



Notice of Privacy Practices

This notice describes how health information may be used and disclosed at Kindled Journeys LLC, and how you as the client can get access to this information. Please review this notice carefully.

I. Kindled Journeys LLC Pledge Regarding Health Information

Information about you and your healthcare is personal, which is why I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this behavioral health care practice. This notice will tell you about how I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (PHI) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices concerning protected health information (PHI).
- Follow the terms of the notice that is currently in effect.

I can change the terms of this notice, and such changes will apply to all protected health information (PHI) I have about you. The new notice will be available upon request.

II. How Kindled Journeys LLC May Use and Disclose Protected Health Information (PHI) about You

The following categories describe different ways that I use and disclose protected health information (PHI). For each category of uses or disclosures, I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose protected health information (PHI) will fall within one of the categories.

For Treatment Payment, or Health Care Operations:

Federal privacy rules (regulations) allow healthcare providers who have a direct treatment relationship with the client to use or disclose the client's protected health information (PHI) without the client's written authorization, to carry out the healthcare provider's treatment, payment, or healthcare operations. I may also disclose your protected health information (PHI)

for the treatment activities of any healthcare provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed healthcare provider about your condition, we would be permitted to use and disclose your protected health information (PHI), which is otherwise confidential, to assist the clinician in the diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard, because therapists and other healthcare providers need access to the full record and/or complete information to provide quality care. The word “treatment” includes, among other things, the coordination and management of healthcare providers with a third party, consultations between healthcare providers, and referrals of a patient for healthcare from one healthcare provider to another.

Lawsuits and Disputes:

If you are involved in a lawsuit, I may disclose protected health information (PHI) in response to a court or administrative order. I may also disclose protected health information (PHI) about your child in response to a subpoena, discovery request, or another 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. Certain Uses and Disclosures Require Your Authorization

Psychotherapy Notes:

I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is:

- a. For my use in treating you.
- b. For my 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 my use in defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate my 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.

Marketing Purposes:

As a psychotherapist, I will not use or disclose your protected health information (PHI) for marketing purposes.

Sale of PHI:

As a psychotherapist, I will not sell your protected health information (PHI) in the regular course of the business.

IV. Certain Uses and Disclosures Do Not Require Your Authorization

Subject to certain limitations in the law, I can use and disclose your protected health information (PHI) without your authorization for the following reasons:

- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain authorization from you before doing so.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- For workers' compensation purposes. Although my preference is to obtain authorization from you, I may provide your protected health information (PHI) to comply with workers' compensation laws.
- Appointment reminders and health-related benefits or services. I may use and disclose your protected health information (PHI) to contact you to remind you that you have an appointment with me. I may also use and disclose your protected health information (PHI) to tell you about treatment alternatives, or other healthcare services or benefits that I offer.

V. Certain Uses and Disclosures Require You to Have the Opportunity to Object

Disclosures to Family, Friends, or Others:

I may provide your protected health information (PHI) to a family member, friend, or another person that you indicate is involved in your care or the payment for your healthcare, unless you

object in whole or in part. The opportunity to consent may be obtained retroactively in emergencies.

VI. Rights Concerning Your PHI

The Right to Request Limits on Uses and Disclosures of Your Protected Health Information (PHI):
You have the right to ask me not to use or disclose certain protected health information (PHI) for treatment, payment, or healthcare operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.

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 protected health information (PHI) to health plans for payment or healthcare operations purposes if the protected health information (PHI) pertains solely to a healthcare item or a healthcare service that you have paid for out-of-pocket in full.

The Right to Choose How I Send Protected Health Information (PHI) to You:
You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.

The Right to See and Get Copies of Your Protected Health Information (PHI):
Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other protected health information (PHI) that I have about you. I 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 I may charge a reasonable, cost-based fee for doing so.

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

The Right to Correct or Update Your Protected Health Information (PHI):
If you believe that there is a mistake in your protected health information (PHI), or that a piece of important information is missing from your protected health information (PHI), you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.

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

Acknowledgment 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 (PHI). By signing below, you are acknowledging that you have received a copy of the HIPAA Notice of Privacy Practices.

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

Client Name

Parent/Legal Guardian Name (if Client is under 14 years old)

Client or Parent/Legal Guardian Signature (if Client is under 14 years old)

Date