

**HEADSPACE THERAPY
NOTICE OF PRIVACY PRACTICES
THIS BROCHURE DESCRIBES HOW INFORMATION ABOUT YOUR FILE MAY BE USED.**

PLEASE REVIEW IT CAREFULLY

Understanding your File Information

Each time you visit Headspace Therapy, a record of your visit is made. This record contains your symptoms, diagnoses, goals, treatment plan, and treatment. This information is recorded in your client file and serves as a:

- Basis for planning your care and treatment.
- Means of communication among professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were provided.
- Source of data for facility planning and marketing.
- Tool with which we can assess and work to improve the care we give.

Understanding what is in your file and how this information is used helps you to:

- Better understand who, what, when, where, and why others may access your information.
- Make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

Your file contains your treatment record at Headspace Therapy. *Except as Headspace Therapy is required by law*, you have the right to:

- Request a restriction on certain uses and disclosures of your information.
- Receive *an additional* paper copy of this Notice of Privacy Practices upon request.
- Revoke your authorization to use or disclose file information except for supervisory purposes or to the extent that action has already been taken or as required by law.

Our Responsibilities

Headspace Therapy is required to:

- Maintain the privacy of your file information.
- Provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this Notice of Privacy Practices.
- Accommodate reasonable requests you may have to communicate file information.
- Notify you if we are unable to agree to a requested restriction.
- We reserve the right to change our Notice and to make the new provisions effective for all protected file information we maintain. Should our information practices change, we will display the revised Notice and provide printed copies of the revised Notice upon request.

We will not use or disclose your file information without your authorization, except as described in this Notice or as required by law.

For More Information or to Report a Problem

If you have questions or would like additional information regarding this Notice of Privacy Practices, you may contact Sara Hall at (316) 765-1295. If you believe that your privacy rights have been violated, you can file a complaint with Sara Hall, whom has been designated the Privacy Officer for Headspace Therapy. All complaints must be made in writing to the Headspace Therapy Privacy Officer, 12828 E 13th Street Ste 13 Wichita, Kansas 67230.

Examples of Uses or Disclosures

We will use your file information for treatment:

1. Information obtained during the course of your treatment will be recorded in your file and presented to your therapist's supervisor and/or members of your therapist's supervision group.
2. When therapy occurs during appointments with your family, file information may be disclosed in these settings unless you request otherwise.
3. File information may be disclosed for the purpose of providing medical treatment in emergency situations.

We will use your file information for payment:

A bill may be sent to you or to a third-party payer for payment. The information on or accompanying the bill may include information that identifies you and the services you received.

Abuse and Neglect:

We will disclose your information to public authorities as required by law to report child/elder abuse or neglect.

Phone and Mail Contact:

If we contact you by mail, the return address will be to Headspace Therapy. If this contact is made by phone, Headspace Therapy may display on caller identification systems. We may also leave a reminder on your answering machine or voice mail system unless directed otherwise.

General, Non-therapy Associations:

There are some services, classes, and trainings provided in our Headspace Therapy building. To protect your file information, we require anyone coming into contact with the Headspace Therapy suite of the building to sign an Acknowledgement Statement that they have read our Confidentiality Policy and agree to abide by it.

Emergencies:

We may use or disclose file information to notify or assist in notifying a family member, personal representative, or another person responsible for your care in an emergency situation.

Health Over-sight Activities:

Headspace Therapy may disclose file information to a health oversight agency for activities authorized by law. These activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial/Administrative Proceedings:

We may disclose your file information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a valid court order.

Law Enforcement:

We may disclose file information for law enforcement purposes as required by law or in response to a valid court order.

Military and Veterans:

If you are a member of the armed forces, Headspace Therapy may release your file information as required by military command authorities. We may also release file information about foreign military personnel to the appropriate foreign military authority if authorized or compelled.

National Security and Intelligence Activities:

Headspace therapy may release your file information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective Services for the President and Others:

Headspace Therapy may disclose your file information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Public Health:

As required by law, we may disclose your file information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Research:

We may disclose information to researchers when their research has been approved by an institutional review board that has evaluated a proposed research project and its use of file information. One of the responsibilities of the institutional review board is to balance the research needs with the consumers' need for privacy. We may, however, disclose file information about you to people preparing to conduct a research project, for example to help them look for clients with specific needs, as long as the file information they review does not leave Headspace Therapy. This information will not contain your name, address, or other information that reveals who you are unless you give your permission.

Treatment alternatives:

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other Uses of File Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization, which may be revoked at any time.

Example 1:

We will obtain your authorization before we disclose file information to family members, except in family therapy sessions as previously described.

Example 2:

We will obtain your authorization before we disclose file information to your Primary Care Physician.

Your Rights With Respect to Your Health Information

You have the following rights regarding your health information that Headspace Therapy maintains:

Right to Request Restrictions.

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Headspace Therapy's disclosure of your health information to someone involved in the payment of your care. However, Headspace Therapy is not required to agree to your request. If you wish to make a request for restrictions, please contact the Headspace Therapy privacy officer.

Right to Receive Confidential Communications.

You have the right to request that Headspace Therapy communicate with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that Headspace Therapy only communicate with you at a certain telephone number or by email. If you wish to receive confidential communications, please make your request in writing to the Headspace Therapy Privacy Officer at Headspace Therapy 12828 E 13th Street Ste 13 Wichita, Kansas 67230. Headspace Therapy will attempt to honor your reasonable requests for confidential communications.

Right to Inspect and Copy Your Health Information.

You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing to the Headspace Therapy Privacy Officer at Headspace Therapy, 12828 E 13th Street Ste 13, Wichita, Kansas 67230.

Right to Amend Your Health Information.

If you believe that your health information records are inaccurate or incomplete, you may request that Headspace Therapy amend the records. That request may be made as long as the information is maintained by Headspace Therapy. A request for an amendment of records must be made in writing to the Headspace Therapy Privacy Officer at Headspace Therapy, 12828 E 13th Street Ste 13 Wichita, Kansas 67230. Headspace Therapy may deny the request if it does not include an appropriate reason to support the amendment. The request also may be denied if your health information records were not created by Headspace Therapy, if the health information you are requesting to amend is not part of Headspace Therapy's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if Headspace Therapy determines the records containing your health information are accurate and complete.

Right to an Accounting.

You have the right to request a list of disclosures of your health information made by Headspace Therapy for any reason other than for treatment, payment or health operations. The request must be made in writing to the Headspace Therapy Privacy Officer at Headspace Therapy, 12828 E 13th Street #13 Wichita, Kansas 67230. The request should specify the time period for which you are requesting the information, but may not start earlier than July 1, 2021. Accounting requests may not be made for periods of time going back more than six (6) years.

Right to a Paper Copy of this Notice.

You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact the Headspace Therapy Privacy Officer at Headspace Therapy, 12828 E 13th Street Ste 13, Wichita Kansas 67230.