



Notice of Privacy Practices

Resilient Mindset Mental Health & Wellness

Effective Date: October 29, 2024

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.

1. Our Commitment to Your Privacy

- At Resilient Mindset Mental Health & Wellness, we are committed to protecting your health information in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws. This Notice of Privacy Practices explains how we use, disclose, and safeguard your Protected Health Information (PHI).

2. Uses and Disclosures of Health Information

- Your health information is used and disclosed for the following purposes:
- Treatment
 - We may use or disclose your health information to provide, coordinate, or manage your healthcare. This includes sharing information with other healthcare providers who are involved in your care.
- Payment
 - We may use and disclose your health information to bill and collect payment for the services we provide to you. This may include sharing information with your insurance company to obtain prior authorization or determine eligibility for benefits.
- Healthcare Operations
 - We may use and disclose your health information for healthcare operations necessary to run our practice and ensure quality care. This includes quality assessment, staff training, licensing, and audits.

3. Other Permitted Uses and Disclosures

- We may also use or disclose your health information in the following situations without your authorization:



- As Required by Law: We will disclose health information when required to do so by federal, state, or local law.
- Public Health Activities: We may disclose your health information to public health authorities for purposes such as reporting disease outbreaks, abuse, or neglect.
- Law Enforcement: We may disclose information to law enforcement officials in response to a court order, subpoena, or other lawful process.
- Health Oversight: We may disclose health information to regulatory agencies for audits, investigations, or inspections.
- Judicial and Administrative Proceedings: If you are involved in a lawsuit or legal proceeding, we may disclose your health information in response to a court order or subpoena.
- To Avert a Serious Threat to Health or Safety: We may use or disclose health information to prevent or lessen a serious threat to your health or safety or the health and safety of others.
- Worker's Compensation: We may disclose your health information to comply with laws related to worker's compensation.

4. Uses and Disclosures Requiring Your Authorization

- In some cases, we may need your written authorization to use or disclose your health information. These include:
- Psychotherapy Notes: Any use or disclosure of psychotherapy notes will require your written authorization, except as permitted by law.
- Marketing and Fundraising: We will not use or disclose your health information for marketing purposes without your consent.
- Sale of PHI: We will not sell your health information without your express written authorization.
- You may revoke any authorization provided to us at any time, in writing, but it will not affect any actions we took while the authorization was in effect.

5. Your Rights Regarding Your Health Information

- You have several rights regarding your Protected Health Information:
- Right to Inspect and Copy
- You have the right to inspect and obtain a copy of your health information. Requests must be made in writing. We may charge a reasonable fee for the costs of copying, mailing, or other associated supplies.
- Right to Request an Amendment



- If you feel that your health information is incorrect or incomplete, you may request that we amend your records. We will review your request and respond in writing. We may deny your request under certain circumstances, such as if we believe the information is accurate and complete.
- Right to an Accounting of Disclosures
 - You have the right to request a list of certain disclosures of your health information made by us in the past six years, excluding disclosures for treatment, payment, and healthcare operations.
- Right to Request Restrictions
 - You have the right to request restrictions on the use or disclosure of your health information for treatment, payment, or healthcare operations. While we will consider your request, we are not required to agree to these restrictions.
- Right to Request Confidential Communications
 - You may request that we communicate with you in a specific way (e.g., only by mail or phone) or send information to an alternative location. We will accommodate reasonable requests.
- Right to a Paper Copy of This Notice
 - You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

6. Changes to This Notice

- We reserve the right to change the terms of this Notice at any time. The new Notice will apply to all health information we maintain, regardless of when it was created or received. The current Notice will always be posted in our office and on our website. You may request a copy of the revised Notice at any time.

7. Complaints

- If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services (HHS). To file a complaint with us, contact:

Gary Lindsey (Privacy Officer)

12400 W. 62nd Terrace, Suite C, Shawnee, KS 66216

913-404-6043

Info@resilientmindsetmh.com

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We will not retaliate against you for filing a complaint.

Contact Information:

If you have any questions about this Notice or want to exercise any of your rights, please contact us at:

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