THERAPY IS COOL LLC

NOTICE OF PRIVACY PRACTICES

Effective Date: 10/9/2026

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Commitment to Your Privacy

Therapy Is Cool LLC ("the Practice," "we," or "us") is committed to protecting the privacy and security of your protected health information (PHI). PHI includes individually identifiable information about your health, mental health care, treatment, and related payment records.

We are required by applicable federal and Minnesota law to protect your health information, provide this notice of our privacy practices, follow the notice currently in effect, and notify affected individuals of certain breaches as required by law.

Minnesota law provides additional protections for health records in certain circumstances. We follow applicable federal and Minnesota privacy requirements, including the Minnesota Health Records Act.

Your Privacy Rights

You have the following rights regarding your health information.

Access your records. You may request to inspect or obtain a paper or electronic copy of your health records. Submit your request in writing to the Practice. We will respond within the time required by law. Fees may apply to copies of records when permitted by applicable law; however, we will not charge a fee when the law prohibits one, including for copies requested to review current medical care. Access may be denied only when legally permitted, and you may have the right to request a review of certain denials.

Request a correction. If you believe information in your records is incorrect or incomplete, you may request an amendment in writing and explain why it is needed. We may deny a request when permitted by law and will provide a written explanation when required.

Request confidential communications. You may ask us to contact you in a particular way or at a specific location, such as using a designated phone number or mailing address. We will accommodate reasonable requests as required by law.

Request limits on certain uses or disclosures. You may ask us to restrict how your information is used or disclosed. We are not required to agree to every request, except where the law requires us to do so. If you pay for a service completely out of pocket, you may have the right to request

that information about that service not be disclosed to your health insurer for payment or health care operations, subject to applicable legal requirements.

Request an accounting of disclosures. You may request a list of certain disclosures of your health information. The accounting generally covers the period required by law, subject to exceptions. One accounting in a 12-month period is provided without charge; reasonable, legally permitted fees may apply to additional requests.

Receive a copy of this notice. You may request a paper copy of this Notice of Privacy Practices 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 on your behalf, such as a legally authorized representative or guardian, that person may exercise your rights as permitted by law. We will verify the person's authority.

File a complaint. If you believe your privacy rights have been violated, you may complain to the Practice or to the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

How We Use and Disclose Your Health Information

We may use your health information for treatment, payment, and health care operations as permitted by law. Minnesota law may require your signed, dated consent before health records are released, including for certain treatment, payment, or health care operations purposes. Specific legal exceptions may apply.

Treatment: We may use your information to provide, coordinate, or manage your mental health care. When disclosure to another provider is necessary, we will obtain consent when required by Minnesota law unless an exception applies.

Payment: We may use or disclose relevant information to bill for services, process insurance claims, verify benefits, and receive payment. Required consent will be obtained when applicable.

Health care operations: We may use information as permitted by law to operate and administer the Practice, maintain records, review quality of care, and perform other permitted administrative functions. We will obtain consent for disclosures when required by law.

Appointment and administrative communications: We may contact you about appointments, scheduling, billing, or other Practice-related matters using the contact information you provide, subject to your communication preferences and applicable law.

Other Uses and Disclosures Permitted or Required by Law

We may use or disclose health information without your authorization when a specific law permits or requires it. Depending on the circumstances, this may include:

- Public health activities and certain health or safety reporting.
- Reporting suspected child abuse, vulnerable adult abuse, or neglect when required by law.
- Preventing or responding to a serious threat to health or safety, when legally permitted.
- Health oversight, licensing, audits, investigations, or other authorized government activities.
- Judicial or administrative proceedings when applicable legal requirements are met.
- Certain law enforcement requests permitted by law.
- Workers' compensation matters.
- Certain government, military, medical examiner, coroner, or funeral director functions.
- Other disclosures specifically authorized or required by federal or Minnesota law.

We will limit disclosures as required by applicable law and will not assume that a request, subpoena, or other legal document automatically authorizes disclosure in every circumstance.

Disclosures to Family Members and Other People Involved in Your Care

We generally will not disclose your health records to family members, friends, or other people involved in your care without your consent when consent is required by law.

When legally permitted, information may be shared in limited circumstances, such as with a legally authorized representative or a person responsible for payment. The information disclosed will be limited as required by law.

You may authorize disclosures to other individuals by completing an appropriate Release of Information form. You may revoke an authorization in writing, subject to disclosures already made in reliance on it and other applicable legal requirements.

Psychotherapy Notes, Marketing, and Sale of Information

Certain uses and disclosures require your specific written authorization, including many uses or disclosures of psychotherapy notes, uses of health information for marketing when authorization is required, and disclosures that constitute a sale of PHI when authorization is required.

We will not use or disclose your PHI for these purposes without the authorization required by law. You may revoke an authorization in writing, subject to actions already taken in reliance on it and other legal limitations.

Substance-Use-Disorder Records

Certain substance-use-disorder treatment records may be subject to additional federal confidentiality protections under 42 CFR Part 2.

To the extent the Practice maintains records subject to Part 2, we will follow the applicable requirements governing the use and disclosure of those records. In particular, records subject to Part 2 may receive additional protection against use or disclosure in civil, criminal,

administrative, or legislative proceedings against the individual without the consent or court order and subpoena required by law.

Our Responsibilities

The Practice is required to:

- Maintain the privacy and security of your PHI as required by law.
- Provide you with this notice explaining our privacy duties and practices.
- Follow the terms of the notice currently in effect.
- Notify you of a breach of unsecured PHI when notification is required by law.
- Obtain written authorization for uses and disclosures when required by applicable law.

We will not use or disclose your health information in ways not described in this notice unless you authorize us to do so or the law permits or requires it.

Changes to This Notice

We may change the terms of this notice. Revised terms may apply to health information we already maintain, as permitted by law. The current notice will be available on our website, at the Practice upon request, and through our intake process.

Questions, Requests, or Complaints

To exercise your privacy rights, request a paper copy of this notice, or raise a privacy concern, contact:

Therapy Is Cool LLC
1400 Madison Ave., Suite 602
Mankato, MN 56001

Phone: 507-769-0004
Email: rachel@therapyiscool.org or molly@therapyiscool.org

The Practice will not retaliate against you for filing a privacy complaint.

Effective date: 9/9/2024
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