

NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

My Commitment to Your Privacy

As a licensed mental health practitioner, I am required by federal and state law to maintain the privacy and security of your Protected Health Information (PHI). PHI includes any individually identifiable health information created, received, or maintained by my practice regarding your physical or mental health, clinical care, or payment for services.

I am legally obligated to provide you with this Notice of Privacy Practices, to abide by the privacy terms currently in effect, and to notify you promptly following any breach of your unsecured health information.

1. Your Health Information Rights

When it comes to your health information, you have specific legal rights under federal law:

- **Right to Inspect and Receive Copies of Your Records:** You have the right to inspect and obtain an electronic or paper copy of your clinical and financial records. You may submit your request in writing via the secure client portal or email. I will provide access or copies within 30 days. A reasonable, cost-based administrative fee may apply for paper printing or media delivery.
- **Right to Request Amendments:** If you believe information in your record is incorrect or incomplete, you may submit a written request asking me to amend or correct the record. I may deny your request if the information was not created by me, is complete and accurate, or represents my professional clinical observations/opinions. If denied, I will provide a written explanation within 60 days.
- **Right to Request Confidential Communications:** You have the right to request that I communicate with you about health matters in a specific way or at a specific location (e.g., calling a specific phone number or messaging exclusively through the encrypted client portal). I will accommodate all reasonable requests.

- **Right to Request Restrictions on Disclosure:** You have the right to ask me to restrict how your PHI is used or shared for treatment, payment, or healthcare operations. While I am not required to agree to most requests, **I must agree** if you pay for a service out-of-pocket in full and request that I not disclose information regarding that service to your health insurance plan.
- **Right to an Accounting of Disclosures:** You have the right to request a list (an accounting) of instances in which I have disclosed your PHI for purposes other than direct treatment, payment, healthcare operations, or pursuant to your signed authorization. You may request an accounting covering up to six years prior to the date of your request.
- **Right to Breach Notification:** You have a legal right to be notified promptly in writing if a breach occurs that compromises the privacy or security of your unsecured PHI.
- **Right to Receive a Copy of This Notice:** You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

2. How Your Information May Be Used and Disclosed

I typically use or share your health information in the following ways:

- **For Treatment:** I use your PHI to provide, coordinate, and manage your mental health care. For example, I may consult with another healthcare professional (such as your physician or psychiatrist) regarding your care, but only with your signed written authorization.
- **For Payment:** I use your PHI to bill and collect payment for services rendered. For in-network Blue Cross Blue Shield (BCBS) clients, this includes submitting claims containing basic demographic and diagnostic codes directly to the insurer. For self-pay clients, charges are processed directly via secure auto-pay on your card on file.
- **For Healthcare Operations:** I use your PHI to run an efficient, high-quality solo practice. This includes case management, quality assessment, IT systems auditing, and practice administration.
- **Third-Party Business Associates & Practice Tools:** To maintain a paperless, secure practice, I contract with vetted third-party Business Associates (such as Electronic Health Record [EHR] platforms, HIPAA-compliant AI audio-to-text transcription services, billing clearinghouses, encrypted cloud storage, document destruction, and facilities maintenance). All Business Associates are legally bound by signed Business Associate Agreements (BAAs) requiring them to protect your PHI to the exact same standards required by federal law.

- *AI Documentation:* Clinical session audio is processed on secure, HIPAA-compliant platforms solely to generate structured draft notes. Raw audio is automatically deleted once transcription is finalized.

3. Special Protections for Substance Use Disorder (SUD) Records (42 CFR Part 2)

If your record contains information regarding substance use disorder (SUD) diagnosis, treatment, or referral, those records are protected under federal law (42 CFR Part 2) in addition to HIPAA:

- **Heightened Confidentiality & Redisclosure:** Disclosing Part 2 SUD records generally requires your explicit, signed written consent. Once disclosed pursuant to your consent for treatment, payment, or healthcare operations, recipients may not further redisclose your SUD records except as permitted by federal regulations or authorized by you.
- **Ban on Use in Legal Proceedings:** Your SUD records, or testimony relaying the content of those records, **cannot** be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order issued under 42 CFR Part 2 Subpart E (accompanied by appropriate legal subpoena).

4. Mandatory Disclosures Without Your Consent

Federal and state laws mandate or permit me to disclose your PHI without your consent or authorization under specific, limited circumstances:

- **Child or Vulnerable Adult Abuse/Neglect:** I am legally required to report suspected abuse, neglect, or exploitation of a minor child, elderly adult, or vulnerable adult to appropriate state protective services or law enforcement agencies.
- **Serious and Imminent Threat to Health or Safety:** I may disclose PHI to prevent or lessen a serious, imminent threat of severe harm or death to yourself or an identifiable third party.
- **Judicial Orders & Binding Legal Processes:** I may disclose PHI in response to a judge-signed court order or a legally binding subpoena accompanied by proper legal authority.
- **Health Oversight Activities:** I may disclose PHI to state licensing boards (in NE, KS, MO, FL, or ID) or health oversight agencies for audits, investigations, or licensure compliance.

- **Law Enforcement & National Security:** I do not disclose your records to police officers or government officials upon casual request. However, I may be required to disclose limited health information if presented with a formal judicial search warrant, a court order signed by a judge, or as explicitly authorized by federal law for mandatory national security or military oversight purposes.

5. Disclosures Requiring Your Explicit Written Authorization

Your written authorization is strictly required for:

1. Any release of Psychotherapy Notes (separate clinical notes kept apart from the general medical record).
2. Any use or disclosure of PHI for marketing purposes or the sale of PHI (which my practice does not engage in).
3. Any fundraising communications (you maintain a right to opt out of fundraising communications, and my practice does not conduct fundraising).

You may revoke any written authorization at any time in writing. Revocation will not apply to disclosures already made in reliance on your prior authorization.

6. Questions, Complaints, & Contacts

If you believe your privacy rights have been violated, or if you have questions about this Notice, please contact me directly:

Practice Privacy Officer: Drew Buss, MS Ed

Address: 7257 Andy Drive, Lincoln, NE 68516

Phone: (402) 853-2396 | **Email:** db@mindfuldrew.com

You may also file a formal complaint with the **U.S. Department of Health and Human Services Office for Civil Rights (OCR):**

- **Web Portal:** www.hhs.gov/hipaa/filing-a-complaint
- **Mail:** Office for Civil Rights, U.S. Department of HHS, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201
- **Toll-Free:** 1-800-368-1019

No Retaliation Guarantee: I respect your privacy rights. You will not be penalized, retaliated against, or discriminated against in any way for filing a privacy complaint.