

Effective Date: 03/12/2026

## **Notice of Privacy Practices for NEXT STEP/KPMHS**

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

The confidentiality of your personal health information is very important to this medical practice. Your medical record, generally containing information regarding your symptoms, test results, diagnoses, and treatment, serves as a basis for planning your future care and treatment. We use 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 by this office, whether made by your personal provider or others working in this office.

Substance Use Disorder (SUD) treatment records created by federally assisted programs are protected under 42 C.F.R. Part 2 and applicable HIPAA regulations and will not be used or disclosed without your written authorization except as permitted or required by law.

This notice will tell you about the ways in which we may use and disclose health information about you. We are required by law to maintain the privacy of your protected health information and to provide you with notice of your privacy rights and of legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this notice but reserve the right to change the terms of this notice. Before we make a significant change, this notice will be amended to reflect the changes and we will make the new notice available upon request.

You may request a copy of our Privacy Notice at any time.

### **Use of Disclosures of Health Information**

We will keep your health information confidential, using it only for the following purposes:

**TREATMENT:** We may use your health information to provide you with our professional services. We have established “minimum necessary or need to know” standards that limit various staff members’ access to your health information according to their primary job functions.

**DISCLOSURE:** We may disclose and/or share your healthcare information with other health care professionals who provide treatment and/or service to you. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so.

**PAYMENT:** We may use and disclose your health information to seek payment for services we provide to you. This could involve our staff and/or may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

**EMERGENCIES:** We may use or disclose your health information to notify or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death, or necessary to prevent or lessen a serious and imminent threat to the health or safety of any person or the public. If possible, we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care.

We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up certain forms of health information and/or supplies unless you have advised us otherwise.

**HEALTHCARE OPERATIONS:** We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information could include, but are not limited to, medical records staff, outside health or management reviewers and individuals performing similar activities.

**REQUIRED BY LAW:** We may use or disclose your health information when we are required to do so by law (Court or administrative orders, subpoena, discovery request or other lawful process.) We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

**ABUSE OR NEGLECT:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

**PUBLIC HEALTH RESPONSIBILITIES:** We will disclose your health care information to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

**MARKETING HEALTH-RELATED SERVICES:** We will not use your health information for marketing purposes unless we have your written authorization to do so.

**NATIONAL SECURITY:** The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

**APPOINTMENT REMINDERS:** We may use or disclose your health information to provide you with appointment reminders, including, but not limited to, voicemail messages, email, text and postcards or letters.

## **Your Privacy and Rights as Our Patient**

**ACCESS:** Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian.) There will be some limited exceptions. If you wish to examine your health information, you will need to provide a request for this in writing.

**AMENDMENT:** You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

**QUESTIONS AND COMPLAINTS:** If you want more information about our privacy practices or have questions or concerns, please contact us.

If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made, you may complain by contacting our practice at our current address. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to protect the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.