



MindFull Counseling Services, LLC
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Notice of Privacy Practices

Effective Date: May 3rd, 2022

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully and ask your therapist any questions you may have.

MindFull Counseling Service, LLC is required by law to maintain the privacy of protected health information, and to provide you with this *Notice* of our legal duties and privacy practices. We are required to abide by the terms of the *Notice of Privacy Practices* currently in effect. We reserve the right to change the privacy practices outlined in the *Notice* and to make the new practices effective for all current and future information we maintain. Such revised *Notice* will be made available to your upon request.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

Each client is asked to sign a consent to treatment and a statement that you have received this *Notice*. Once signed, we will begin using and disclosing your protected health information as described in this *Notice*. Staff and business associates of MindFull Counseling Services, LLC involved in your care will use your protected health information in order to provide you with health care services obtain payment for your services and support MindFull operations.

For Treatment: We may use and disclose your protected health information to provide, coordinate, or manage your health care and related services. We may provide limited protected health information to other persons that are involved in your care.

For Payment: We may use and disclose your protected health information to obtain payment for your health care. Information provided may include information that identifies you as well as your diagnosis and the services you received.

For Healthcare Operations: We may use and disclose your protected health information to support our healthcare operations These may include quality improvement, training of students, accreditation activities, audits, and conducting certain business activities.

PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

Required by Law: We may use or disclose your protected health information as required by law or court order. The disclosure will be made in compliance with the law or order and limited to the relevant requirements of the law. This may include response to a court order subpoena, discovery request, or other lawful process.

Abuse or Neglect: We may use or disclose your protected health information to a public authority that is authorized to receive reports of abuse or neglect to children, elders, and dependent adults. We may use or disclose your protected health information to an authorized governmental entity if we believe that you have been the victim of abuse, neglect or domestic violence.

Serious Threat to Health or Safety: We may use or disclose your protected health information if we believe it is necessary to prevent or lessen a serious threat to the health and safety of you another person or the public. Such disclosure would be to a person or agency potentially able to help prevent the threat.

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Public Health: We may use or disclose your protected health information for public health activities and purposed to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability.

Health Oversight and Compliance: We may use or disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections by agencies that oversee the healthcare system, government programs and civil rights laws.

Research: We may use or disclose your protected health information to researchers when research is being conducted under established protocols to ensure the privacy of your information. Results are reported only as group data.

Law Enforcement: We may use or disclose your protected health information for law enforcement purposes. If you are unable to provide consent in an emergency or due to incapacity, we may disclose information if we feel it is in your best interest.

National Security: We may use or disclose your protected health information to authorized federal law enforcement officials or public health officers for intelligence, counter intelligence and other national security activities authorized by law.

Military and Veterans: If you are a member of the armed forces, we may release your protected health information as required by military command authorities.

Worker's Compensation: Your protected health information may be disclosed to comply with worker's compensation laws or similar programs.

Legal Representative: Upon their request, your protected health information may be disclosed to the parent of an unemancipated minor, to the legal custodian, or to the legal guardians.

USES AND DISCLOSURES TO WHICH YOU MAY REQUEST RESTRICTION

We will use or disclose your protected health information for the purposed described below unless specifically restricted by you.

Emergency Contact: We may contact the person you have listed as you "Emergency Contact" in the event of an emergency or in the event that we are unable to contact you and it has been determined that we need to contact you to ensure appropriate treatment.

Disaster Relief: We may disclose your protected health information to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts, such as the American Red cross for notification of family or friends of your location/condition.

USES AND DISCLOSURES BASED UPON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information will be made only with you written authorization unless otherwise permitted or required by law as described above. You may revoke an authorization, at any time, in writing and to the extent of action already taken. You may request a copy of the information that is being requested or disclosed.

YOUR RIGHTS AND RESPONSIBILITIES

Your case record (chart/file) is the physical property of MindFull Counseling Services, LLC, but the information belongs to you. You have certain rights regarding your protected health information, including:

RIGHT TO OBTAIN THIS NOTICE: You have the right to obtain a paper copy of this *Notice of Privacy Practices* upon request

RIGHT TO REQUEST RESTRICTIONS: You have the right to request restriction or limitations on the information we use or disclose about you for the purposes of treatment, payment, or health care operations. Your request must indicate: 1) what information you want restricted: 2) whether you want to limit our use, disclosure, or both: and 3) to whom you want the limits to apply.

We are not required to agree to a restriction that you request. If we do agree, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. To request restrictions, submit your request in writing to the Privacy Officer at MindFull Counseling Services, LLC.

RIGHT TO INSPECT AND COPY: You have the right to inspect and obtain a copy of protected health information that is in your case record as long as such record is maintained. To inspect and/or obtain a copy of your case record information, submit your request in writing to the Privacy Officer at MindFull Counseling Services, LLC. We will respond within 30 days after receipt of your request. We will charge you a reasonable fee to cover duplicating costs. There may be situations where we may deny your request and you may have the right to have this decision reviewed.

RIGHT TO REQUEST AMENDMENT: You have the right to request an amendment of the information in your case record as long as such record is maintained. To request amendment, submit your request in writing to the Privacy Officer at MindFull Counseling Services, LLC. You must provide the reason that you believe the information is incorrect or incomplete. We will respond to your request within 60 days (with up to a 30-day extension, if needed). If we deny your request, we will send you a written explanation and allow you to submit a written statement of disagreement.

RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES: You have the right to receive an accounting of disclosures we have made of your protected health information. This generally applies to non-routine disclosures, i.e. other than treatment, payment or health care operations. To obtain such accounting, submit your request in writing to the Privacy Officer at MindFull Counseling Services, LLC. Your request must state the time period and may not be longer than five (5) years and may not include dates before May 3rd, 2019. You have the right to receive one free accounting every twelve (12) months. For additional requests, you will be charged a reasonable fee for the costs of providing the list. MindFull Counseling Services, LLC is requested to provide the accounting within 60 days (with one 30-day extension, if needed)

RIGHT TO REVOKE YOUR AUTHROIZATION: You have the right to revoke authorization to release information, to withdraw consent or authorization, submit your request in writing to the Privacy Officer at MindFull Counseling Services, LLC.

RESPONSIBILITY TO: Provide complete historical information so that we can develop a plan with you to best meet your needs.

RESPONSIBLE FOR YOUR VALUABLES: You are responsible for your valuables both on your person as well as in your car. MindFull Counseling Services is not responsible for loss or damage to your property on the premises.

COMPLAINTS

If you believe your privacy rights have been violated: you may file a complaint with MindFull Counseling Services, LLC or with the Secretary of the Department of Health and Human Services. To file a complaint with MindFull Counseling Services, LLC, submit your request to MindFull Counseling Services, LLC. You will not be penalized for filing a complaint.