

NOTICE OF PRIVACY PRACTICES

Effective Date: October 15, 2026

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.

Privacy Contact: Privacy Officer, Kimina Counseling, LLC
7 Midstate Drive, Suite 202, Auburn, MA 01501
Phone: (774) 243-0393 | Email: therapy@kiminacounseling.com
Website: kiminacounseling.com

I. OUR PLEDGE AND RESPONSIBILITIES REGARDING HEALTH INFORMATION

Kimina Counseling, LLC ("Kimina Counseling," "we," "us," or "our") understands that information about your health and health care is personal. We are committed to protecting your protected health information ("PHI"). We create and maintain records of the care and services you receive from us so that we can provide quality care and meet legal and professional obligations.

We are required by law to maintain the privacy and security of your PHI; provide you with this Notice of our legal duties and privacy practices; follow the terms of the Notice currently in effect; and notify you following a breach of unsecured PHI when notification is required by law.

We may change the terms of this Notice. Changes may apply to all PHI we maintain, including information created or received before the change. A revised Notice will be available upon request, at our office, and on our website.

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

The following categories describe common ways we may use or disclose PHI. Not every permitted use or disclosure is listed. We will use or disclose only the information permitted by applicable law and professional standards.

- **Treatment, Payment, and Health Care Operations.** We may use and disclose your PHI to provide, coordinate, or manage your treatment; obtain payment for services; and conduct health care operations. For example, a clinician may consult with another licensed health care provider involved in your care. Kimina Counseling may also use and disclose PHI for supervision, consultation, quality assurance, training, credentialing, and care coordination activities as permitted by law and applicable professional regulations. Disclosures for treatment are not subject to HIPAA's minimum necessary standard.
- **Required by Law.** We may use or disclose PHI when state or federal law requires us to do so, and any use or disclosure will be limited to what the law requires.
- **Massachusetts Confidentiality Protections.** Massachusetts law may provide additional confidentiality protections for certain mental health and other health information. When applicable Massachusetts law provides greater privacy protection than federal law, Kimina Counseling will follow the more protective requirement. We will use or disclose information protected by such laws only as permitted or required by applicable law.
- **Public Health and Safety.** We may use or disclose PHI for legally authorized public health activities, including certain reports of abuse or neglect, and when permitted by law to prevent or reduce a serious threat to health or safety.
- **Health Oversight.** We may disclose PHI to health oversight agencies for activities authorized by law, such as audits, inspections, investigations, or licensing activities.
- **Judicial and Administrative Proceedings.** We may disclose PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process when the requirements of applicable law are met.
- **Law Enforcement.** We may disclose PHI for law enforcement purposes when permitted or required by law, including in response to specified legal process or to report certain crimes occurring on our premises.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose PHI to a coroner, medical examiner, or funeral director when authorized by law.
- **Organ and Tissue Donation.** When applicable and permitted by law, we may disclose PHI to organizations involved in organ, eye, or tissue donation and transplantation.
- **Research.** We may use or disclose PHI for research only when the requirements of applicable law are satisfied, such as with your authorization or another legally permitted approval or waiver.
- **Specialized Government Functions.** We may disclose PHI for certain authorized government functions, such as military and veterans activities, national security and intelligence activities, protective services, or correctional institution functions, when permitted by law.

- **Workers' Compensation.** We may disclose PHI as authorized by and to the extent necessary to comply with workers' compensation or similar laws.
- **Appointment Reminders and Health-Related Services.** We may use PHI to contact you about appointments and, when permitted by law, about treatment alternatives or other health-related services or benefits that may be of interest to you.

III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes. When Kimina Counseling maintains psychotherapy notes as that term is defined by HIPAA, most uses and disclosures of those notes require your written authorization. HIPAA permits certain limited uses and disclosures without authorization, including use by the originator for treatment; certain supervised training uses; defense in a legal action or proceeding brought by you; HHS compliance investigations; certain uses required by law or health oversight law; disclosures to a coroner or medical examiner as authorized by law; and uses or disclosures permitted by law to avert a serious threat to health or safety.

Marketing. Kimina Counseling does not use or disclose your PHI for marketing purposes that require your authorization unless we first obtain your written authorization.

Sale of PHI. Kimina Counseling does not sell your PHI. Any sale of PHI that would require authorization under HIPAA would not occur without your written authorization.

Other Uses and Disclosures. Uses and disclosures of PHI not described in this Notice will be made only with your written authorization unless otherwise permitted or required by law. If you give us written authorization, you may revoke it in writing at any time, except to the extent we have already acted in reliance on it.

IV. SUBSTANCE USE DISORDER RECORDS SUBJECT TO 42 CFR PART 2

To the extent Kimina Counseling receives or maintains substance use disorder patient records that are subject to 42 CFR Part 2, those records are protected by additional federal confidentiality requirements. We will use and disclose such records only as permitted by Part 2 and other applicable law. We will not use or disclose Part 2 records in a civil, criminal, administrative, or legislative investigation or proceeding against you unless you provide the required written consent or the use or disclosure is authorized by a court order and subpoena as required by law.

V. USES AND DISCLOSURES FOR WHICH YOU HAVE AN OPPORTUNITY TO AGREE OR OBJECT

Family, Friends, and Others Involved in Your Care. Unless you object, we may share PHI with a family member, friend, or other person you identify as involved in your care or payment for your care, to the extent permitted by law. If you are unable to tell us your preference, such as in an emergency, we may use professional judgment and applicable law to decide whether a limited disclosure is in your best interest.

Disaster Relief. When permitted by law, we may share limited PHI with organizations assisting in disaster relief so that family or others responsible for your care can be notified about your condition, status, or location.

VI. YOUR RIGHTS WITH RESPECT TO YOUR PHI

- **Request Limits on Uses and Disclosures.** You may ask us not to use or disclose certain PHI for treatment, payment, or health care operations. We are not required to agree to every request. If we agree, we will follow the restriction except when disclosure is needed to provide emergency treatment or as otherwise permitted by law.
- **Request a Restriction for Services Paid in Full Out of Pocket.** If you pay in full out of pocket for a health care item or service, you may ask us not to disclose PHI about that item or service to your health plan for payment or health care operations. We will agree to that request unless a law requires the disclosure.
- **Request Confidential Communications.** You may ask us to contact you in a specific way or at a specific location. We will accommodate reasonable requests.
- **Inspect and Obtain Copies of Your PHI.** Except for psychotherapy notes and other information excluded from access by law, you may ask to inspect or obtain an electronic or paper copy of your medical record and other PHI we maintain about you. We will generally provide access, a copy, or an agreed summary within 30 days of your request. We may charge a reasonable, cost-based fee as permitted by law.
- **Request an Amendment.** If you believe PHI we maintain about you is incorrect or incomplete, you may request an amendment. We may deny the request in circumstances permitted by law, but we will explain the denial in writing, generally within 60 days.
- **Receive an Accounting of Certain Disclosures.** You may request a list of certain disclosures of your PHI made during the six years before your request. The accounting generally does not include disclosures for treatment, payment, or health care operations or certain other disclosures excluded by law. We will provide one accounting in a 12-month period at no charge and may charge a reasonable, cost-based fee for additional requests within the same 12-month period.
- **Receive a Copy of This Notice.** You may request a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically.

- **Choose Someone to Act for You.** If a person has legal authority to act as your personal representative, that person may exercise your HIPAA rights and make choices about your PHI as permitted by law. We may require documentation of that authority before taking action.

VII. COMPLAINTS AND QUESTIONS

If you believe your privacy rights have been violated, or if you have questions about this Notice, you may contact the Kimina Counseling Privacy Officer using the contact information at the beginning of this Notice. We will not retaliate against you for filing a complaint or exercising your privacy rights.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR):

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

200 Independence Avenue, S.W., Washington, D.C. 20201

Phone: 1-877-696-6775

Online: hhs.gov/hipaa/filing-a-complaint

VIII. CHANGES TO THIS NOTICE

We reserve the right to change this Notice and our privacy practices as permitted by law. Any revised Notice will state its effective date and will be made available upon request, at our office, and on our website.