our previous notice, which took effect September 3, 2019.

Questions, requests or complaints? Contact our Office Manager, our privacy contact. Phone (864) 597-9493 · Fax (864) 206-4563 · officemanager@outsideoftheboxtherapy.com · 206 W. Meadow St., Gaffney, SC 29341



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ACKNOWLEDGMENT OF RECEIPT

Notice of Privacy Practices • Effective October 26, 2026

By signing below, I acknowledge that I received, or was offered, a copy of the Outside of the Box Therapy, LLC Notice of Privacy Practices. I understand that I can ask questions about it, and ask for another copy, at any time.

Client's name (please print)

Client's date of birth

Client signature

Date

Legal parent/guardian signature

Date

For clients under 18, a legal parent or guardian signs.

Parent, guardian or representative signing for the client:

Printed name of parent, guardian or representative

Relationship to the client

Legal authority to act for the client (for example: parent of a minor, legal guardian, custody order, health care power of attorney)

Please return this page to our office. Keep the rest of this notice for your records.

FOR OFFICE USE ONLY

If the acknowledgment was not signed, record our good-faith effort to get it and the reason it was not obtained.

Notice given on (date): _____ How: ☐ In person ☐ By mail ☐ Electronically

Not signed because: ☐ Declined to sign ☐ Emergency treatment; try again at the next visit

☐ Unable to sign. Reason why: _____

☐ Other: _____

Staff name and title: _____ Signature: _____ Date: _____