

# Notice of Privacy Practices

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KSA Mental Health Services, PLLC

North Carolina

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## NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information. As required by "HIPAA" we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

### I. MY PLEDGE REGARDING HEALTH INFORMATION:

It is my commitment to you to protect any personal identifying information about you private and confidential. Any information disclosures will be done with careful consideration and discernment of what is in your best interest. Outside of safety/risk concerns, I will communicate with you prior to any disclosures and obtain an release of information.

I am required by law to:

- Maintain records of my services to you and provide "The Designated Record Set" to you upon written request. There may be a "reasonable" fee incurred for request of records based on labor time for creating and delivering the information requested, coverage for printing costs, coverage for time spent writing a summary of the information requested (if agreed upon by the individual), and postage if requested by mail. \*\*Please note, all clinical records will be kept for up to 7 years following the last provided clinical session. Information on how to request those records will be provided should any changes happen with this practice.
- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Updates to this notice may be made based on HIPAA requirements, and such changes will apply to all information I have about you. Any updated notices will be provided to you for updated signatures.

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

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. I do my best to inform you of any instances where your information may need to be disclosed and obtain a Release of Information unless there is an imminent safety concern.

Where a patient is not present or is incapacitated, a health care provider may share the patient's information with family, friends, or others involved in the patient's care or payment for care, as long as the health care provider determines, based on professional judgment, that doing so is in the best interests of the patient. Note that, when someone other than a friend or family member is involved, the health care provider must be reasonably sure that the patient asked the person to be involved in his or her care or payment for care. In all cases, disclosures to family members, friends, or other persons involved in the patient's care or payment for care are to be limited to only the protected health information directly relevant to the person's involvement in the patient's care or payment for care. I will always ask for a release of information from you and clarify the information you are ok being shared for any contact you wish me to have with any other people /agencies/providers regarding your care whenever possible outside of what is described above, or in situations related to safety/risk concerns. See 45 CFR 164.510(b).

For Treatment Payment: Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company.

For consultation with another mental health care professional to assist with diagnosing and treatment. Your name, DOB, address, other identifying info will not be revealed, but information about symptoms, presentation, experiences may.

For coordination of care with other agencies/providers etc.. in efforts to best support your treatment and health.

If it is determined you or someone in your care (child or adult you are caretaker for) are at imminent risk for safety I may disclose your PHI to ensure your safety/ the other person's safety and coordination of services/placement.

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 your child in response to a subpoena.

III. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. 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.
2. 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.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes-reporting crimes
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. 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.
8. 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.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
- 10 Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

IV. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT and/or SPECIFY INFORMATION YOU ARE OK BEING SHARED.

1. Disclosures to family, friends, other providers/supports apply to this.  
I can still disclose PHI if I believe not doing so would impact your health care/safety, or someone else's safety.
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 I Send 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.
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 record and other information 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.
5. 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 PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an 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.
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 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.
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.

**Exchange of Text and/ or Email Communication Addendum Effective March 11, 2025:**

KSA Mental Health Services, PLLC respects your privacy and is committed to protecting your personal information. This Privacy Policy explains how the collection of your information is used when you opt-in to receive SMS, and/or Email messages from us.

**When you opt-in to receive SMS and/or email messages, we collect:**

Your phone number and your email address, and in signing this and your consent to send and receive text and or email messages.

**How We Collect Your Information**

We collect your information directly from you, such as when you complete the inquiry form or contact us via phone number or email.

**We Use Your Information to:**

Send and Receive phone or email communication around scheduling concerns.

Please note, it is encouraged to NOT exchange information related to your health information via email or text; note there are risks to sharing this information via electronic means.

**We do not share your personal information, phone number, or SMS consent opt-in data with third parties or affiliates for marketing or promotional purposes.**

We take steps to protect your information against unauthorized use or disclosures by complying with HIPAA.

**You may revoke releases of authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.**

**You have the right to file a written complaint with KSA Mental Health Services, PLLC, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office.**

**For more information about HIPAA visit <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html> or to file a complaint:**

**The U.S. Dept. of Health & Human Services Office of Civil Right**

**200 Independence Avenue, S.W.**

**Washington, D.C. 20201**

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 checking the box below, you are acknowledging that you have received a copy of 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.