

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: June 1, 2025

Practice Name: Insight Psychology Group

Provider: Kayleena Kelly, Psy.D., Clinical Psychologist

NPI: #1316337165

Licenses Held:

MT License# PSY-PSY-LIC4563

WI License# 3242-57

Authorized PSYPACT Provider (APIT #15162)

1. Your Rights

You have the right to:

- Get a copy of your mental health and medical records
- Correct your records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- File a complaint if you believe your privacy rights have been violated

2. Your Choices

You can tell us:

- Whether to share information with family, friends, or others involved in your care
- Whether to include your information in a health information exchange
- Whether to share your information for marketing purposes (we typically do not do this)

We will never share your information without written permission unless the law allows or requires it.

3. Our Uses and Disclosures

We typically use or share your health information to:

- Treat you and communicate with other professionals involved in your care
- Run our practice and improve your care
- Bill and get payment from insurance and other entities

We may also share your information under specific legal circumstances such as:

- Compliance with federal, state, or local laws
- Reporting abuse, neglect, or threats of harm
- Court orders or law enforcement requirements

4. Telepsychology and PSYPACT

As an authorized PSYPACT provider, I may offer telepsychology services to clients who are physically located in PSYPACT-participating states.

In those cases:

- Services are provided in accordance with PSYPACT regulations and the laws of the client's current state.
- Your information may be transmitted electronically across state lines using HIPAA-compliant platforms.
- I will inform you if any state-specific privacy rules apply to your care.

A full list of PSYPACT states can be found at <https://www.psypact.org>.

5. Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your protected health information (PHI)
- Inform you of our legal duties and privacy practices
- Notify you promptly if a breach occurs that may compromise your PHI
- Follow the terms of this Notice

6. Contact Information

If you have questions or complaints about your privacy rights, please contact:

contact@insightpsychologygroup.phd

1-715-966-5480

7. Complaints

If you believe your privacy rights have been violated, you may file a complaint:

- With our office (see above)
- Or with the U.S. Department of Health and Human Services at:
www.hhs.gov/ocr/privacy/hipaa/complaints/

You will not be penalized for filing a complaint.

8. Changes to This Notice

We reserve the right to change this notice and apply the new terms to all health information we maintain. Updates will be posted on our website and provided upon request.