



Kindred Counseling Center

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Notice of Privacy Practices

Health Insurance Portability and Accountability Act (HIPAA)

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Commitment to Your Privacy

I am committed to maintaining the privacy of your protected health information (PHI). PHI refers to information that may identify you and relates to your past, present, or future physical or mental health or health care services, whether in paper or electronic format. This Notice of Privacy Practices (“Notice”) is required by federal law and describes how I may use and disclose your PHI, your rights, and my legal duties regarding your privacy.

I am required by law to keep your PHI confidential and to follow the privacy practices outlined in this Notice. “Use” refers to internal use within my practice; “disclosure” means sharing it with others outside my practice. Except in certain situations, I may only use or disclose the minimum necessary PHI to accomplish the intended purpose.

Please read this Notice carefully and feel free to bring any questions or concerns to my attention.

How PHI About You May Be Used and Disclosed

I will not use or disclose your PHI without your written authorization, except as described in this Notice, required by federal and state law, or outlined in the “Client Agreement and Informed Consent” document. Below are categories of permitted uses and disclosures, with examples. Not every specific use of disclosure is listed, but all permitted uses fall within these categories.

For Treatment. I may use or disclose your PHI to provide and coordinate your mental health care. For example, if you are also working with a psychiatrist, I may share relevant information to coordinate treatment. Except in emergencies, I will obtain your written authorization before any such consultation.

For Payment. I may use and disclose your PHI to bill and collect payment for services provided. For example, if your account becomes delinquent, I may share relevant information with billing or collection agencies, but will make every effort to resolve the matter with you directly before doing so.

For Healthcare Operations. I may use your PHI to support practice operations, improve services, or contact you when needed. For example, I may use your information to monitor treatment outcomes or evaluate service quality.

Employees and Business Associates. If services are provided by employees or contract business associates (e.g., billing or IT support), I ensure they are bound by a contract requiring the same confidentiality protections I uphold.

Note: Federal and state law provide additional protections for certain types of health information, including mental health, substance use, and HIV/AIDS-related information. These laws may limit how and when your PHI is disclosed.

Special Circumstances. Federal and state laws allow or require me to use or disclose your PHI in the following situations, even without your signed consent:

- **Persons Involved in Your Care.** I may share information with individuals involved in your care or payment, such as a health care proxy, personal representative, or family member you identify. In a disaster situation, I may disclose your PHI to assist with family notifications.
- **Abuse, Neglect, or Domestic Violence.** I must report suspected abuse or neglect of a child, elder, or dependent adult, in accordance with Pennsylvania law.
- **Minors.** If you are a minor, I may disclose certain information to your parent(s) or guardian as allowed or required by law.
- **Worker's Compensation.** I may disclose your PHI to comply with worker's compensation laws.
- **Legal Proceedings.** I may disclose your PHI in response to a court or administrative order, subpoena, or other lawful process. Whenever possible, I will notify you and give you an opportunity to object or seek protective measures.
- **Public Health and Safety.** I may disclose information to prevent or control disease, report births or deaths, notify persons exposed to a disease, or comply with other public health mandates.
- **Food and Drug Administration (FDA) Oversight.** I may disclose information to the FDA regarding the safety of products you use.
- **Health Oversight Agencies.** Your PHI may be disclosed to government agencies for audits, investigations, licensing, or compliance reviews (e.g., HIPAA compliance).
- **Law Enforcement.** Disclosures may be made when required by law, court order, or under limited conditions such as locating a missing person or reporting a crime.
- **United States Department of Health and Human Services (HHS).** I am required to disclose your PHI to HHS when requested for compliance audits under HIPAA.
- **Research.** In limited cases, your PHI may be used for approved research projects, with appropriate safeguards to protect your privacy.
- **Coroners, Medical Examiners, and Funeral Directors.** I may disclose PHI for identification, determining cause of death, or as required for their duties.
- **Organ or Tissue Donation.** Disclosures may be made to facilitate organ or tissue donation in compliance with applicable law.
- **Correctional Institutions.** If you are incarcerated, I may disclose your PHI for your health and safety or the safety of others.
- **To Prevent Serious Harm.** If I believe in good faith that you pose a serious threat to yourself or others, I may disclose your PHI to those who can help prevent harm.
- **Military and National Security.** I may disclose PHI to authorized military or national security officials if required by law.
- **As Required by Law.** Your PHI will be disclosed if mandated by federal, state, or local law.

Other Permitted Uses.

- **Treatment Alternatives.** I may use or disclose your PHI to inform you of alternative treatment options or services that may benefit you.
- **Health-Related Services.** I may contact you to inform you of benefits or services that may be of interest to you.
- **Appointments.** I may use or disclose your PHI to schedule or remind you of upcoming appointments (e.g., voicemail, email, text).

Other Uses and Disclosures of PHI

Your Authorization. I will obtain your written authorization before using or disclosing your PHI for any purpose not described in this Notice (or otherwise permitted or required by law). If you authorize use or disclosure, you may later revoke that authorization at any time by providing written notice. Your revocation will become effective when I receive your written request. Please note that revoking an authorization does not apply

to any disclosures already made. I am also required to retain records of the care provided, and I will continue to comply with any legal obligations related to disclosures.

- **Psychotherapy Notes.** I do keep “psychotherapy notes” as defined in 45 CFR § 164.501. These notes receive special protections under HIPAA, and their use or disclosure requires your written authorization except in the following limited circumstances:
 - For my own use in your treatment.
 - For training or supervising mental health professionals to improve their skills.
 - For my use in defending myself in legal proceedings initiated by you.
 - For use by the Secretary of Health and Human Services when investigating HIPAA compliance.
 - When otherwise required by law, and the disclosure is limited to the relevant legal requirements.
 - When required for certain health oversight activities related to the originator of the psychotherapy notes.
 - When required by a coroner or medical examiner performing duties authorized by law.
 - When necessary to prevent or reduce a serious and imminent threat to the health or safety of a person or the public.
- **Marketing of Health-Related Services.** I will not use or disclose your PHI for marketing purposes without your written authorization, and only as permitted by law.
- **Sale of PHI.** I will not sell your PHI without your written authorization, and only as permitted by law.
- **Fundraising Communications.** I may contact you regarding limited fundraising efforts. You have the right to opt out of such communications, and I will honor that request.

Changes to This Notice

The terms of this Notice apply to all records containing your PHI that are created or retained by me. Please note that I reserve the right to revise or amend this Notice at any time. Any updates will apply to all PHI I have created or maintained in the past, as well as any PHI I create or maintain in the future. A copy of the most current Notice will be available in my office, in a clearly visible location, and on my website. You may also request a copy at any time. The effective date of the most recent revision will be listed at the end of this Notice.

Your Health Information Privacy Rights

You have privacy rights under federal and state laws that protect your health information. These rights are important for you to know. You may exercise these rights, ask questions about them, and file a complaint if you believe your rights are being denied or your health information is not adequately protected. Health care providers and insurers subject to federal and state privacy laws must comply with the following rights:

To Request Restrictions on Certain Uses and Disclosures of PHI. You have the right to request limits on how I use or disclose your PHI. While I will consider your request, I am not required to agree to it. If I do agree, I will document the restriction and follow it, except in emergency situations or as otherwise permitted by law. If you pay for a service or health care item in full and out-of-pocket, you may request that I not share that information with your health insurer for purposes of payment or operations. I will honor that request unless required by law to disclose it or it is necessary to administer my business.

To Access PHI. You have the right to inspect or obtain a copy of your PHI in my records, with the exception of “psychotherapy notes.” Requests must be made in writing. I will respond within 30 days. If I deny your request, I will provide a written explanation and inform you of your right to request a review of the denial. You may be charged a reasonable fee for labor, copies, supplies, and postage. With your consent, I may offer a summary or explanation of the PHI instead of the full record.

To Request Confidential Communication. You may request that I contact you in a specific way (e.g., by home phone or a specific mailing address). I will honor all reasonable requests.

To Choose Someone to Act for You. If you have designated someone to act as your legal representative (e.g., via medical power of attorney or legal guardianship), that person may exercise your rights and make decisions regarding your PHI. I will verify their legal authority before taking action.

To Obtain an Email or Paper Copy of the Notice. You may request a paper or electronic copy of this Notice now, or the current version at any time. The most current version of this Notice is also available on my website.

To Request an Amendment of PHI. If you believe information in your record is inaccurate or incomplete, you may request an amendment in writing. Your request must identify the information to be amended, the correction you seek, and your reason. I will respond within 60 days. If I deny your request, I will provide a written explanation and inform you of your right to submit a written statement of disagreement, which will be included in your record and with any future disclosures.

To Receive an Accounting of Disclosures. You may request a list of certain disclosures of your PHI made within the six years prior to your request, provided those records still exist. This list will not include disclosures made with your authorization or for treatment, payment, health care operations, or certain other limited exceptions. I will respond within 60 days. You are entitled to one free accounting in any 12-month period. Additional requests may incur a reasonable fee, which I will disclose in advance.

To Be Notified of a Breach. You have a right to be notified in the event of a breach involving your PHI. I will notify you as soon as possible, and no later than 60 calendar days after the breach is discovered, in accordance with federal and state law.

To File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with me or with the U.S. Department of Health and Human Services Office for Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201, 1-877-696-6775, or www.hhs.gov/ocr/privacy/hipaa/complaints/. You will not be retaliated against for filing a complaint. However, depending on the nature of your complaint, professional ethics and licensing board requirements may require me to refer you to another provider.

Please discuss any questions or concerns with me. Your signature on the “Client Agreement and Informed Consent” (provided separately) indicates that you have read and understood this Notice.

Privacy Officer: Meghan Jerry, LMFT, CST, (267) 603-1624, meghan@kindredcounselingcenter.com

Date of Last Revision: June 7, 2025