

## Notice of Privacy Practices

Reflective Roots Psychotherapy & Healing, LLC  
808 Carmichael Road, PMB #241, Hudson, WI 54016  
Phone: 715-201-4563  
Email: [steph@reflectiveroots-therapy.com](mailto:steph@reflectiveroots-therapy.com)  
Website: [www.reflectiveroots-therapy.com](http://www.reflectiveroots-therapy.com)



EFFECTIVE DATE OF THIS NOTICE: 01/01/2026

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

Reflective Roots Psychotherapy & Healing, LLC ("RRPH") is committed to protecting your privacy. Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request, and/or providing a copy in your client portal.

### USE OF ARTIFICIAL INTELLIGENCE (AI)

RRPH may use AI tools within the Electronic Health Record SimplePractice *only* for administrative and supportive purposes —such as organizing notes, scheduling, billing, and data analysis—and always under the direct supervision and review of your therapist. Client consent is required for this use of AI and may be revoked in writing at any time; AI is never used to provide therapy, make clinical decisions, communicate therapeutic advice, or record sessions (unless requested in advance by the client). Please refer to the

Consent for Use of Artificial Intelligence (AI) Tools in Your Therapy Services form for full details.

RRPH may use AI tools for marketing, content creation, and business development. This will never include client PHI.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

#### For Treatment

Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with other treatment team members and colleagues for the purpose of expertise and best practice. We may disclose PHI to any other consultant only with your authorization.

RRPH creates a record of care and services you receive. RRPH uses the Electronic Practice Management software called SimplePractice. SimplePractice's privacy policy can be found [here](#):

<https://www.simplepractice.com/privacy/>

We need these records to provide you quality care and to comply with certain legal and billing requirements. Health care providers who treat you from RRPH, including employees, volunteers, and all members of RRPH, other members of our workforce, and our business associates follow these standards.

**For Payment.**

We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

**Appointment Reminders and Other Contacts.**

We may use your PHI to contact you with reminders about your appointments, alternative treatments you may want to consider, or other services that may be of interest or benefit to you.

**For Health Care Operations.**

We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing, computer support, transcription, translation, or practice management services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

**For Training or Teaching Purposes.**

PHI will be disclosed only with your authorization.

**Required by Law.**

Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**Without Authorization**

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. As a social worker licensed in the states of Minnesota and Wisconsin, it is RRPH's practice to adhere to more stringent privacy requirements for disclosures without authorization. The following language addresses these categories to the extent consistent with the NASW Code of Ethics and HIPAA.

- Child Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
- Vulnerable Adult Abuse, Neglect, or Financial Exploitation. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of vulnerable adult abuse, neglect or financial exploitation.

- Self-Harm or Harm to Others. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of self-harm or harm to others. In situations of harm to others, this may include notifying the threatened party directly.
- Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a subpoena (with your written consent), court order, court ordered therapy, administrative order, or similar process. RRPH will attempt to notify the client, as reasonable and able and within parameters of the law, of the sharing of this information before it is released.
- Insurance Billing and Reimbursement. We may disclose your PHI to an insurance company for the purpose of billing and reimbursement. In the event that case notes are requested by an insurance company, RRPH will make reasonable attempts to limit the amount of information provided to the insurance company and to notify the client before the information is released.
- Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.
- Medical Emergencies. We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. In the event of a medical emergency, emergency services will be contacted first and the emergency contact in your Electronic Health Record will be notified of the emergency second.
- Family or Persons Involved in Your Care. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm. Parents and guardians of a minor under age 18 have the right to review records of the minor in most cases.
- Health Oversight. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.
- Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.
- Specialized Government Functions. We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.
- Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

- Public Safety and Duty to Warn. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- Research. PHI may only be disclosed after a special approval process or with your authorization.
- Fundraising & Newsletters. You may be sent general communications from RRPH at one time or another. You have the right to opt out of such communications with each solicitation you receive.
- Verbal Permission. With your verbal permission and/or when you select the associated settings in your client portal, we may send billing documents, appointment reminders, and administrative communication to you via email and/or text message. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

### **With Authorization**

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization via signing a Release of Information (ROI) consent form, which may be revoked by you at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization (ROI): (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

### **YOUR RIGHTS REGARDING YOUR PHI**

You have rights regarding your PHI as described below. To exercise any of these rights, please submit your request in writing to our

*Privacy Officer, Stephanie Larson, at 808 Carmichael Road, PMB #241, Hudson, WI 54016.*

#### **Right of Access to Inspect and Copy.**

You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. With your written consent, you may also request that a copy of your PHI be provided to another person.

#### **Right to Amend.**

If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions. Reasonable, cost-based fees will be charged for records provided to another person.

**Right to an Accounting of Disclosures.**

You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

**Right to Request Restrictions.**

You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

**Right to Request Confidential Communication.**

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.

**Breach Notification.**

If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notice.

You have the right to a copy of this notice.

**COMPLAINTS**

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer, Stephanie Larson, at 808 Carmichael Road, PMB #241, Hudson, WI 54016, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201, or by calling (202) 619-0257.

***We will not retaliate against you for filing a complaint.***