

Notice of Privacy Practices

Kind Therapy, LLC 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.

I. OVERVIEW

Kind Therapy understands that health information about you and your health care is personal. The information about you that may identify you and that relates to your past, present, or future mental health or condition and related health care services is referred to as protected health information (PHI). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA). It also describes your rights regarding how you may gain access to and control your PHI. Kind Therapy is required by law to maintain the privacy of your PHI, to provide you with notice of its legal duties and privacy practices with respect to your PHI, and to notify affected individuals following a breach of unsecured protected health information.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that Kind Therapy may use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways Kind Therapy is permitted to use and disclose information will fall within one of the categories.

A. For Treatment: We may use and disclose your health information in the course of your treatment for the purpose of coordinating your treatment and related services. The word "treatment" includes, among other things, consultations between health care providers and referrals of a patient for health care from one health care provider to another. For example, we may consult with supervisors or other treatment team members. We may disclose PHI to other outside consultants if we believe it is necessary (e.g. a family physician), only with your permission.

B. For Payment: We may use and disclose your health information in order to receive payment for services provided to you. For example, we may need to give insurance companies or other agencies the minimum necessary information in order for them to pay us for the service we have provided to you. Other examples include making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to determine medical necessity or undertaking utilization review activities. If it becomes necessary to use collection processes due to a lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

C. For Health Care Operations: We may use and disclose your health information within Kind Therapy as part of our internal health care operations. For example, this could mean a review of records to assure quality. We may also share PHI with third parties that perform various business activities (e.g. software, billing or electronic health record services), provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization.

D. When Required by Law: Under law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

E. Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

The following is a list of uses and disclosures of PHI permitted by HIPAA without consent or an authorization. Applicable laws and ethical standards permit Kind Therapy to disclose PHI without your authorization only under certain situations. Subject to certain limitations in the law, we can use and disclose your PHI without your authorization for the following reasons:

a. Child Abuse or Neglect: If your therapist has reason to believe that a child seen in the course of their professional duties has been abused or neglected or has reason to believe that a child seen in the course of their professional duties has been threatened with abuse or neglect, and/or that abuse or neglect of the child will occur, we must report this to the relevant child welfare agency, police, or sheriff's department.

- b. **Elder Abuse:** If your clinician believes that an elder person has been abused, or neglected, we may report such information to the relevant county department or state official of the long-term care ombudsman.
- c. **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and will not be released without written consent from you or your personal or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance, if this is the case.
- d. **Serious Threat to Health or Safety:** If your clinician has reason to believe, exercising his or her professional care and skill, that you may cause harm to yourself for another, he or she must take steps to protect you and/or warn the third party, which may include contacting the police and/or instituting commitment proceedings.
- e. **Family Involvement in Care:** We may disclose PHI to close family members directly involved with your treatment based on your consent (written or verbal) or as necessary to prevent serious harm.
- f. **Medical Emergencies:** We may disclose PHI in a medical emergency situation to medical personnel only in order to prevent serious harm.
- g. **Health Oversight:** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- h. **Law Enforcement:** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.
- i. **Deceased Clients:** We may disclose PHI regarding deceased clients as mandated by state law or to a family member who was involved in your care or payment for care prior to death, based on your prior consent. A 'release of information regarding deceased clients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin.
- j. **Specialized Government Functions:** We may review requests from U.S. military command authorities if you have served as a member of the armed forces and from the Department of State for medical suitability determinations.
- k. **Public Health:** If required, we may disclose PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability.
- l. **Research:** PHI may only be disclosed after a special approval process or with your authorization.
- m. **Worker's Compensation:** If you file a worker's compensation claim, we may be required to release records relevant to that claim to your employer or its insurer and we may be required to testify.

IV. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Kind Therapy may use or disclose PHI for purposes outside of treatment, payment and health care operations when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Kind Therapy is asked for information for purposes outside of treatment, payment, and healthcare operations, we will obtain a written authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes that may have been made about your conversations during a private, group, or joint family counseling session, which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. Any use or disclosure of such notes requires your authorization unless the use or disclosure is:

- a. For our use in treating you.
- b. For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For our use in defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.

h. Required to help avert a serious threat to the health and safety of others.

We will not use or disclose your PHI for marketing purposes. We will not sell your PHI in the regular course of business.

You may revoke all such authorizations (of PHI and/or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that 1.) Kind Therapy has acted in reliance on that authorization, or 2.) the authorization was obtained as condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy or the policy itself.

V. HOW KIND THERAPY PROTECTS YOUR PHI

Kind Therapy limits the collection of PHI to that which is necessary to administer our business, provide quality services, and meet regulatory requirements. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to safeguard your PHI. We limit the internal use of oral, written, and electronic PHI about you and ensure only authorized staff and business associates with the need to know have access to it. We maintain safeguards for your PHI and review these safeguards regularly to protect your privacy.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if we believe it would affect your health care.

2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

3. The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.

4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical and billing records. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost-based fee for doing so.

5. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.

6. The Right to Correct or Update Your PHI.**** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say "no" to your request, but we will tell you why in writing within 60 days of receiving your request. You have the right to file a statement of disagreement in the event that we refuse your request.

7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

8. The Right to Be Notified of a Breach. If there is a breach of unsecured PHI concerning you, we are required to notify you of this breach, including what happened and what you can do to protect yourself.

VII. QUESTIONS AND COMPLAINTS

If you have questions or are concerned that your privacy rights have been violated, or you disagree with a decision that was made about access to your records, you may contact Kind Therapy's owner and privacy officer, Sara Kind-Michels, LMFT, LPC at (608) 886-9595.

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with Kind Therapy at 2924 Marketplace Dr Suite 101 Fitchburg, WI 53719, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington D.C. 20201.

We will not retaliate against you for filing a complaint. The provider or staff may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against a patient for the exercise by the patient of any right established or for participation in any process provided.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing this document, you are acknowledging that you have received a copy of HIPPA Notice of Privacy Practices.

This notice went into effect 12/1/2018.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.