



Privacy Notice

THIS PRIVACY NOTICE (“NOTICE”) DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. **Our Pledge.** Information about you and your health care is personal, and we are committed to protecting individually identifiable health information (also referred to as protected health information or “PHI”). We create records of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all such records generated by us in our mental health care practice. This Notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights to your PHI that we keep, and describe certain obligations we have regarding the use and disclosure of PHI. We are required by law to: (i) Make sure any PHI that identifies you is kept private; (ii) Give you this Notice of our duties and privacy practices with respect to PHI; and (iii) Follow the terms of the Notice that is currently in effect.

You have the right get a copy of this Notice in print, via e-mail, or both. From time to time, we may change the terms of this Notice as necessary or as required by law, and such changes will apply to all PHI we have about you. Notices are available upon request, in our office and on our website. Further, you may ask us for a printed copy of this Notice at any time.

1. **How We May Use and Disclose PHI.** The following categories describe different ways that we use and disclose PHI. For each category, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.
 1. *For Treatment, Payment, or Health Care Operations:* Federal privacy rules and regulations allow health care providers who have direct treatment relationship with the client to use or disclose the client’s PHI without the client’s written authorization to facilitate the treatment of the client’s health condition, to bill and/or collect payment from the client or client’s representative, and to run health care operations. We may also disclose your PHI for treatment activities by another health care provider without your written authorization as permitted by law. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist the other clinician in the diagnosis and treatment of your mental health condition. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care, disclosures for treatment purposes are not limited to the minimum necessary standard. The word “treatment” includes, among other things, provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultations between providers regarding a patient and referrals of a patient by one provider to another. Treatment may be provided in our offices, over the phone, or via video conference.
 2. *Lawsuits and Disputes:* If you are involved in a lawsuit, we may disclose PHI in response to a court or

administrative order. We may also disclose PHI about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

3. Except as described here, we make reasonable efforts to use, disclose, and request only the minimum amount of PHI needed to accomplish the intended purpose of the use, disclosure, or request.

1. Certain Uses and Disclosures With Your Authorization.

1. *Psychotherapy Notes.* We do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is: (a) For our use in treating you; (b) For our use in training or supervising mental health practitioners to help them improve their skills; (c) For our use in defending ourselves in legal proceedings instituted by you; (d) For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA; (e) Required by law and the use or disclosure is limited to the requirements of such law; (f) Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes; (g) For the lawful activities of a coroner or medical examiner; and (h) Required to help avert a serious and imminent threat to the health and safety of others.
2. *Marketing Purposes.* As a psychotherapist, we will not use or disclose your PHI for marketing purposes.
3. *Sale of PHI.* As a psychotherapist, we will not sell your PHI in the regular course of our business.
4. By submitting this form and signing up for texts, you consent to receive marketing text messages (e.g. promos, cart reminders) from Connected Brain Counseling at the number provided, including messages sent by autodialer. Consent is not a condition of purchase. Msg & data rates may apply.

1. **Certain Uses and Disclosures With An Opportunity To Object.** With your permission, oral or written, we may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

1. **Permitted Uses and Disclosures Without Your Authorization.** Subject to certain limitations in the law, we may use and disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by federal, state, or local law, including by statute, regulation, or court order.
2. For public health activities, including, but not limited to, preventing or controlling disease, injury, or disability, or preventing or reducing a serious threat to anyone’s health or safety.
3. For reporting suspected child, elder, or dependent adult abuse.
4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an authorization from you before doing so.
6. For law enforcement purposes as required by law, including reporting crimes occurring on our premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes as may be permitted by law, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. If we believe disclosure is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat.

10. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence and national security activities that are authorized by law; or, helping to ensure the safety of those working within or housed in correctional institutions.
11. For workers' compensation purposes. Although our preference is to obtain an authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
12. We may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

1. Your Rights With Respect To Your PHI.

1. You have the right to ask us not to: (a) use or disclose certain PHI for treatment, payment, or health care operations purposes, (b) disclose PHI to persons involved in your health care or payment for your health care, or (c) disclose to notify family members or others about your general condition, location, or death. We may deny your request if we believe it would affect your health care.
 2. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
 3. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
 4. Other than psychotherapy notes, information compiled for legal proceedings, laboratory results to which the Clinical Laboratory Improvement Act (CLIA) prohibits access, or information held by certain research laboratories, you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within thirty (30) days of receiving your written request, and we may charge reasonable cost-based fees for doing so. In certain circumstances, we may deny your request if we believe it would cause harm to you or anyone else. In such situations, you will have the right to have such denial reviewed by contacting us.
 5. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an authorization. We will respond to your request for an accounting of disclosures within sixty (60) days of receiving your request. The list we will give you will include disclosures made in the last six (6) years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you reasonable cost-based fees for each additional request.
 6. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may deny your request, but we will tell you why in writing within sixty (60) days of receiving your request.
 7. Client may request to communicate through the HIPPA compliant booking platform messaging system in order to protect confidentiality completely. By corresponding with us over email, clients accept that they are communicating on a non HIPPA compliant platform and in the case of a security breach that is out of Connected Brain Counseling LLC's control, their information may not be protected.
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1. Complaints. If you believe your privacy rights have been violated or need further information regarding our privacy practices, you may contact Michela Parisi at the following address: Connected Brain Counseling LLC, 4100 W 38th Ave Unit B Denver CO, 80212. Phone No. 720-378-4895. You will not be penalized for filing a complaint.

SMS Terms

At Connected Brain Counseling LLC, we respect your privacy and are committed to protecting the information you share. When you opt-in to our SMS messaging service, you agree to the following terms regarding how we handle your data:

Data Collection: We will collect your name, email address, mailing address, and mobile phone number when you sign up for SMS updates. The information will be collected via the website contact form, email, rental agreement, or third-party reservation systems.

Data Usage: We use your data solely for sending updates, promotions, and reminders related to our products or services.

Data Security: We protect your data with secure storage measures to prevent unauthorized access.

Data Retention: We retain your information as long as you are subscribed to our SMS service. You may request deletion at any time.

MESSAGE AND DATA RATES MAY APPLY. Your mobile carrier may charge fees for sending or receiving text messages, especially if you do not have an unlimited texting or data plan. Messages are recurring, and message frequency varies

Contact Connected Brain Counseling LLC at 720-378-4895 or info@connectedbraincounseling.com for HELP or to STOP receiving messages. Opt-Out: You can opt out of the SMS list at any time by texting, emailing, or replying STOP or UNSUBSCRIBE to info@connectedbraincounseling.com or 720-378-4895.

After unsubscribing, you will receive a final SMS to confirm you have unsubscribed and we will remove your number from our list within 24 hours.

You can send HELP for additional assistance, and you will receive a text including our Phone number, email, and website. We are here to help you.

Non-Sharing Clause: We do not share your data with third parties for marketing purposes. Connected Brain Counseling LLC will not sell, rent, or share the collected mobile numbers

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE. Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), you have certain rights regarding the use and disclosure of your PHI. By signing this document, you are acknowledging that you have received a copy of our Privacy Note, which provides information about how we use and disclose your PHI in compliance with HIPAA.

I confirm that I have read and understand the terms of this Privacy Notice:

Signature

Date