Notice of Privacy Practices

How your health information may be used and disclosed, and how you can access it.

ADE, Inc.
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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.

Effective date of this Notice: August 24, 2026

CLIENT NAME	DATE PROVIDED TO CLIENT

Your health record contains personal information about you and your health. Information that identifies you and relates to your past, present, or future physical or mental health, or to the health care services you receive, is called Protected Health Information, or PHI. This Notice is provided as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how Dr. Martha Ireland and Altering Disordered Eating, Inc. (ADE) may use or disclose your PHI, with whom it may be shared, the safeguards in place to protect it, and your rights to access and amend it.

You have the right to approve or refuse the release of specific information outside this practice, except where release is required or authorized by law.

ADE is required by law to maintain the privacy of PHI and to provide you with notice of its legal duties and privacy practices. ADE is required to abide by the terms of this Notice, and reserves the right to change its terms at any time. Any new Notice will apply to all PHI held at that time. A revised Notice will be posted on the practice website, mailed to you on request, or given to you at your next appointment.

HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED

The following are examples of permitted uses and disclosures. They are not exhaustive.

Required Uses and Disclosures

By law, ADE must disclose your health information to you, unless a competent medical authority has determined that doing so would be harmful to you. ADE must also disclose health information to the Secretary of the Department of Health and Human Services for investigations or determinations of compliance with health information protection laws.

Treatment

Your PHI may be used and disclosed by those involved in your care for the purpose of providing, coordinating, or managing your treatment and related services. This includes consultation with clinical supervisors and other treatment team members. Disclosure to any other consultant is made only with your authorization.

Payment

ADE is a fee-for-service practice and does not bill insurance companies. Your PHI may be used to generate statements and to collect payment for services provided to you. If collection processes become necessary due to non-payment, only the minimum information necessary for collection will be disclosed. If you choose to submit statements to your own insurance company, that disclosure is made by you, not by ADE.

Health Care Operations

Your PHI may be used as needed to support practice operations, including quality assessment, appointment reminders, providing information about treatment alternatives, licensing, and arranging other business activities. PHI may be shared with third parties that perform business functions for the practice only where a written business associate agreement requires them to safeguard it. Disclosure for training or teaching purposes is made only with your authorization.

Without Your Authorization

Applicable law and ethical standards permit disclosure without your authorization in a limited number of situations, including:

- Suspected abuse or neglect
- Emergencies
- National security
- Judicial and administrative proceedings
- Law enforcement requests permitted by law

- Public safety, including the duty to warn
- Disclosures required by law, such as mandatory reporting of child abuse or neglect, or mandatory government audits and investigations by a licensing board or health department
- Disclosures required by court order
- Disclosures necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Where information is disclosed for this reason, it will be disclosed to a person reasonably able to prevent or lessen the threat, which may include the target of the threat

Verbal Permission

Your information may be disclosed to family members directly involved in your treatment with your verbal permission.

With Your Authorization

Uses and disclosures not otherwise permitted by law will be made only with your written authorization, which you may revoke at any time.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

To exercise any of these rights, submit your request in writing to Dr. Ireland by secure email at info@irelandphd.com, or by mail to ADE, Inc., 165 Topside E., Hardeeville, SC 29927. You may also call (703) 722-2324 with questions.

Right to Inspect and Copy

You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI used to make decisions about your care. This right will be restricted only where there is compelling evidence that access would cause you serious harm. A reasonable, cost-based fee may be charged for copies.

Right to Amend

If you believe the PHI held about you is incorrect or incomplete, you may ask that it be amended. ADE is not required to agree to the amendment, and will tell you in writing if it does not.

Right to an Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your PHI. A reasonable fee may be charged for more than one accounting in any 12 month period.

Right to Request Restrictions

You have the right to request a restriction on the use or disclosure of your PHI for treatment, payment, or health care operations. ADE is not required to agree to your request.

Right to Request Confidential Communication

You have the right to request that ADE communicate with you in a certain way or at a certain location, such as by a specific phone number or address.

Right to Be Notified of a Breach

You have the right to be notified if a breach of your unsecured protected health information occurs.

Right to a Copy of This Notice

You have the right to a paper or electronic copy of this Notice at any time, on request.

ACKNOWLEDGMENT OF RECEIPT

You will be asked to sign an acknowledgment that you received this Notice. The purpose is to make you aware of how your information may be used and of your privacy rights. Your care does not depend on signing it. If you decline to sign, treatment continues and your PHI will be used and disclosed for treatment, payment, and health care operations as described here.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with Dr. Ireland at info@irelandphd.com or ADE, Inc., 165 Topside E., Hardeeville, SC 29927. You may also file with the Secretary of Health and Human Services, Office for Civil Rights, 200 Independence Avenue S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or online at www.hhs.gov/ocr/privacy/hipaa/complaints. You will not be retaliated against for filing a complaint.