

NOTICE OF PRIVACY PRACTICES

This notice describes how medical and mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Practice Name: Bergner Behavioral Medicine

Provider: Dr. Jessica Bergner, Licensed Psychologist

Address: Kansas City, Missouri

Phone: 975-202-8080

Effective Date: February 23, 2026

Your Protected Health Information (PHI)

While providing services, we create records about your mental health, treatment, and related services. These records are your **Protected Health Information (PHI)**. We are required by law to:

- Keep your health information private
- Give you this notice of our legal duties and privacy practices
- Follow the terms of this notice

How We May Use and Disclose Your Information

We may use or share your information in the following ways:

1. For Treatment: We may use your information to provide psychological services and coordinate your care. **Examples include:**

- Consulting with another healthcare provider involved in your care
- Referring you to another professional

2. For Payment: We may use your information to bill and receive payment for services.

Examples include:

- Sending information to your insurance company
- Providing documentation for out-of-network reimbursement

3. For Healthcare Operations: We may use your information to run the practice and improve services. **Examples include:**

- Quality review
- Professional consultation (your identity is protected)

Uses and Disclosures That Do NOT Require Your Authorization

We may disclose information without your written permission in these situations:

- **Required by Law:** If federal or state law requires disclosure.
- **Serious Threat to Health or Safety:** If we believe there is a serious and imminent risk of harm to you or someone else.
- **Abuse or Neglect Reporting:** If we suspect child abuse, elder abuse, or abuse of a vulnerable person.
- **Court Orders or Legal Proceedings:** If a court orders release of records or in response to lawful legal processes.
- **Public Health and Safety:** For certain public health activities (e.g., reporting communicable diseases if required).
- **Health Oversight Activities:** Licensing boards or government agencies conducting audits or investigations.
- **Workers' Compensation:** As required for workers' compensation claims.

Uses That Require Your Written Authorization

We will obtain your written permission before:

- Releasing psychotherapy notes (separate from the general record)
- Using your information for marketing
- Disclosing information not described in this notice

You may revoke your authorization at any time in writing.

Your Rights Regarding Your Information

You have the right to:

- 1. Access Your Records:** You may request a copy of your health record. We may provide a summary instead if appropriate. Reasonable fees may apply.
- 2. Request an Amendment:** If you believe something in your record is incorrect, you may request a correction.
- 3. Request Confidential Communications:** You can ask us to contact you in a specific way (e.g., only by secure message or at a work/personal phone number).
- 4. Request Restrictions:** You may request limits on how we use or disclose your information. We are not required to agree, but we will consider it.
- 5. Receive an Accounting of Disclosures:** You may request a list of certain disclosures made in the past six years.
- 6. Receive a Paper Copy of This Notice:** You can request a paper copy at any time.

Our Responsibilities

We are required to:

- Maintain the privacy and security of your PHI
- Notify you if a breach occurs that may have compromised your information
- Follow the privacy practices described in this notice

We reserve the right to change this notice. Updated notices will be available in the office and on our website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health & Human Services. You will not be penalized for filing a complaint.

TELEHEALTH PRIVACY AND SECURITY

This section describes how your information is protected when services are provided using telehealth technologies.

What is Telehealth?

Telehealth involves the delivery of psychological services using secure electronic communications, including video conferencing, phone, and digital communication platforms.

How Your Information is Protected During Telehealth

We take reasonable and appropriate steps to protect your privacy, including:

- Using **HIPAA-compliant telehealth platforms** when available
- Using secure internet connections and password-protected devices
- Conducting sessions in private settings
- Limiting access to your information to authorized individuals only

Despite these safeguards, telehealth carries some risks, including:

- Potential technical failures
- Rare risks of unauthorized access despite encryption
- Disruptions due to internet connectivity

Electronic Communication Risks

If you choose to communicate via patient portals: Be aware these methods may carry privacy risks depending on the platform. Simple Practice is a secure HIPPA compliant paid platform. You may request phone contact only at any time.

Your Role in Protecting Privacy

You are encouraged to:

- Choose a private location for sessions
- Use a secure internet connection (avoid public Wi-Fi)
- Use headphones when possible
- Protect your device with passwords

Session Interruptions

If a telehealth session is interrupted:

1. We will attempt to reconnect through the original platform.
2. If unsuccessful, we may contact you via phone at the number you provide.

Emergency Situations

Telehealth is not a substitute for emergency care.

- In emergencies, call **911** or your local emergency number.
- At the start of telehealth treatment, you may be asked to provide your physical location and an emergency contact.

Recording of Sessions

Sessions will **not be recorded** by the provider. You agree not to record sessions without prior written permission.

Acknowledgment

By participating in telehealth services, you acknowledge understanding the risks and safeguards described above.

PSYCHOTHERAPY NOTES POLICY

This policy explains how psychotherapy notes are handled under HIPAA regulations.

What Are Psychotherapy Notes?

Psychotherapy notes are **separate, personal notes** kept by the psychologist that document or analyze the content of therapy conversations. They may include:

- Impressions
- Hypotheses
- Sensitive personal reflections

- Process notes

These notes are **kept separate** from your official clinical record.

How Psychotherapy Notes Differ from Your Medical Record

Your **clinical record** may include:

- Diagnoses
- Treatment plans
- Progress notes
- Test results
- Billing information

Psychotherapy notes are **not included** in this general medical record.

Special Protections Under HIPAA

Psychotherapy notes receive **greater legal protection** than other health information.

They **cannot be disclosed** without your written authorization except in very limited circumstances.

When Psychotherapy Notes May Be Disclosed Without Authorization

Only in the following situations:

- To defend the provider in a legal action brought by the client
- For health oversight activities (e.g., licensing board investigations)
- To prevent a serious and imminent threat to health or safety
- As required by law

Access to Psychotherapy Notes

Clients generally **do not have the right** to access psychotherapy notes under HIPAA. However, you may request a summary of treatment if clinically appropriate.

Use for Training or Consultation

Psychotherapy notes may be used for professional consultation, but identifying information is minimized.

Authorization Requirement

Your **separate written authorization** is required before psychotherapy notes can be released for:

- Legal requests
- Insurance
- Third parties
- Any purpose not listed above

You may revoke authorization in writing at any time.

Acknowledgment of Receipt

I acknowledge that I have received a copy of this Notice of Privacy Practices, Telehealth Privacy and Security, and Psychotherapy Notes Policy.

Client Name: _____

Signature: _____

Date: _____