NOTICE OF PRIVACY PRACTICES

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.

Our goal is to take appropriate steps to safeguard any medical or personal information provided to us. The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to: (1) maintain the privacy of medical information provided to us; (2) provide notice of our legal duties and privacy practices; and (3) abide by the terms of our Notice of Privacy Practices currently in effect.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The therapists at Santel & Kerr LLC may use or disclose your or your child's Protected Health Information (PHI) for treatment, payment, and health care operations purposes with your written consent.

- "PHI" refers to personal and individually identifiable health information about you (client) or your child (client) in your health record.
- "You" refers to the client in treatment (adult or minor) in this document.
- Treatment: Treatment is when we provide, coordinate, or manage your health care and related services. An example includes consulting with another health care provider, such as your physician, psychiatrist, social worker, or counselor.
- Health Care Operations & Payment: Health care operations relate to the performance and administration of our practice, including quality assessment, business audits, administrative services, case management, and care coordination. Payment activities include billing, collection, data processing, insurance claims adjudication, eligibility determination, Medicare/Medicaid utilization, and medical necessity reviews.
- Disclosure: Disclosure applies to activities outside of our agency, such as releasing, transferring, or providing access to information about you to third parties.

II. USES AND DISCLOSURES REQUIRING AUTHORIZATION

The therapists at Santel & Kerr LLC may use or disclose PHI for purposes outside of treatment, payment, and health care operations with your written authorization. An "authorization" is written permission above and beyond general consent that permits specific disclosures.

You may revoke an authorization at any time in writing, except to the extent that we have already acted in reliance on it.

An Authorization is strictly required for:

1. Most uses and disclosures of Psychotherapy Notes (notes recorded by a clinician summarizing private counseling sessions maintained separately from the rest of the medical record).
2. Uses and disclosures of PHI for marketing purposes.
3. Disclosures that constitute a sale of PHI.

III. USES AND DISCLOSURES WITHOUT CONSENT OR AUTHORIZATION

The therapists at Santel & Kerr LLC may use or disclose PHI without your consent or authorization under the following statutory circumstances:

- Child Abuse or Neglect: If, in our professional capacity, we know or suspect that a child under 18 years of age, or a person under 21 years of age with a physical, intellectual, or developmental disability, has suffered or faces a threat of suffering physical or mental wound, injury, disability, or condition reasonably indicating abuse or neglect, we are required by law to report immediately to the Ohio Public Children Services Agency or law enforcement.

- Adult and Domestic Abuse: If we have reasonable cause to believe that an adult residing in Ohio is being abused, neglected, or exploited, and is unable to provide for their own care due to physical or mental impairment or the infirmities of aging, we are required by law to report immediately to the County Department of Job and Family Services.

- Judicial or Administrative Proceedings: If you or your child are involved in a court proceeding and a request is made for information about evaluation, diagnosis, or treatment, such information is privileged under state law. We will not release records without written authorization from you or your legally appointed representative, or a court order signed by a judge. Privilege does not apply if you are being evaluated for a third party or where the evaluation is court-ordered.

- Serious Threat to Health or Safety: If your clinician believes that you or your child pose a clear and substantial risk of imminent serious harm to yourself or another person, we may disclose relevant confidential information to public authorities, the potential victim, other professionals, or family members to protect against harm. If you communicate an explicit threat of imminent serious physical harm or death against an identifiable victim, we are required by law to take protective action, which may include emergency hospitalization, establishing a targeted treatment plan, or notifying law enforcement and the potential victim (or parent/guardian if a minor).

- Worker's Compensation: If you file a worker's compensation claim, we may be required to disclose relevant mental health information to the Ohio Bureau of Workers' Compensation or designated officials.

- Military Activity and National Security: We may disclose PHI of Armed Forces personnel for military command activities, Veterans Affairs benefit determinations, or to authorized federal officials for conducting national security intelligence and presidential protective services.

IV. PATIENT RIGHTS AND CLINICIAN DUTIES

Patient Rights:

- Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of PHI. While we consider all requests, we are not required to agree, except as noted below.

- Right to Restrict Disclosures for Out-of-Pocket Payments: If you pay for a service out-of-pocket in full, you have the right to request that we do not disclose PHI related to that service to your health plan, and we are legally required to honor that request.

- Right to Confidential Communications: You have the right to request and receive confidential communications of PHI by alternative means or at alternate locations (e.g., alternate mailing address or phone number). We will accommodate reasonable written requests.

- Right to Inspect and Copy: Under HIPAA and the 21st Century Cures Act, you have the right to inspect and obtain a copy of your protected health information contained in your designated record set (medical and billing records) within 30 calendar days of your written request. Progress notes in the designated record set are accessible; psychotherapy notes maintained separately from the medical record are exempt from access. We may charge a reasonable, cost-based fee for copying, postage, and labor. Access may only be denied if a licensed clinician determines access is reasonably likely to endanger the life or physical safety of you or another person.

- Right to Amend: You have the right to request an amendment of PHI for as long as the record is maintained. If your request is denied, you have the right to submit a written statement of disagreement to be included in your record.

- Right to an Accounting of Disclosures: You have the right to receive an accounting of certain disclosures of your PHI made for purposes other than treatment, payment, or operations.

- Right to Notice of a Breach: You have the right to be notified in writing without unreasonable delay, and no later than 60 calendar days, following a breach of your unsecured PHI.

- Right to a Paper Copy: You have the right to obtain a paper copy of this notice from us upon request at any time, even if you previously agreed to receive it electronically.

Digital Communications and Telehealth:

- Telehealth and Third-Party Platforms: Santel & Kerr LLC utilizes secure, HIPAA-compliant telehealth, client portal, and electronic billing platforms where PHI is processed through Business Associates via encrypted channels.
- Unencrypted Communications: Standard email and SMS text messaging are not completely secure or encrypted. Unencrypted email and text are limited to administrative and scheduling purposes. You may opt out or request alternative, secure communication channels at any time.

Clinician Duties:

- We are required by law to maintain the privacy of PHI and to provide you with this notice of our legal duties and privacy practices.
- We reserve the right to revise our privacy policies and practices. Revised notices will be posted in our office and on our website (www.santelandkerr.com), and you may request a copy of the current policy at any time.

V. COMPLAINTS AND CONTACT INFORMATION

If you believe your privacy rights have been violated, or if you disagree with a decision made about access to your records, you may file an internal complaint with our designated Privacy Officer:

Privacy Officer:

Kristen Santel

Santel & Kerr LLC

1385 King Ave, Columbus, OH 43212

Phone: 614-506-7959 | Office: 614-972-7928

Email: Kristensantel2@gmail.com

You may also file a formal complaint with external regulatory bodies:

1. State of Ohio Counselor, Social Worker, and Marriage and Family Therapy Board

77 South High Street, 24th Floor, Columbus, OH 43215 | Phone: 614-466-5465

2. U.S. Department of Health and Human Services (OCR)

Centralized Case Management Operations, 200 Independence Avenue, S.W., Washington, D.C. 20201

Web Portal: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf

We will not retaliate against you in any way for filing a complaint.

VI. EFFECTIVE DATE

This Notice of Privacy Practices is effective as of September 1, 2026.