



## **HIPAA NOTICE OF PRIVACY PRACTICES**

This HIPAA Notice of Privacy Practices (the "Notice") describes how Brighter Minds Therapy, PLLC may use or disclose your personal health information ("PHI") and how you can have access to it. Please review this Notice carefully.

**A. OUR PLEDGE REGARDING HEALTH INFORMATION:** Protecting your health information is of utmost importance to us. As a mental health care provider operating from Tennessee and practicing in Tennessee, Virginia, and Colorado, we are committed to safeguarding the privacy and confidentiality of your health information in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA) regulations, as well as any state laws, regulations, or standards.

**B. HOW I WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:** We may use and disclose your health information for the following purposes:

1. Treatment, Payment, or Health Care Operations: We may use and disclose your health information for the purpose of providing treatment, obtaining payment for services rendered, and conducting health care operations. This may include sharing information with other health care providers involved in your care.
2. Lawsuits and Disputes: In response to a court or administrative order, we may disclose health information if you are involved in a legal dispute. Additionally, health information about your child may be disclosed in response to a subpoena or discovery request if you are involved in a dispute concerning your child's care.

**C. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION:** Authorization from you is required for the use or disclosure of "psychotherapy notes," as defined in 45 CFR § 164.501, except for specific purposes such as treatment, training, legal proceedings, or to avert a serious threat to the health and safety of others. Your PHI will not be used for marketing purposes or sold without your explicit authorization. Any use or disclosure of such notes requires your authorization unless the use or disclosure is:

1. For our use in treating you such as in case consultation for the purpose of collaborative treatment or seeking advice.
2. For our use in training or supervising mental health practitioners.
3. For our use in defending ourselves in legal proceedings initiated by you.
4. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
5. Required by a coroner or medical examiner when performing authorized duties.



6. When disclosure is required by state or federal law, complying with relevant requirements including oversight activities such as audits or investigations.
7. For mandated reporting of suspected abuse or preventing a serious threat to health or safety.
8. For law enforcement purposes, including reporting crimes on our premises.
9. For workers' compensation purposes.

**D. OPPORTUNITY TO OBJECT:** If you object, we will not disclose your health information to family, friends, or others involved in your care, except in emergency situations where obtaining consent is not feasible.

**E. YOUR RIGHTS WITH RESPECT TO YOUR PHI:** As a client, you have the following rights regarding your protected health information:

1. Right request limits on uses and disclosures: You can request restrictions on how we use or disclose your health information, but we are not obligated to agree unless required by law.
2. Right to Choose How PHI is sent to You: You can request to receive your health information through specific means, and we will accommodate reasonable requests.
3. Right to Access and Obtain Copies: You have the right to access and obtain copies of your health information, except for "psychotherapy notes." We will provide this information within 30 days of your written request, subject to a reasonable, cost-based fee.
4. Right to Get a List of Disclosures: You can request a list of instances where we have disclosed your health information for purposes other than treatment, payment, or health care operations. We will provide this list within 60 days of your request, free of charge for the first request in a year.
5. Right to Correct or Update Your PHI: You can request corrections or updates to your health information, and we will respond in writing within 60 days, explaining any denials.
6. Right to Get a Paper or Electronic Copy of this Notice: You have the right to receive a paper copy of this notice, even if you agreed to receive it electronically.

**BY CLICKING ON THE CHECKBOX BELOW YOU ARE AGREEING THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS NOTICE.**