



# Atypical Therapy

## Privacy Practices & Legal Notice

**Atypical Therapy (DBA for iamwhereigrow, LLC)**

**Effective Date of This Notice: March 15, 2025**

**Website:** [www.atypicaltherapy.life](http://www.atypicaltherapy.life)

### NOTICE OF PRIVACY PRACTICES

This Notice describes how health information about you may be used and disclosed and how you can access this information. Please read it carefully.

#### I. My Legal Duty to Protect Your Health Information

As a licensed mental health professional, I am legally required to maintain the privacy and security of your protected health information (PHI), as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), codified at **45 CFR §§ 164.500–534**.

This notice outlines how your PHI may be used and disclosed and describes your legal rights. I am required by law to:

- Maintain the privacy of your PHI
- Provide you with this Notice of my legal duties and privacy practices
- Comply with the terms of this Notice currently in effect

I reserve the right to revise this Notice at any time, and changes will apply to all PHI I maintain. The updated Notice will be made available upon request and published on the practice website.

## **II. How I May Use and Disclose Your PHI Without Written Authorization**

### **For Treatment, Payment, and Health Care Operations**

Federal privacy regulations permit use and disclosure of your PHI without your written authorization for purposes of treatment, payment, and health care operations. These include but are not limited to:

- Coordination of care and consultations with other providers
- Submission of claims to insurance companies
- Billing and administrative tasks related to your care

Disclosures made for treatment purposes are not limited to the “minimum necessary” standard, as clinicians require full access to records for appropriate care.

### **Additional Permitted Uses and Disclosures Without Authorization**

Your PHI may also be disclosed without your written authorization in the following circumstances, in accordance with state and federal law:

- When required by law
- Public health activities (e.g., reporting suspected abuse or neglect)
- Health oversight activities (e.g., audits or investigations)
- Judicial and administrative proceedings (e.g., court orders or subpoenas)
- Law enforcement purposes (e.g., crimes on the premises or required reporting)
- To coroners or medical examiners
- For research, as permitted by law and subject to approval
- To avert a serious threat to health or safety
- For workers’ compensation claims
- For specialized government functions, such as national security or correctional operations
- Appointment reminders and health-related benefits (e.g., informing you of alternative treatment options)

### **III. Uses and Disclosures That Require Your Written Authorization**

I will not use or disclose your PHI for the following without your explicit written consent:

- Psychotherapy notes, except as permitted under 45 CFR § 164.508(a)(2)
- Marketing purposes
- Sale of PHI

You may revoke your authorization at any time in writing, unless I have already relied on it.

### **IV. Disclosures You May Object To**

Unless you object, I may disclose your PHI to individuals involved in your care (e.g., family, friends, legal guardians) or those assisting in payment for services. This may include phone messages or appointment updates.

You have the right to limit or revoke this permission at any time.

### **V. Your Rights Under HIPAA**

You have the right to:

- Request restrictions on use or disclosure of your PHI
- Request confidential communications (e.g., at a different address or phone number)
- Access and obtain a copy of your clinical record (excluding psychotherapy notes)
- Request amendments to your health record if you believe it is incomplete or incorrect
- Receive an accounting of disclosures of your PHI for the past six (6) years
- Receive a paper or electronic copy of this Notice at any time, even if you agreed to receive it electronically

To exercise these rights, please submit your request in writing.

### **VI. My Responsibilities**

I am required to:

- Maintain the privacy and security of your PHI
- Inform you promptly if a breach occurs that may compromise your information
- Provide you with this Notice and follow the terms herein
- Not use or share your PHI except as described in this Notice unless you authorize it in writing

## **VII. Crisis Support, Scope of Practice, and Communication Limitations**

### **Non-Emergency Practice Statement**

Atypical Therapy does not provide 24/7 crisis intervention or emergency services. If you are experiencing a life-threatening mental health or medical emergency, contact:

- **911**
- **988 Suicide & Crisis Lifeline**
- The **Trevor Project Lifeline** at 1-866-488-7386
- Your local emergency department

The client portal, email, and text are not monitored continuously and must not be used in emergency situations.

### **Scope of Services**

Atypical Therapy is a private mental health practice offering outpatient psychotherapy. This practice does **not**:

- Provide medical diagnosis or treatment
- Prescribe or manage psychiatric medication
- Guarantee availability outside of scheduled sessions

Clients needing medication support are advised to contact a licensed physician or psychiatrist.

### **Communication Policy**

Communication may occur through secure portal messaging, encrypted email, or text. While all electronic communication is HIPAA-compliant, it is not monitored 24/7. Please allow **up to two (2) full business days** for non-urgent replies.

## **VIII. Your Right to a Good Faith Estimate**

Under the **No Surprises Act** (Public Health Service Act § 2799B-6), clients who are uninsured or self-pay have the right to receive a **Good Faith Estimate** for the expected cost of therapy services.

This estimate will be provided:

- In writing prior to your first session
- Upon request
- At any point services or costs are expected to change significantly

You may dispute a bill if the final charge is substantially higher than the estimate.

For more information, visit <https://www.cms.gov/nosurprises>

## **IX. Complaints and Contact Information**

If you believe your privacy rights have been violated, you may submit a written complaint to:

**U.S. Department of Health and Human Services – Office for Civil Rights**

Phone: 1-877-696-6775

Website: <https://www.hhs.gov/ocr>

You may also submit complaints directly to this practice. You will not be retaliated against for filing a complaint.

## **X. Acknowledgment of Notice**

By accessing this website or entering into services with Atypical Therapy, you acknowledge that you have reviewed this Notice of Privacy Practices and agree to the terms outlined above.