Attachment & TRAUMA THERAPY
913.346.1516 | attachmentandtraumatherapy.com

FOX CHILD & FAMILY THERAPY
913.229.5691
foxchildtherapy.com

Missouri
222 W Gregory Blvd, Ste 120, Kansas City
9200 NE Barry Rd, Ste 110, Liberty
2900 NE 60th St, Ste 206, Gladstone

Kansas
7223 W 95th St, Ste 220 & 300, Overland Park
25255 W. 102nd Terrace, Suite 200, Olathe

Notice of Privacy Practices

Client Name:

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Adrienne Warren, LPC, LCPC; Alexandra Leeds-McCleary, LMSW; Andrea Marchant Dominguez, LMSW; Andrea Stark, LCPC; Angela Mix, LMFT-T; Angella Snyder, LMFT-T; Ashley Cusic, PLPC; Ashley Herrmann, LMSW; Bailey Jacobs, LCPC; Bethany Young, PLPC; Caleb Hammond, PLPC; Christina Wright, LMSW; Ciara Frazier, LMSW; Elizabeth Jenkins, LMFT; Elizabeth Mauldin, LMSW; Emily Lickenbrock, Student Intern; Erica Vermillion, LPC; Gianna Slyter, PLPC-T; Hailey Mehlman, LMSW; Heather Ronnebaum, LPC; Jacqueline Evans, LCSW; Jane Spencer, LMLP; Jennifer Schulte, LCPC; Jessica Jacobsen, Student Intern; John Huber, Student Intern; Julian Frickey, LMSW; Junhee Yoon, LMSW; Kimberly Flores, Student Intern; Kyla Schweitzer, LSCSW; Lebeka Fox, LCSW; Lindsay Smith, LPC; Lucy Katter, LPC; Lydia Svoboda, LPC; Madeline Myers, LCPC; Marissa Chartier, LPC; Marissa Giffen, LPC; Mebble Maseko-Hinson, LPC; Michele Johnson, LCPC, LPC; Morgan Bembry, LMSW; Nicole Binkley, PLPC; Pamela Silver, LPC; Sarah (Elizabeth) Foster, LMSW; Saryn Graham, LMSW-T; Serena Hawkins, Student Intern; Shea Curley, LPC-T; Taiylor de los Reyes, LPC; Zoe Trent, PLPC

1. OUR PLEDGE REGARDING HEALTH INFORMATION:

1. We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We 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 mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

2. We are required by law to:

a. Make sure that protected health information ("PHI") that identifies you is kept private.

b. Give you this notice of our legal duties and privacy practices with respect to health information.

c. Follow the terms of the notice that is currently in effect.

d. We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, in our office.

2. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

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

2. For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

As part of our health care operations, we utilize HIPAA-compliant artificial intelligence (AI) technology to record therapy sessions for the sole purpose of generating accurate and efficient session notes. These recordings are securely processed to create documentation that supports your treatment and complies with clinical standards. All recordings are automatically and permanently deleted after the notes are generated and reviewed, with no storage of audio or raw data beyond this process. This technology is provided by a HIPAA Business Associate who has signed a Business Associate Agreement ensuring the protection of your protected health information (PHI). We do not use your PHI to train AI models. This practice is fully compliant with HIPAA regulations (45 CFR Parts 160 and 164).

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

4. Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child 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.

3. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. We 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 your therapist's use in treating you.

b. For your therapist's 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 your therapist's use in defending herself in legal proceedings instituted by you.

d. For use by the Secretary of Health and Human Services to investigate your therapist's 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.

2. Marketing Purposes: As psychotherapists, we will not use or disclose your PHI for marketing purposes.

3. Sale of PHI: As psychotherapists, we will not sell your PHI in the regular course of business.

4. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

1. Subject to certain limitations in the law, we can use and disclose your PHI without your authorization for the following reasons:

a. 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.

b. 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.

c. For health oversight activities, including audits and investigations.

d. For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an Authorization from you before doing so.

e. For law enforcement purposes, including reporting crimes occurring on our premises.

f. To coroners or medical examiners, when such individuals are performing duties authorized by law.

g. 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.

h. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

i. For workers' compensation purposes. Although our preference is to obtain an authorization from you, we may provide your PHI in order to comply with workers' compensation laws.

j. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

5. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

6. 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 me 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 record and other information that your therapist has about you. Your therapist 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 your therapist 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 your therapist has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. Your therapist will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list your therapist will give you will include disclosures made in the last six years unless you request a shorter time. Your therapist 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 your therapist correct the existing information or add the missing information. Your therapist may say “no” to your request, but she 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 to 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.

7. SMS Notifications

By providing your phone number, you consent to receive text messages from Attachment &Trauma Therapy | Fox Child & Family Therapy related to appointment notifications, customer service and account notifications. Message frequency varies. Message and data rates may apply. Reply STOP to opt out. **We do not share, sell, or rent your phone number or SMS consent information to third parties for marketing purposes.**

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Adrienne McGee, at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at Attachment and Trauma Therapy dba Fox Child and Family Therapy or with the Secretary of the Department of Health and Human Services. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or

omission occurred. We will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

U.S. Department of Health and Human Services

Office of the Secretary

200 Independence Avenue, S.W.

Washington, D.C. 20201

Tel: (202) 619-0257, (877) 696-6775

http://www.hhs.gov/contacts

Attachment and Trauma Therapy dba Fox Child and Family Therapy

Adrienne McGee, Privacy Officer

7223 W 95th Street Suite 220

Overland Park, KS 66212

Tel: (913) 214-1397

Fax: (816) 379-3748

NOTICE OF PRIVACY PRACTICES AVAILABILITY

This notice will be prominently posted in the office where registration occurs. You will be provided a hard copy, at the time we first deliver services to you. Thereafter, you may obtain a copy upon request, and the notice will be maintained on the organization's Web site (if applicable Web site exists) for downloading.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on September 20, 2013

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 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.

Name: _____ Relationship to Client (if client is a minor): _____

_____ _____

Client Signature Date