

KML COUNSELING AND WELLNESS, LLC

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(401) 868-1245

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me to provide quality care and comply with legal requirements. This notice applies to all records of your care generated by this mental health practice.

I am required by law to:

- Make sure that Protected Health Information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Notify you promptly following a breach of your unsecured PHI.

Rhode Island Patient Rights Regarding Unauthorized Disclosure: You are hereby informed that the unauthorized release or transfer of your confidential healthcare information is a violation of Rhode Island law (RI Gen. Laws § 5-37.3-4). Any person who violates these provisions may be liable for actual and punitive damages, as well as attorney's fees.

Massachusetts Privacy Note (For MA Telehealth Clients): For clients located in Massachusetts, clinical disclosures and social worker privilege are governed by Mass. Gen. Laws ch. 112 § 135B. Where Massachusetts law provides stricter privacy protections than federal HIPAA standards, the stricter state standard will be followed.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Federal privacy regulations allow healthcare providers with a direct treatment relationship to use or disclose PHI without written authorization for:

- **Treatment:** Coordinating or managing your healthcare with third parties, consulting with other licensed healthcare providers, or referring you for care.
- **Payment:** Processing claims, billing, and collecting payments from health insurance plans (e.g., BCBS of RI) or third-party payers.
- **Healthcare Operations:** Administrative, financial, legal, and quality assurance activities required to run this practice.

Substance Use Disorder (SUD) Records Protection (42 CFR Part 2):

If this practice receives, creates, or maintains records originating from a substance use disorder treatment program, those records are protected under federal regulation 42 CFR Part 2. Such records cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings, nor re-disclosed without your explicit written authorization or a court order meeting Part 2 standards.

III. USES AND DISCLOSURES REQUIRING YOUR EXPLICIT AUTHORIZATION

- **Psychotherapy Notes:** Notes recorded documenting private counseling sessions kept separate from the rest of the medical record require your written Authorization, except for specific treatment, legal defense, or oversight exceptions under 45 CFR § 164.501.
- **Marketing & Sale of PHI:** I will never sell your PHI or use your clinical information for marketing purposes.

IV. USES AND DISCLOSURES NOT REQUIRING AUTHORIZATION

Subject to legal limitations, I may disclose PHI without written authorization for:

- **Mandatory Reporting:** Reporting suspected child, elder, or vulnerable adult abuse/neglect to state agencies (e.g., RI DCYF or MA DCF).
- **Public Health & Safety:** Averting a serious and imminent threat to your health/safety or the safety of the public or another individual.
- **Health Oversight & Law Enforcement:** Responding to licensing boards, audits, or legal orders subject to RI Gen. Laws § 5-37.3-4 restrictions on biological data.
- **Appointment Reminders:** Contacting you via automated secure email, text, or portal messages regarding scheduled appointments.

V. OPPORTUNITY TO OBJECT

Disclosures to Family/Friends: I may disclose relevant PHI to a family member or close friend involved in your care or payment, provided you are given the opportunity to agree or object (or in emergency situations based on professional judgment).

VI. YOUR RIGHTS REGARDING YOUR PHI

- **Right to Request Restrictions:** You may ask me to limit how PHI is used for treatment or payment. I am not required to agree unless it pertains to out-of-pocket services paid in full.
- **Right to Restrict Out-of-Pocket Services:** If you pay for a service in full out-of-pocket, you have the absolute right to restrict disclosure of that PHI to your health plan.
- **Right to Inspect and Copy:** You have the right to inspect and obtain an electronic or paper copy of your medical record within 30 days of a written request.
- **Right to Request an Amendment:** You may request corrections to incomplete or inaccurate PHI in your chart.
- **Right to an Accounting of Disclosures:** You may request a list of certain non-routine disclosures of your PHI made in the last 6 years.
- **Right to Breach Notification:** You have the right to be promptly notified if an unauthorized acquisition or disclosure of your unsecured PHI occurs.

VII. COMPLAINTS AND CONTACT

If you believe your privacy rights have been violated, you may file a complaint directly with me or with regulatory bodies. You will not be penalized for filing a complaint.

Practice Privacy Contact: Kendra M. Lanni, LICSW | KML Counseling and Wellness, LLC

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State Oversight: RI Dept. of Health (Division of Professional Regulation) / MA Board of Registration of Social Workers