NOTICE OF PRIVACY PRACTICES

Effective Date: July 20, 2026

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.

COMMITMENT TO YOUR PRIVACY

I understand that information about you and your health care is personal. I am committed to protecting the privacy of your protected health information ("PHI"). The following includes the Health Insurance Portability and Accountability Act ("HIPAA"), including the HIPAA Privacy and Security Rules, and the NASW Code of Ethics.

I maintain records of the care and services you receive from me. These records allow me to provide quality care, coordinate treatment when appropriate, and comply with legal and professional requirements.

This Notice of Privacy Practices describes how I may use and disclose your PHI, your rights regarding your PHI, and my legal duties regarding the privacy of your health information.

I am required by law to maintain the privacy of your PHI, provide you with notice of my legal duties and privacy practices, and follow the terms of this Notice currently in effect.

I may change the terms of this Notice. Any revised Notice will apply to PHI that I maintain and will be made available upon request and through my practice website, when applicable.

HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following sections describe the primary ways I may use or disclose your PHI. Not every possible use or disclosure is listed.

Treatment

I may use or disclose your PHI to provide, coordinate, or manage your mental health care.

This may include:

- Providing and documenting mental health treatment;
- Coordinating your care with other health care providers involved in your treatment;
- Making referrals to other providers;
- I may consult with my clinical supervisor as part of the required clinical supervision of my practice. Information shared for supervision will be handled in accordance with applicable privacy laws and professional confidentiality requirements.
- Communicating with other members of your treatment team when appropriate, with signed release of Information (ROI), and when permitted by law.

I may disclose PHI to other providers for treatment and care coordination as permitted by HIPAA. When appropriate and permitted, I will seek your authorization for release of information before communicating with other individuals or providers.

Payment

I may use or disclose your PHI as necessary to obtain payment for services provided.

This may include activities such as:

- Billing and collecting payment;
- Processing or verifying payment information;
- Responding to payment-related questions;
- Collecting unpaid balances.

If a collection activity becomes necessary, I will disclose only the PHI reasonably necessary for that purpose.

Health Care Operations

I may use or disclose your PHI as necessary to operate my practice.

This may include:

- Scheduling and appointment management;
- Appointment reminders;
- Administrative communications;
- Quality improvement and practice management;
- Billing and administrative activities;
- Other activities necessary to operate the practice and provide services.

When outside service providers perform functions on my behalf that involve PHI, I will use appropriate agreements and safeguards as required by applicable law.

PHI will not be used for teaching or training purposes in a manner requiring authorization without obtaining the appropriate authorization.

USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

I may use or disclose your PHI without your written authorization when permitted or required by applicable law.

Examples may include:

Required by Law

I may disclose PHI when federal, state, or local law requires the disclosure.

Public Health and Safety

I may disclose PHI when permitted or required by law for certain public health activities or to prevent or lessen a serious and imminent threat to the health or safety of you or another person.

Abuse or Neglect

I may disclose information when required or permitted by law to report suspected child abuse or neglect or other reportable situations.

Health Oversight

I may disclose PHI to authorized government agencies conducting audits, investigations, inspections, or other health oversight activities.

Legal Proceedings

I may disclose PHI in response to a court order, administrative order, subpoena, discovery request, or other lawful process, as permitted or required by law. When legally permitted, I may attempt to notify you or seek an appropriate protective order before disclosing information.

Law Enforcement

I may disclose PHI to law enforcement when permitted or required by applicable law, including certain circumstances involving crimes or threats to safety.

Medical Examiners and Coroners

I may disclose PHI to a coroner or medical examiner when permitted or required by law.

Workers' Compensation

I may disclose PHI as necessary to comply with workers' compensation laws.

Other Government Functions

I may disclose PHI for certain specialized government functions when permitted or required by law.

DISCLOSURES TO FAMILY OR OTHERS INVOLVED IN YOUR CARE

You may identify a family member, friend, or another person whom you wish to be involved in your care or payment for your care. When services are provided to a minor, the parent, guardian, or other legally authorized representative may have certain rights and responsibilities regarding the minor's health information, as permitted by applicable federal and state law.

A parent, guardian, or other legally authorized representative may be treated as the minor's personal representative when authorized by law. However, there may be circumstances in which a parent or other representative does not have access to certain information, including when applicable law permits or requires confidential treatment or limits disclosure.

Information may be shared with a parent, guardian, or legally authorized representative when permitted or required by applicable law and when appropriate for the minor's care and safety.

When permitted by law, I may disclose information relevant to that person's involvement in your care or payment for services.

In emergency situations, I may use professional judgment to disclose information when necessary to respond to an immediate threat to your health or safety.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Certain uses and disclosures of PHI require your written authorization unless an exception under applicable law applies.

These may include:

- Certain disclosures of psychotherapy notes;
- Marketing communications when required by HIPAA;
- Certain disclosures that are not otherwise permitted or required by law;
- Other uses or disclosures for which authorization is required under applicable law.

You may revoke an authorization in writing at any time, except to the extent that action has already been taken in reliance on the authorization.

Psychotherapy Notes

I maintain “psychotherapy notes” as defined by HIPAA under 45 C.F.R. § 164.501. These notes receive special protection and are maintained separately from the clinical record.

Psychotherapy notes are distinctly separate from the clinical record. Any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

1. For my use in treating you.
2. For my use in defending myself in legal proceedings instituted by you.
3. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
4. Required by a coroner who is performing duties authorized by law.
5. Required to help avert a serious threat to the health and safety of others.

Marketing

I will not use or disclose your PHI for marketing purposes when HIPAA requires your written authorization unless an applicable exception applies.

Sale of PHI

I will not sell your PHI except as permitted by law and with any authorization required by applicable law.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your PHI:

1. Right to Request Restrictions

You may ask me to restrict how I use or disclose your PHI for treatment, payment, or health care operations. I am not required to agree to every requested restriction. You also have the right to request that PHI not be disclosed to a health plan for payment or health care operations when the PHI relates solely to a service you have paid for completely out of pocket, when applicable under HIPAA.

2. Right to Request Confidential Communications

You may request that I contact you in a specific way or at a specific location, such as by telephone, email, or mail at an alternative address. I will accommodate reasonable requests when required by applicable law.

3. Right to Access Your PHI

You generally have the right to inspect and obtain a copy of PHI maintained in your designated record set, subject to limited exceptions under HIPAA. Psychotherapy notes maintained separately from the clinical record are generally excluded from the HIPAA right of access. Requests for records should be made in writing. Copies may be provided electronically or in paper form, and a reasonable cost-based fee may apply when permitted by law.

4. Right to Request an Amendment

You may request that information in your record be corrected or amended if you believe it is inaccurate or incomplete. If I do not agree to your request, I will provide you with a written explanation as required by law.

5. Right to an Accounting of Disclosures

You may request an accounting of certain disclosures of your PHI made by me, subject to the limitations and exceptions provided by HIPAA.

6. Right to a Copy of This Notice

You have the right to receive a paper or electronic copy of this Notice of Privacy Practices at any time.

7. Right to Revoke an Authorization

If you provide written authorization for a use or disclosure of your PHI, you may revoke that authorization in writing, except to the extent that I have already relied upon it.

8. Right to Choose a Personal Representative

If you have a legally authorized personal representative, such as a person with medical power of attorney or a legal guardian, that person may exercise certain rights on your behalf as permitted by law.

9. Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with me or with the U.S. Department of Health and Human Services Office for Civil Rights. You may contact me at:

Grace Milburn, LMSW
Mindful Sol Wellness KC LLC
7927 Floyd Street
Overland Park, KS
ATTN: Grace Milburn
MindfulSolTherapykc@gmail.com

You may also contact the U.S. Department of Health and Human Services Office for Civil Rights. You will not be retaliated against for filing a privacy complaint.

BREACH NOTIFICATION

If a breach of your unsecured PHI occurs that requires notification under applicable law, I will provide you with the required notification.

CHANGES TO THIS NOTICE

I reserve the right to change this Notice of Privacy Practices.

Any revised Notice will apply to PHI that I maintain and will be made available upon request. When required by law, the revised Notice will be posted on my website and/or provided to you in accordance with applicable requirements.

QUESTIONS ABOUT THIS NOTICE

If you have questions about this Notice of Privacy Practices or how your PHI is handled, please contact:

Grace Milburn, LMSW
Mindful Sol Wellness KC LLC
7927 Floyd Street
Overland Park, KS
ATTN: Grace Milburn
MindfulSolTherapykc@gmail.com

ACKNOWLEDGMENT OF RECEIPT

By signing below, you acknowledge that you have received and/or been offered a copy of this Notice of Privacy Practices. Your signature acknowledges receipt of the Notice; it does not constitute consent to or authorization for any use or disclosure of your PHI beyond those permitted or required by law.