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.

NOTICE OF PRIVACY PRACTICES OF MODERN THERAPY MADISON, LLC

THIS NOTICE DESCRIBES:

- **HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED**
- **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION.**
- **HOW TO EXERCISE YOUR RIGHT TO GET COPIES OF YOUR RECORDS AT LIMITED COST OR, IN SOME CASES, FREE OF CHARGE.**
- **HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION, INCLUDING YOUR RIGHT TO INSPECT OR GET COPIES OF YOUR RECORDS UNDER HIPAA.**

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE PRIVACY OFFICIAL, PRACTICE OWNER OF MODERN THERAPY MADISON, LLC, AT (608) 218-1496 AND INFO@MODERNTHERAPYMADISON.COM IF YOU HAVE ANY QUESTIONS.

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

You have the right to discuss this Notice with Practice's designated Privacy Official. The Privacy Official is available to answer questions regarding this Notice, your privacy rights, Practice's privacy practices, and how to exercise your rights, and to receive privacy-related complaints.

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

You may contact the Privacy Official to request additional information or arrange a discussion regarding this Notice.

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 have the right to inspect or obtain an electronic or paper copy of protected health information maintained about you by Practice, subject to applicable legal limitations.

You may request access to your health information by contacting Practice's Privacy Official. Practice may request information reasonably necessary to verify your identity and clarify the information requested but will not impose unreasonable barriers to exercising your right of access.

Practice will act on requests for access as soon as practicable and no later than 15 calendar days after receiving your request, unless a shorter period is required by applicable law.

When permitted by law, Practice may extend this period once by up to an additional 30 calendar days. If an extension is necessary, Practice will notify you in writing within the initial response period, explain the reason for the delay, and provide the date by which Practice will complete its response.

You may inspect your health information without charge. You may also access electronic protected health information without charge when using an available internet-based method that provides automated access, such as an applicable patient portal or personal health application.

When fees are permitted for providing copies of records, Practice may charge only amounts consistent with applicable federal and state law, including applicable reasonable, cost-based fee limitations.

Information regarding available methods of accessing health information without charge and applicable record-related fees is provided in Practice's Medical Records Access & Fee Schedule, which is available through Practice's website and upon request..

In limited circumstances, access to certain information may be restricted or denied as permitted by law. If access is denied, Practice will provide information regarding the reason for denial and any applicable rights to review or challenge that determination.

Direct Electronic Copies of Your Health Information to Another Person

You have the right to request that Practice transmit an electronic copy of your protected health information maintained in an electronic health record directly to another person or organization you designate, subject to applicable law.

To exercise this right, you may contact Practice's Privacy Official and provide a clear and specific request identifying the information to be transmitted, the intended recipient, and where the information should be sent.

Practice will accept requests in the forms permitted by applicable law and will not impose unreasonable barriers to exercising this right.

Practice will act on these requests within the applicable time requirements for access to health information.

Any fees associated with transmitting information at your direction will be limited to amounts permitted by applicable law.

This right is subject to applicable confidentiality protections, limitations on access to certain information, and other requirements under federal and state 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 or to individuals involved in your care or payment for your care.

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 or someone other than your health plan pays out-of-pocket in full for a specific health care item or service, you have the right to request that Practice not disclose information pertaining solely to that item or service to your health plan for purposes of payment or health care operations.

Practice will agree to this restriction when the applicable legal requirements are met, unless disclosure is otherwise required by law.

If you wish to exercise this right, you should discuss the restriction with Practice before the service is billed or information is submitted to your health plan

Get a List of Certain Disclosures

You have the right to request an accounting of certain disclosures of your protected health information made during the six years preceding your request, or another applicable period established 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

Additional accounting rights may apply to certain types of health information when required by applicable law.

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

You may request an accounting by contacting Practice's Privacy Official.

Get a Copy of This Notice and Discuss Your Privacy Rights

You have the right to request a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically. Practice will promptly provide a paper copy upon request.

You also have the right to discuss this Notice, Practice's privacy practices, and your privacy rights with Practice's designated Privacy Official.

You may exercise these rights by contacting the Privacy Official using the contact information provided in this Notice.

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 will take reasonable steps to verify the person's identity and legal authority before permitting them to act for you..

File a Complaint

If you believe that the privacy or security of your protected health information has been violated, that Practice has not complied with applicable privacy requirements, or that your rights regarding your health information have been improperly restricted or denied, including your right to inspect or obtain copies of your records, 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

You may communicate your preferences regarding the sharing of your health information for disaster-relief purposes.

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 threat to the health or safety of you or another person, consistent with applicable federal and Wisconsin law

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 activities regarding marketing or the sale of protected health information change in the future, Practice will obtain your written authorization when required by applicable law before using or disclosing your information for those purposes.

If Practice engages in fundraising activities in the future, you will have the right to decline fundraising communications as provided by applicable law.

If Practice maintains your substance use disorder patient records subject to 42 CFR Part 2, Practice will provide clear and conspicuous advance notice and an opportunity to choose whether to receive fundraising communications using that information before using or disclosing it for such purposes.

Practice will comply with applicable notice, authorization, consent, and choice requirements before implementing any such changes.

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 your substance use disorder patient records that are subject to 42 CFR Part 2, those records receive additional federal confidentiality protections. Practice will not use or disclose information contained in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without your specific written consent or a qualifying court order and subpoena or other legally sufficient compulsory process, as required by applicable federal law.

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.

When clinically appropriate and legally permitted, Practice may also coordinate care with social service agencies, community-based organizations, and other entities providing health-related or supportive services. Practice will obtain your authorization or consent when required by applicable federal or Wisconsin law.

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, individual-level care coordination or case management, 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.

Additional information regarding Practice's current use of artificial intelligence and related technologies, safeguards for Client confidentiality, and requirements for future clinical AI use is provided in Practice's Social Media & Artificial Intelligence Policy & Agreement. This Notice does not constitute informed consent to the use of artificial intelligence in your clinical care.

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.

When appropriate, Practice may use Telecommunications Relay Services or other accessible communication methods to facilitate communication with individuals who are deaf, hard of hearing, deaf-blind, or have a speech disability. Practice will use and disclose health information in connection with these services only as permitted by applicable law.

Additional information regarding electronic communication and associated privacy risks is provided in the Informed Consent for Teletherapy & Electronic Communication. Information regarding social media interactions, digital privacy, professional boundaries, and the use of artificial intelligence is provided in Practice's Social Media & Artificial Intelligence Policy & Agreement..

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, reporting information to legally authorized public health authorities, 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.

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, Wis. Stat. § 146.82, and Wis. Admin. Code ch. DHS 92, as applicable.

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.

Changes to federal privacy regulations that permit additional uses or disclosures of protected health information do not eliminate applicable Wisconsin confidentiality requirements.

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.

When Practice receives Part 2-protected information pursuant to a valid consent for treatment, payment, or health care operations, subsequent uses and disclosures may be permitted in accordance with HIPAA and Part 2, subject to applicable restrictions and other legal requirements.

Part 2-protected information will not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your specific written consent or a qualifying court order and subpoena or other legally sufficient compulsory process, as required by applicable federal law.

Additional protections may apply to substance use disorder counseling notes as specifically defined under Part 2. Practice will obtain separate consent for uses or disclosures of such notes when required by applicable law.

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

You may exercise applicable privacy rights and submit complaints concerning the handling of Part 2-protected information through the procedures described in this Notice.

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;

- provide you with an opportunity to discuss this Notice and your privacy rights with Practice's designated Privacy Official;
- facilitate your exercise of applicable rights regarding access to your health information without imposing unreasonable barriers;
- comply with applicable limitations and transparency requirements regarding fees for access to and copies of health information;
- 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.

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.

Practice will take reasonable administrative, technical, and physical precautions to protect your health information and will maintain applicable policies, procedures, and agreements required to support its privacy and security obligations.

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, Practice will revise the Notice and make the updated version available in accordance with applicable legal requirements.

The current Notice will be available through Practice's website and upon request in paper or electronic form.

You may contact Practice's Privacy Official to obtain the current Notice or discuss questions regarding changes to Practice's privacy practices.

Questions or Additional Information

You have the right to discuss this Notice, your privacy rights, Practice's privacy practices, and how to exercise your rights with Practice's designated Privacy Official. The Privacy Official is also available to receive privacy-related complaints.

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 paper or electronic copy of the Notice of Privacy Practices at any time and that I have the right to discuss the Notice and my privacy rights with Practice's designated Privacy Official.

I understand that signing this acknowledgment does not waive my privacy rights or constitute informed consent to the use of artificial intelligence or other emerging technologies in my clinical care.

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