

DARING MINDS THERAPY, LLC

NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2025
5550 S. 59th St., Suite 11, Lincoln, NE 68516
Phone: (531) 289-1005 | Fax: (531) 289-1002 | www.daringmindstherapy.com
Privacy Officer: Daring Minds Therapy

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.

Your health record contains personal information about you and your health. This information, which may identify you and relate to your past, present, or future physical or mental health condition and related services, is referred to as Protected Health Information (PHI). This Notice describes how we may use and disclose your PHI in accordance with federal law, including HIPAA and the HITECH Act, and Nebraska statutes governing health and mental health privacy. It also outlines your rights and our legal duties regarding your PHI. Daring Minds Therapy, LLC is required by law to maintain the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice currently in effect. We reserve the right to change the terms of this Notice at any time. If we make significant revisions, the new Notice will apply to all PHI maintained by Daring Minds Therapy and will be posted on our website, provided at your next visit, or sent to you upon request.

How We May Use and Disclose Your Health Information

For Treatment: Your PHI may be used or disclosed to provide, coordinate, or manage your care and related services. This includes consultation or supervision with other licensed professionals within the practice for quality care, treatment planning, or crisis management. PHI may also be shared, with your authorization, with other health or mental health providers involved in your care.

For Payment: We may use and disclose PHI to verify insurance coverage, submit claims, determine medical necessity, and obtain payment for the services we provide. If it becomes necessary to pursue collection due to unpaid balances, only the minimum necessary PHI will be disclosed.

For Health Care Operations: We may use or disclose your PHI for activities necessary to operate our practice, such as quality assurance, accreditation, auditing, staff training, licensing, or credentialing purposes. When these activities require the involvement of outside professionals (e.g., IT or document storage providers), they must sign a Business Associate Agreement (BAA) ensuring they will protect your PHI under HIPAA.

Uses and Disclosures Permitted or Required by Law Without Authorization

Child or Vulnerable Adult Abuse or Neglect: If we have reasonable cause to believe that a child, dependent adult, or vulnerable adult has been abused, neglected, or exploited, we are required by Nebraska law to report this to the appropriate authorities.

Serious Threat to Health or Safety: We may disclose PHI if it is necessary to prevent or reduce a serious and imminent threat to your safety or the safety of others. Such disclosures will only be made to those capable of preventing or lessening the threat, consistent with Nebraska's duty-to-warn obligations.

Judicial and Administrative Proceedings: We may disclose PHI in response to a valid court order, subpoena, or administrative request, but only to the extent required by law. Whenever possible, we will notify you before disclosing any information.

Health Oversight Activities: We may disclose PHI to government or licensing agencies for legally authorized activities such as audits, inspections, or investigations of our compliance with professional standards or privacy regulations.

Law Enforcement: We may disclose PHI for law enforcement purposes in compliance with legal requirements, such as responding to a court order or cooperating with investigations.

Medical Emergencies: We may use or disclose PHI in a medical or psychiatric emergency to medical personnel or emergency responders to prevent serious harm to you or others.

Public Health: We may disclose PHI to public health authorities as required by law to control or prevent disease, report injuries, or to meet public safety obligations.

Deceased Clients: We may disclose limited PHI regarding deceased clients to next-of-kin, executors, or administrators of estates as allowed by Nebraska law. PHI of individuals deceased for more than 50 years is no longer protected by HIPAA.

Specialized Government Functions: If you are a member of the armed forces or involved in national security or intelligence activities, we may disclose PHI as required by lawful requests from authorized officials.

Uses and Disclosures Requiring Your Written Authorization

Any use or disclosure of your PHI not specifically described in this Notice requires your written authorization. Examples include most uses or disclosures of psychotherapy notes separate from your treatment record, disclosures for marketing purposes, disclosures that constitute a sale of PHI, and any other use or disclosure not permitted by law. You may revoke your authorization in writing at any time, except to the extent that we have already relied on it.

Your Rights Regarding Your Protected Health Information

Right to Access and Copy: You have the right to inspect and obtain a copy of your PHI maintained in your clinical or billing records. We may charge a reasonable fee for copying or mailing records. Your access may be limited in rare circumstances when disclosure could cause harm, as defined by law.

Right to Request Amendments: If you believe the PHI we have is inaccurate or incomplete, you may request an amendment in writing. We may deny the request if the record is accurate, not created by us, or not subject to amendment. You may provide a statement of disagreement, which will be added to

your record.

Right to an Accounting of Disclosures: You have the right to request a list (accounting) of certain disclosures of your PHI made without your authorization within the previous six years, excluding disclosures for treatment, payment, or operations.

Right to Request Restrictions: You have the right to request restrictions on how your PHI is used or disclosed for treatment, payment, or operations. We are not required to agree, except when you pay out-of-pocket for a service and request that it not be shared with your insurance company.

Right to Confidential Communications: You have the right to request that we contact you in a specific way (e.g., at a different address, phone number, or email). We will accommodate reasonable requests to protect your confidentiality.

Right to a Breach Notification: If a breach of unsecured PHI occurs, we will notify you promptly with details of the breach, what information was involved, and how you can protect yourself.

Right to a Copy of This Notice: You have the right to obtain a paper or electronic copy of this Notice at any time, even if you have received it electronically. Copies are available in our office and on our website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Daring Minds Therapy, LLC, Privacy Officer, 5550 S. 59th St., Suite 11, Lincoln, NE 68516, Phone: (531) 289-1005; or with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), 200 Independence Avenue SW, Washington, DC 20201, Phone: 1-877-696-6775, Website: www.hhs.gov/ocr/privacy/hipaa/complaints/. You will not be retaliated against for filing a complaint.

Our Legal Duties

We are required by law to maintain the privacy and security of your PHI; notify you promptly if a breach occurs that may compromise your information; provide this Notice explaining our legal duties and privacy practices; and follow the terms of this Notice currently in effect. We reserve the right to amend this Notice as laws or operational practices change. Revised notices will be posted at our office and on our website.