



My Mindful Way of Life

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APIT E-passport for Interjurisdictional Practice

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NOTICE OF PRIVACY PRACTICES AND RIGHTS

My Mindful Way of Life, LLC will follow this Notice. This Notice describes how health care information about you may be used and disclosed and how you can get access to this information. **PLEASE REVIEW IT CAREFULLY.**

Our pledge regarding your health care information:

We understand that health care information about you and your health is personal. We are committed to protecting health care information about you. We create and keep a record of the care and services you receive while in treatment. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated while under the treatment of My Mindful Way of Life, LLC.

This Notice will tell you about the ways in which we may use and disclose health care information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health care information. We are required by law to:

1. Keep health care information about you private.
2. Give you this Notice of our legal duties and privacy practices with respect of health care information about you.
3. Follow the terms of the Notice that is currently in effect.

How we may use and disclose health care information about you:

We may use or disclose your Protected Health Information (PHI), for treatment, payment, and health operations purposes with your consent. To help clarify these terms, here are some definitions:

1. Protected Health Information (PHI): PHI refers to information in your health care record that could identify you.
2. Treatment: Treatment includes providing, coordinating, or managing your health care and other services related to your health care. An example of treatment would be when we consult with another provider, such as your family physician or another psychologist.
3. Payment: Payment includes using and disclosing health care information about you so that the treatment and services you received may be billed and payment may be collected from you, an insurance company, or a third party. Examples of payment may include disclosing your PHI to your health insurer to obtain reimbursement or to determine eligibility of coverage.
4. Health Care Operations: Health Care Operations includes using and disclosing health care information about you for activities that relate to the performance and operation within this practice. These uses and disclosures are necessary to run the practice and make sure that patients receive quality care. Examples of health care operations are quality assessment and improvement activities; business-related matters such as billing, audits, and administrative services; and case management and care coordination.
5. Use: Use applies only to activities within our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
6. Disclosure: Disclosure applies to activities outside of our practice, such as releasing, transferring, or providing access to information about you to other parties.
7. Follow-up Appointment Reminders: We may use and disclose health care information to contact you as a reminder that it is time to set up an appointment, or to remind you of an appointment that you already have with us for scheduled treatment.



My Mindful Way of Life

8. **Individuals Involved in Your Care or Payment for Your Care:** We may release health care information about you to a family member who is involved in your health care or who helps pay for your health care (if patient is a minor).

Except in some special circumstances, when we use your PHI in this practice or disclose it to others, we share only the minimum necessary PHI needed for those others to do their jobs.

Uses and disclosures that require your authorization:

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate written authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances, when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization form from you before releasing this information. We will also need to obtain an authorization before releasing your Psychotherapy Notes. Psychotherapy Notes are notes we have made about our conversations during a therapy evaluation, counseling session, or coaching session that are kept separate from the rest of your health care record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that:

1. We have relied on that authorization,
2. If the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest this claim under the policy.

Certain uses and disclosures that do not require your consent or authorization:

We are obligated to use or disclose PHI without your consent or authorization in the following circumstances:

1. **Child Abuse or Neglect:** If we have reasonable cause to believe that a child has been subject to abuse or neglect, we must report that belief immediately to the Georgia DFCS Child Protective Services Hotline, or pertinent state hotline.
2. **Abuse of a Person with a Disability or who is Elderly:** If we have reasonable cause to believe that a person with a disability or a person who is elderly has had a physical injury or injuries inflicted upon a person with a disability or a person who is elderly, other than by accidental means, or has been neglected or exploited, we must report that belief to Georgia Adult Protective Services or pertinent state protective services.
3. **State Board Inquiries:** If the Georgia State Board of Examiners of Psychologists issues a subpoena, we may be required to disclose PHI and testify and/or produce relevant records before the Board(s) of that or any other state relevant to the practice of the psychological treatment.
4. **Lawsuits and Disputes:** If you are involved in a lawsuit, dispute, or court proceeding and a request is made about the professional health care services provided while in treatment and/or the records thereof, this information is privileged under state law and will not be released without your written authorization or court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered.
5. **To Avert a Serious Threat to Health or Safety:** If we determine that you present imminent serious physical danger or violence to yourself, against a readily identifiable victim, or the public and we believe you intend to carry out that threat, we must take steps to warn and protect. We also must take such steps if we believe you intend to carry out such violence, even if you have not made a specific verbal threat. These steps may include but are not limited to arranging for a crisis evaluation in the psychiatric unit of a hospital or other health care facility, advising law enforcement of your threat and the identity of the intended victim, warning the intended victim (or his/her parents if the victim is under the age of 18), or warning your parents if you are under the age of 18.
6. **Workers' Compensation:** We may disclose health care information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.



My Mindful Way of Life

7. Other Uses of Health Care Information: Other uses and disclosures of health care information not covered by this Notice or the laws that apply to use will be made only with your written permission. If you provide us permission to use or disclose health care information about you, you may revoke that permission, in writing, at any time. Send your written request to My Mindful Way of Life, LLC. If you revoke your permission, we will no longer use or disclose health care information about you for the reasons covered by your written authorization. You understand that we are unable to rescind any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

Patient rights regarding health care information about you:

1. Right to Request Restrictions: You have the right to request restrictions and/or limitations on certain uses and disclosures of PHI. However, we are not required to agree to a restriction you request.
2. Right to Request Confidential Communications: You have the right to request to receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are being seen by this practice. On your request, we will send your bills to another address. To request confidential communications, you must make your request in writing to My Mindful Way of Life, LLC. Your request must specify how or where you wish to be contacted. We will honor all reasonable requests.
3. Right to Inspect and Copy: You have the right to inspect and/or obtain a copy of your PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. To inspect and copy health care information about you, you must submit your request in writing to My Mindful Way of Life, LLC. We may deny your request to inspect and copy your PHI in certain and very limited circumstances in accordance with law.
4. Right to Amend: If you feel that health care information we have about you is incorrect or incomplete, you may ask us to amend the information. You have a right to request an amendment for as long as the information is maintained by My Mindful Way of Life, LLC. To request an amendment, your request must be made in writing and submitted to My Mindful Way of Life, LLC. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request.
5. Right to Accounting of Disclosures: You generally have the right to receive accounting of disclosures of PHI for which you have neither provided consent nor authorized (as described above in this Notice). On your request, we will discuss with you the details of the accounting process.
6. Right to Receive Notice of Breach: We have a duty to notify you of a breach of your unsecured protected health information.
7. Right to Paper Copy of this Notice: You will be given a copy of this Notice upon your initial appointment. You have the right to obtain a paper copy of this Notice from this practice upon request, even if you have agreed to receive the notice electronically.

Psychologist's duties:

We are required to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. We reserve the right to change the privacy practices described in this Notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect. If we revise policies and procedures, we will provide current patients with a written notice of all changes before they go into effect.

Changes to this Notice:

We reserve the right to change this Notice and our policies at any time. We reserve the right to make the revised or changed Notice effective for health care information we already have about you as well as any information we may receive in the future. The current Notice will be posted in the office and include the effective date, and it will also be available upon request.

Complaints:



My Mindful Way of Life

If you believe your privacy rights have been violated, you have the right to file a complaint. Please contact the office immediately at 678.310.8228 so we can make any necessary corrections and resolve any concerns that you have. You can also file a complaint with the US Department of Health and Human Services Office. Options include writing a letter to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 2020; by visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>; or by calling 1.800.368.1019. You will not be penalized for filing a complaint.