



HIPAA NOTICE OF PRIVACY PRACTICES

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.

Protected health information (PHI) is information in your health record that could identify you. This includes data that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care.

Use and Disclosure of PHI

Use of PHI refers to being shared, applied, utilized, examined, or analyzed within Mind Trove, LLC's scope of practice. Disclosure refers to PHI being released, transferred, given, or otherwise revealed to a third party outside of the provider's practice. With some exceptions, Mind Trove, LLC may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. Mind Trove, LLC may use and disclose your PHI for various reasons. Below you will find the different categories of uses and disclosures (with the first three being the most common), along with examples.

Treatment

Mind Trove, LLC can use and disclose your health information for treatment. With your written authorization (except when required or permitted by law), Mind Trove, LLC can disclose to other professionals who are treating you. If you would like Mind Trove, LLC to disclose any information to your family, close friends, or others involved in your care, a written authorization from you must also first be obtained. Psychotherapy notes are kept separate from the rest of your health record and may only be disclosed with your written authorization unless required by law.

Example: Coordination of care with your primary care physician or psychiatrist.

Health Care Operations

Mind Trove, LLC can use and disclose your health information to run the practice, improve your care, and contact you when necessary. Mind Trove, LLC is permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.

Example: Using health information about you to manage your treatment and services.

Payment/Billing

Mind Trove, LLC can use and disclose your health information to bill and provide information to health insurance companies or other entities to include business associates, billing companies, claims processing

companies, accounting services, and others that process health care claims or collect or manage payment regarding your care or services rendered.

Example: Providing information to your health insurance company so that you get reimbursed for psychological services for which you paid.

Public Health and Safety Issues

Mind Trove, LLC is required to disclose PHI in certain situations related to public health and safety, to include:

- Reporting a *reasonable suspicion* of (child, elder, or dependent adult) abuse, neglect, or domestic violence.
Example: Reporting suspected child abuse to the New York Statewide Central Register of Child Abuse and Maltreatment and/or the local child protective services agency.
- Taking measures to prevent or reduce a serious/imminent threat to anyone's health or safety or destruction of property.
Example: Reporting a threat of harm to an intended victim and to the police.

Patient Incapacitation or Emergency

Mind Trove, LLC may disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, if you are unable to communicate your consent (i.e., unconscious or in severe pain) and it is reasonable to believe that you would consent to such treatment if you could, Mind Trove, LLC may disclose your PHI.

Compliance with Federal, State, or Local laws; Judicial, Board, or Administrative Proceedings; or Law Enforcement

Mind Trove, LLC can disclose your PHI when legally required to do so. Examples include:

- Compliance with workers' compensation laws and claims.
- When a law requires reporting of information to government agencies, the New York State Board of Psychology, law enforcement personnel and/or in an administrative proceeding.
- In response to a court or administrative order.
- Health oversight activities authorized by law, such as an investigation by U.S. Secretary of Health and Human Services to assess compliance with HIPAA regulations.
- A search warrant lawfully issued to a governmental law enforcement agency.
- Special government functions such as military, national security, and presidential protective services.
- Other circumstances in which disclosure is required by law.

Public Health Activities or Oversight

In the event of your death, if a disclosure is permitted or compelled, Mind Trove, LLC may need to give the county coroner information about you. Also, Mind Trove, LLC may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.

Research

In certain circumstances, Mind Trove, LLC may provide PHI to conduct research.

Your Rights Regarding Your PHI

When it comes to your health information, you have certain rights. This section explains your rights and some of Mind Trove, LLC's responsibilities to help you.

Right to see and get copies of your PHI

You can request in writing to see or get an electronic or paper copy of your PHI. You will receive a response within 30 days of your written request. Under certain circumstances, the request may be denied, in which case you would receive in writing the reasons for the denial. Additionally, you will be instructed on your right to have the denial reviewed. If you request a copy of your records, a fee of \$0.25 per page will be applied. Alternately, a summary of your PHI may be provided for a nominal fee.

Right to correct or amend your medical record

If you believe that there is an error in your PHI or that important information has been omitted, you can request that corrections or amendments be made. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of receipt of your written request. If the request is denied, you would receive a written explanation of the reasons for the denial and your right to file a written statement objecting to the denial. Some reasons for a denial include: Mind Trove, LLC determines the PHI is correct and complete, forbidden to be disclosed, not part of Mind Trove, LLC's records, or written by someone else/another entity. If your request is approved, the change(s) will be made to your PHI. Mind Trove, LLC will let you know that the changes have been made and will advise others who need to know about the change(s) to your PHI.

Right to choose how your provider sends your PHI to you

You can ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). As long as Mind Trove, LLC can give you the PHI in the format you requested without undue inconvenience, all reasonable requests will be accommodated.

Right to request limits

You can ask Mind Trove, LLC not to use or share certain health information for treatment, payment, or operations of the practice. Mind Trove, LLC is not legally bound to agree to your request. If your request is approved, Mind Trove, LLC will put those limits in writing and abide by them except in emergency situations. Mind Trove, LLC does not have the right to limit uses and disclosures that are legally required or permitted.

Right to an accounting

You may request an accounting (list) of the times Mind Trove has shared your health information for six years prior to the date you ask, who it was shared with, and why. The list will not include uses or disclosures to which you have already consented, (i.e., those for treatment, payment, or health care operations), sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections, or to law enforcement personnel. One list a year can be obtained for free, and a reasonable cost-based fee will be charged if you request another one within 12 months.

Right to receive a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Mind Trove, LLC will provide a paper copy immediately upon request. An updated copy is always available on the Mind Trove, LLC website: www.mindtrovehealing.com/forms.

Right to choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Mind Trove, LLC will make sure the person has this authority and can act on your behalf before taking any action.

Right to revoke your written authorization to release PHI

If you have provided written authorization to disclose PHI to a third party and you change your mind, you may revoke the authorization by providing a signed statement of such in writing for each revocation. Mind

Trove, LLC will not be able to revoke any disclosures already made or sent, but will cease from providing any further disclosures to the identified party unless permitted or required by law.

Right to file a complaint if you feel your rights are violated

If you have questions about this notice, disagree with a decision regarding access to your records, or have other concerns about your privacy rights, you may contact Mind Trove, LLC at contact@mindtrovehealing.com or 585-204-7968 or send a written complaint to 640 Kreag Road, Suite 202, Pittsford, NY, 14534. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-877-696-6775. Mind Trove, LLC will not retaliate against you for filing a complaint.

Mind Trove, LLC's Responsibilities

- Required by law to maintain the privacy and security of your protected health information.
- Inform you promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the duties and privacy practices described in this notice and give you a copy of it.
- Not use or share your information other than as described here unless you provide written authorization to Mind Trove, LLC

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

Mind Trove, LLC reserves the right to change the terms of this notice at any time, and the changes will apply to all information Mind Trove, LLC has about you. The new notice will be available upon request, at any Mind Trove, LLC office, and on the website, www.mindtrovehealing.com/forms.