Notice of Privacy Practices (HIPAA)

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.

Modern Therapy Madison, LLC ("Practice") is committed to protecting the privacy and confidentiality of your health information. This Notice describes how Practice may use and disclose your protected health information ("PHI"), your rights regarding that information, and Practice's responsibilities for protecting it.

In addition to federal privacy protections under the Health Insurance Portability and Accountability Act ("HIPAA"), mental health treatment records may receive additional protection under Wisconsin law. When more than one privacy law applies, Practice will comply with the applicable requirements governing the use or disclosure of your information.

Privacy Contact

If you have questions about this Notice, your privacy rights, or Practice's privacy practices, contact:

Privacy Official: Practice Owner, Modern Therapy Madison, LLC
Phone: (608) 218-1496
Email: info@moderntherapymadison.com

Your Rights

You have rights regarding your health information. The following sections describe those rights and how you may exercise them.

Get an Electronic or Paper Copy of Your Health Record

You may ask to inspect or obtain an electronic or paper copy of health information maintained about you as provided by applicable law.

Practice will generally provide access or a copy within the time required by law. In limited circumstances, access to certain information may be restricted or denied as permitted by law.

Practice may charge a reasonable fee for copying, preparation, or transmission of records when permitted by law.

Ask Practice to Correct or Amend Your Health Record

If you believe health information maintained about you is incorrect or incomplete, you may ask Practice to correct or amend it.

Practice may deny a request in certain circumstances permitted by law. If a request is denied, Practice will provide information regarding the denial and any rights you may have to respond or have additional information included with the record.

Request Confidential Communications

You may ask Practice to communicate with you about your health information in a particular way or at a particular location.

For example, you may request that Practice use a particular telephone number or email address.

Practice will accommodate reasonable requests as required by law.

You are responsible for providing accurate contact information and notifying Practice when your communication preferences or contact information change.

Ask Practice to Limit What Is Used or Shared

You may ask Practice not to use or disclose certain health information for treatment, payment, or health care operations.

Practice is generally not required to agree to such a request, except in circumstances where the law requires the restriction.

If Practice agrees to a requested restriction, Practice will comply with that restriction except as otherwise permitted or required by law.

Restrict Disclosure to a Health Plan When You Pay in Full

If you pay out-of-pocket in full for a specific health care service, you may ask Practice not to disclose information about that service to your health plan for purposes of payment or health care operations.

Practice will honor the request when required by law unless the disclosure is otherwise required by law.

If you want to request this restriction, you should discuss it with Practice before the service is billed or information is submitted to your health plan.

Get a List of Certain Disclosures

You may request an accounting of certain disclosures of your health information made during the period provided by law.

The accounting will not include every use or disclosure. For example, certain disclosures for treatment, payment, or health care operations and disclosures you specifically authorized may not be included.

Practice will provide one accounting during a 12-month period without charge. Practice may charge a reasonable, cost-based fee for additional requests during the same period when permitted by law and will inform you of the cost before proceeding.

Get a Copy of This Notice

You may request a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically.

Choose Someone to Act for You

If another person has legal authority to act on your behalf regarding your health information, such as a legally authorized personal representative, that person may exercise applicable privacy rights on your behalf.

Practice may verify the person's identity and legal authority before permitting them to act for you.

File a Complaint

If you believe your privacy rights have been violated, you may submit a complaint directly to Practice by contacting:

Privacy Official: Practice Owner, Modern Therapy Madison, LLC
Phone: (608) 218-1496
Email: info@moderntherapymadison.com

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights** by:

- sending correspondence to **200 Independence Avenue, S.W., Washington, D.C. 20201**;
- calling **1-877-696-6775**; or
- using the complaint information available through the U.S. Department of Health and Human Services Office for Civil Rights.

Practice will **not retaliate against you for filing a complaint or exercising your privacy rights.**

Your Choices

For certain health information, you may have choices about how Practice uses or shares your information.

People Involved in Your Care

You may tell Practice whether you want relevant information shared with a family member, close friend, or another person involved in your care or payment for your care.

If you are unable to communicate your preference, Practice may share information when permitted by law and when Provider determines that doing so is appropriate under the circumstances.

Mental health treatment records may be subject to additional confidentiality protections under Wisconsin law. Practice will obtain authorization or other legally sufficient permission when required.

Disaster Relief and Safety

Practice may disclose limited information for disaster-relief purposes when permitted by law.

Practice may also use or disclose information when necessary and legally permitted to prevent or lessen a serious and imminent threat to the health or safety of you or another person.

Marketing, Sale of Information, and Fundraising

Practice does not sell your protected health information and does not use your protected health information for marketing or fundraising purposes.

If Practice's practices regarding these activities change in the future, Practice will comply with applicable notice, authorization, and choice requirements before using or disclosing your information for those purposes.

Psychotherapy Notes

Psychotherapy notes, as specifically defined by HIPAA, receive additional privacy protection.

Practice generally will not use or disclose psychotherapy notes without your written authorization except in the limited circumstances permitted or required by law.

Psychotherapy notes are distinct from the clinical information maintained as part of your regular treatment record.

How Practice May Use and Disclose Your Information

Practice may use or disclose your health information without your written authorization when permitted or required by applicable law. The following are common examples.

If Practice maintains substance use disorder patient records that are subject to 42 CFR Part 2, those records are subject to additional federal confidentiality protections. In particular, Practice will not use or disclose Part 2 records in civil, criminal, administrative, or legislative investigations or proceedings against you except as permitted by applicable federal law, including with your specific written consent or pursuant to an appropriate court order when required.

Treatment

Practice may use your health information to provide, coordinate, or manage your treatment.

When legally permitted, Practice may share relevant information with another health care professional involved in your care.

Example: Provider may communicate with another treating health care professional when coordination is appropriate and applicable confidentiality requirements permit the communication.

Because mental health treatment records receive additional protection under Wisconsin law, Practice will obtain your authorization when required before releasing treatment information to another person or organization.

Payment

Practice may use and disclose health information as necessary to obtain payment for services when permitted by applicable law.

This may include providing information to a health plan, billing service, or other entity involved in processing payment or insurance claims.

Example: Practice may provide information necessary for an insurance claim, such as identifying information, dates of service, diagnosis, procedure information, or other information required to process the claim.

Practice currently uses third-party services, including Alma when applicable, to perform certain insurance, billing, and payment functions.

Health Care Operations

Practice may use and disclose health information when permitted by law for activities necessary to operate the Practice and maintain the quality of services.

Example: Practice may use health information for administrative activities, quality assessment, compliance activities, credentialing, business management, auditing, legal services, or evaluation of Practice operations.

When Practice uses another person or organization to perform services involving PHI on its behalf, Practice will use appropriate safeguards and agreements when required by law.

Appointment Reminders and Practice Communications

Practice may use your contact information and other appropriate health information to communicate with you regarding:

- appointment reminders;
- scheduling or rescheduling;
- treatment-related matters;

- billing or insurance matters;
- Practice operations; and
- other communications reasonably related to services you receive.

Communication methods may include email, telephone, voicemail, text messaging, telehealth or client portals, or other methods described in Practice policies.

Additional information regarding electronic communication and associated privacy risks is provided in the **Informed Consent for Teletherapy & Electronic Communication.**

When Required by Law

Practice may use or disclose your health information when required to do so by federal, state, or other applicable law.

Any disclosure will be limited to what is legally required or permitted.

Public Health and Safety

Practice may disclose health information for certain public health or safety purposes when authorized or required by law.

Depending upon the circumstances, these may include reporting suspected abuse or neglect, responding to certain threats to health or safety, or complying with other legally mandated reporting obligations.

Health Oversight Activities

Practice may disclose health information to authorized health oversight agencies for activities permitted by law, such as audits, investigations, inspections, credentialing or licensure matters, or other lawful oversight activities.

Legal Proceedings and Law Enforcement

Practice may disclose health information in response to certain court orders, subpoenas, administrative proceedings, law-enforcement requests, or other legal processes when disclosure is permitted or required by law.

Mental health treatment records and psychotherapy information may receive protections beyond those applicable to ordinary health records. Practice will evaluate legal requests for records and will not assume that a subpoena or other request automatically authorizes disclosure of all treatment information.

If the information requested includes substance use disorder patient records subject to 42 CFR Part 2, additional federal restrictions may apply, including restrictions on the use or disclosure of those records in investigations or proceedings against the patient.

Coroners, Medical Examiners, and Other Legally Authorized Persons

Practice may disclose health information to coroners, medical examiners, or other legally authorized persons when permitted or required by law.

Workers' Compensation and Similar Programs

Practice may disclose health information as authorized by and necessary to comply with workers' compensation laws or similar legally established programs when applicable.

Other Uses and Disclosures

Other uses or disclosures of your health information not described in this Notice will be made only with your written authorization when authorization is required.

If you provide written authorization, you may revoke it in writing at any time, except to the extent Practice has already relied upon the authorization or another legal exception applies.

Mental Health Treatment Records and Wisconsin Law

Your treatment records may be protected by both HIPAA and Wisconsin confidentiality law, including **Wis. Stat. § 51.30 and Wis. Admin. Code ch. DHS 92.**

Wisconsin law provides specific confidentiality protections for mental health treatment records and may require informed written consent for disclosures that HIPAA alone might otherwise permit.

Practice will apply applicable federal and Wisconsin confidentiality requirements when using or disclosing your treatment information. When applicable laws provide different levels of privacy protection, Practice will follow the requirements governing the particular information and disclosure, including more protective requirements when they apply.

Nothing in this Notice should be interpreted as expanding Practice's authority to disclose Wisconsin mental health treatment records beyond what applicable law permits.

Substance Use Disorder Records

Modern Therapy Madison, LLC is **not a federally assisted substance use disorder treatment program subject to 42 CFR Part 2 solely by virtue of providing psychotherapy services.**

However, Practice may receive, create, or maintain substance use disorder patient records or information that is subject to federal confidentiality requirements under **42 CFR Part 2**.

When Practice maintains records or information subject to Part 2, Practice will use and disclose that information only as permitted by applicable federal law.

Part 2 records may be subject to protections and restrictions beyond those that ordinarily apply to other health information. When your authorization or consent is required for use or disclosure of Part 2-protected information, Practice will obtain it in accordance with applicable requirements.

Part 2-protected information will not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you except as permitted by applicable federal law, including with your specific written consent or pursuant to an appropriate court order when required.

If Practice has Part 2-protected information, applicable restrictions continue to apply to that information even though Modern Therapy Madison, LLC is not itself a Part 2 treatment program.

Research

Practice does not ordinarily conduct or participate in research involving Client protected health information.

If Practice were ever asked to use or disclose your information for research, Practice would comply with all authorization, review, notice, and other requirements applicable to that proposed use or disclosure.

Our Responsibilities

Practice is required by law to:

- maintain the privacy and security of your protected health information;
- provide you with this Notice describing Practice's legal duties and privacy practices;
- follow the duties and privacy practices described in the Notice currently in effect;
- provide you with a copy of this Notice upon request;
- notify you following a breach of unsecured protected health information when notification is required by law; and
- respect your privacy rights as described in this Notice and applicable law.

Practice will not use or disclose your information other than as described in this Notice unless you provide written authorization or another use or disclosure is permitted or required by law.

When your written authorization is required and you provide it, you may generally revoke that authorization in writing at any time. Revocation will not affect actions already taken in reliance on a valid authorization.

Changes to This Notice

Practice may change the terms of this Notice and its privacy practices as permitted by law.

Changes may apply to health information Practice already maintains as well as information received or created in the future.

When Practice makes a material change to this Notice, an updated Notice will be made available as required by law.

The current Notice will be available upon request and through Practice's website when required.

Questions or Additional Information

Questions regarding this Notice, your privacy rights, or Practice's privacy practices may be directed to:

Privacy Official
Practice Owner, Modern Therapy Madison, LLC
Phone: (608) 218-1496
Email: info@moderntherapymadison.com

Acknowledgment of Receipt

I acknowledge that I have received or been provided access to Modern Therapy Madison, LLC's **Notice of Privacy Practices**.

I understand that this acknowledgment confirms receipt or access to the Notice and does not constitute authorization for uses or disclosures of my protected health information beyond those permitted by law or separately authorized by me.

I understand that I may request a copy of the Notice of Privacy Practices at any time.

My electronic signature acknowledges receipt of, or access to, this Notice of Privacy Practices.