



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.

Key Therapy Counseling (the “Practice”) is committed to protecting your privacy. The Practice is required by federal law to maintain the privacy of Protected Health Information (“PHI”), which is information that identifies or could be used to identify you. The Practice is required to provide you with this Notice of Privacy Practices (this “Notice”), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

YOUR RIGHTS

Your rights regarding PHI are explained below. To exercise these rights, please submit a written request to the Practice at the address noted below.

To inspect and copy PHI.

- You can ask for an electronic or paper copy of PHI. The Practice requires (7) days advanced notice to produce any PHI requests and may charge you a reasonable administrative fee.
- The Practice may deny your request if it believes the disclosure will endanger your life or another person's life. You may have a right to have this decision reviewed.

To amend PHI.

- You can ask to correct PHI you believe is incorrect or incomplete. The Practice may require you to make your request in writing and provide a reason for the request.
- The Practice may deny your request. The Practice will send a written explanation for the denial and allow you to submit a written statement of disagreement.

To request confidential communications.

- You can ask the Practice to contact you in a specific way including via phone, text, email, or standard post. The Practice will say “yes” to all reasonable requests.

To limit what is used or shared.

- You can ask the Practice not to use or share PHI for treatment, payment, or business operations. The Practice is not required to agree if it would affect your care.

- If you pay for a service or health care item out-of-pocket in full, you can ask the Practice not to share PHI with your health insurer, otherwise, all PHI is eligible for review by your insurer without prior consent or notification.
- You can ask for the Practice not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.

To obtain a list of those with whom your PHI has been shared.

- You can ask for a list, called an "accounting", of the times your health information has been shared. You can receive one accounting every 12 months at no charge, but you may be charged a reasonable fee if you ask for one more frequently.

To receive a copy of this Notice.

- You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically.

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.

To file a complaint if you feel your rights are violated.

- You can file a complaint by contacting the Practice using the following information:

Key Therapy Counseling

731 Main Street, Suite 122, Monroe, CT 06468

Attention: Samantha Birtwell, LMFT

(203) 261-7090

- You can 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, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- The Practice will not retaliate against you for filing a complaint.

To opt out of receiving communication regarding group and other related offerings.

- The Practice may contact you with information regarding therapy and support groups or other therapy-related offerings. If you prefer not to be contacted you can request to be removed from our list by emailing contat.us@keytherapyllc.com. Your information will never be shared or distributed.

OUR USES AND DISCLOSURES

1. Routine Uses and Disclosures of PHI

The Practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, insurance audits, and the operation of our business. The Practice typically uses or shares your health information in the following ways:

To treat you.

- The Practice can use and share PHI with other professionals who are treating you.
- Example: Your primary care doctor asks about your mental health treatment.

To run the health care operations.

- The Practice can use and share PHI to run the business, improve your care, and contact you.
- Example: The Practice uses PHI to send you appointment reminders if you choose.

To bill for your services.

- The Practice can use and share PHI to bill and get payment from health plans or other entities including other members of your family that you have indicated are responsible for your fees.
- Example: The Practice gives PHI to your health insurance plan so it will pay for your services.

2. Uses and Disclosures of PHI That May Be Made Without Your Authorization or Opportunity to Object

The Practice may use or disclose PHI without your authorization or an opportunity for you to object, including:

To supervisors who are participating in the oversight of your care.

To help with public health and safety issues

- Public health: To prevent the spread of disease, assist in product recalls, and report adverse reactions to medication.
- Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.
- Health oversight: For audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- Serious threat to health or safety: To prevent a serious and imminent threat.
- Abuse or Neglect: To report abuse, neglect, or domestic violence.

To comply with law, law enforcement, or other government requests

- Required by law: If required by federal, state or local law.
- Judicial and administrative proceedings: To respond to a court order, subpoena, or discovery request.
- Law enforcement: For law to locate and identify you or disclose information about a victim of a crime.
- Specialized Government Functions: For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.
- National security and intelligence activities: For intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.
- Workers' Compensation: To comply with workers' compensation laws or support claims.

To comply with other requests

- Coroners and Funeral Directors: To perform their legally authorized duties.
- Organ Donation: For organ donation or transplantation.
- Research: For research that has been approved by an institutional review board.
- Inmates: The Practice created or received your PHI in the course of providing care.
- Business Associates: To organizations that perform functions, activities or services on our behalf.

3. Uses and Disclosures of PHI That May Be Made With Your Authorization or Opportunity to Object

Unless you object, the Practice may disclose PHI:

To your family, friends, or others if PHI directly relates to that person's involvement in your care.

To other providers in our office at Key Therapy Counseling that are part of your care team.

If it is in your best interest because you are unable to state your preference.

4. Uses and Disclosures of PHI Based Upon Your Written Authorization

The Practice must obtain your written authorization to use and/or disclose PHI for the following purposes:

Marketing, sale of PHI, and psychotherapy notes.

You may revoke your authorization, at any time, by contacting the Practice in writing, using the information above. The Practice will not use or share PHI other than as described in the Notice unless you give your permission in writing.

OUR RESPONSIBILITIES

- The Practice is required by law to maintain the privacy and security of PHI.
- The Practice is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, the Practice will abide by the more stringent law.
- The Practice reserves the right to amend the Notice. All changes are applicable to PHI collected and maintained by the Practice. Should the Practice make changes, you may obtain a revised Notice by requesting a copy from the Practice, using the information above, or by viewing a copy on the website www.keytherapycounseling.com
- The Practice will inform you if PHI is compromised in a breach.

LIMITATIONS OF TELEHEALTH SERVICES:

Definition of Telehealth Telehealth involves the use of electronic communications to enable Key Therapy Counseling's mental health professionals to connect with individuals using interactive video and audio communications.

Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data through a HIPAA compliant two-way video link-up. The healthcare provider will be able to see your image on the screen and hear your voice. You will be able to hear and see the healthcare provider. You have the following rights with respect to telehealth:

1. To understand that the laws that protect privacy and the confidentiality of medical information (PHI) including HIPPA also apply to telehealth.
2. To understand that you have the right to withhold or withdraw your consent to the use of telehealth in the course of your care at any time, without affecting your right to future care or treatment.
3. To understand that there are risks and consequences from telehealth, including, but not limited to the possibility that the transmission of your personal information could

be disrupted or distorted by technical failures, the transmission of your personal information could be interrupted by unauthorized persons, and/or the electronic storage of your personal information could be unintentionally lost or accessed by unauthorized persons. The Practice utilizes secure, encrypted audio/video transmission software to deliver telehealth whenever possible.

4. To understand that if your therapist believes you would be better served by face-to-face services, or that you are in need of a higher level of care, they have the right to refuse treatment and will provide the appropriate referral.

5. By signing this document, you understand and agree that certain circumstances, including the treatment of high-risk behaviors, and the management of emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If you are in crisis or experiencing an emergency, you will immediately call 9-1-1 or seek help from a hospital or crisis-oriented healthcare facility in your immediate area.

Payment for Telehealth Services:

The Practice will bill insurance for telehealth services when these services have been determined to be covered by an individual's insurance plan. You agree that you are responsible for understanding your own insurance coverage and agree to pay all fees not covered by insurance including deductibles, and copays. We will provide you with a statement of service to submit to your insurance company if you wish. Payment forms accepted for Telehealth include: Credit Card, Debit Card, HSA Card, Direct Pay, or Paypal. Payment in full is due at the time of service.

Client Consent to the Use of Telehealth:

I have read and understand the information provided above regarding telehealth, have discussed it with my counselor, and all of my questions have been answered to my satisfaction. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

This Notice last updated on November 28, 2022.