

Notice of Privacy Practices

** indicates a required field*

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

Moreno Counseling, LLC is committed to protecting your privacy. The Practice is required by federal law to maintain the privacy of Protected Health Information ("PHI"), which is information that identifies or could be used to identify you. The Practice is required to provide you with this Notice of Privacy Practices (this "Notice"), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

YOUR RIGHTS

Your rights regarding PHI are explained below. To exercise these rights, please submit a written request to the Practice at the

address noted below.

To inspect and copy PHI.

- You can ask for an electronic or paper copy of PHI. The Practice may charge you a reasonable fee.
- The Practice may deny your request if it believes the disclosure will endanger your life or another person's life. You may have a right to have this decision reviewed.

To amend PHI.

- You can ask to correct PHI you believe is incorrect or incomplete. The Practice may require you to make your request in writing and provide a reason for the request.
- The Practice may deny your request. The Practice will send a written explanation for the denial and allow you to submit a written statement of disagreement.

To request confidential communications.

- You can ask the Practice to contact you in a specific way. The Practice will say "yes" to all reasonable requests.

To limit what is used or shared.

- You can ask the Practice not to use or share PHI for treatment, payment, or business operations. The Practice is not required to agree if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask the Practice not to share PHI with your health insurer.
- You can ask for the Practice not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.

To obtain a list of those with whom your PHI has been shared.

- You can ask for a list, called an accounting, of the times your health information has been shared. You can receive one accounting every 12 months at no charge, but you may be charged a reasonable fee if you ask for one more frequently. Your request must state a time period for the disclosures, which may not be longer than six (6) years and may not include dates before April 14, 2003.

Your request should indicate in what form you want the list to be provided to you.

To receive a copy of this Notice.

- You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically.

To receive notification of Breach.

- In the event of a breach of your unsecured protected health information as defined by HIPAA, you will receive notification of the breach.

To choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.

To file a complaint if you feel your rights are violated.

- You can file a complaint by contacting the Practice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting

www.hhs.gov/ocr/privacy/hipaa/complaints/.

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

To file a complaint or exercise your rights, contact the practice using the information below:

Moreno Counseling LLC

1517 Broadway STE 107, Scottsbluff, NE 69361-3184

Attn: Evelina Moreno

(308)765-5352

OUR USES AND DISCLOSURES

1. Routine Uses and Disclosures of PHI

The Practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of our business. The Practice typically uses or shares your health information in the following ways:

To treat you.

- The Practice can use and share PHI with other professionals who are treating you.
- Example: Your primary care doctor asks about your mental health treatment.

To run the health care operations.

- The Practice can use and share PHI to run the business, improve your care, and contact you.
- Example: The Practice uses PHI to send you appointment reminders if you choose.

To bill for your services.

- The Practice can use and share PHI to bill and get payment from health plans or other entities.
- Example: The Practice gives PHI to your health insurance plan so it will pay for your services.

2. Uses and Disclosures of PHI That May Be Made Without Your Authorization or Opportunity to Object

The Practice may use or disclose PHI without your authorization or an opportunity for you to object, including:

To help with public health and safety issues

- Public health: To prevent the spread of disease, assist in product recalls, and report adverse reactions to medication.
- Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information included in 45 CFR, Title II, Section 164, et. seq.

- Health oversight: For audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

- Serious threat to health or safety: To prevent a serious and imminent threat.

- Abuse or Neglect: To report abuse, neglect, or domestic violence.

To comply with law, law enforcement, or other government requests

- Required by law: If required by federal, state or local law.

- Judicial and administrative proceedings: To respond to a court order, subpoena, or discovery request.

- Law enforcement: For law locate and identify you or disclose information about a victim of a crime.

- Specialized Government Functions: For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.

- National security and intelligence activities: For intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.

- Workers' Compensation: To comply with workers' compensation laws or support claims.

To comply with other requests

- Coroners and Funeral Directors: To perform their legally authorized duties.

- Inmates: The Practice created or received your PHI in the course of providing care.

- Business Associates: To organizations that perform functions, activities or services on our behalf.

3. Uses and Disclosures of PHI That May Be Made With Your Authorization or Opportunity to Object

Unless you object, the Practice may disclose PHI:

- To your family, friends, or others if PHI directly relates to that person's involvement in your care.

- If it is in your best interest because you are unable to state your preference.

4. Uses and Disclosures of PHI Based Upon Your Written Authorization

The Practice must obtain your written authorization to use and/or disclose PHI for the following purposes:

- Marketing,

- Sale of PHI, or
- Psychotherapy notes.

5. Use and Disclosure of Substance Use Disorder Records Subject to 42 CFR Part 2:

(A) If applicable, your substance use disorder ("SUD") records are protected by federal law under 42 C.F.R. Part 2 ("Part 2"). This law provides extra confidentiality protections and requires a separate patient consent for the use and disclosure of SUD counseling notes. Each disclosure made with patient consent must include a copy of the consent or a clear explanation of the scope of the consent. It must also be accompanied by a written notice containing the language in 42 CFR Part 2.32(a). Disclosure of these records requires your explicit written consent, except in limited circumstances such as:

- Medical Emergencies: to the extent necessary to treat you,
- Reporting Crimes on Program Premises,
- Child Abuse Reporting: In connection with incidents of suspected child abuse or neglect to appropriate state or local authorities, and
- Fundraising: We will provide you with an opportunity to decline to receive any fundraising communications prior to making such communications.

You may revoke this consent at any time as provided by 45 CFR 164.508(b)(5).

(B) Prohibitions on Use and Disclosure of Part 2 Records:

SUD records received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD record is used or disclosed. If SUD records are disclosed to us or our business associates pursuant to your written consent for treatment, payment, and healthcare operations, we or our business associates may further use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this Notice regarding PHI.

You may revoke your authorization, at any time, by contacting the Practice in writing, using the information above. The Practice will not use or share PHI other than as described in Notice unless you give your permission in writing.

OUR RESPONSIBILITIES

- The Practice is required by law to maintain the privacy and security of PHI.
- The Practice is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, the Practice will abide by the more stringent law.

- The Practice reserves the right to amend Notice. All changes are applicable to PHI collected and maintained by the Practice. Should the Practice make changes, you may obtain a revised Notice by requesting a copy from the Practice, using the information above, or by viewing a copy on the website www.nicolekaukcounseling.com.
- The Practice will inform you if PHI is compromised in a breach.

This Notice is effective on 2-6-2026.

This notice is in compliance with all Nebraska requirements and regulations including but not limited to:

This Practice complies with HIPAA, as well as any federal or state law that gives greater privacy protections than HIPAA. In addition to HIPAA, this Practice follows: the Child Protection and Family Safety Act, which restricts records related to allegations of child abuse, Neb. Rev. Stat. § 28-710 to 28-727; the Adult Protective Services Act, which restricts access to records related to allegations of vulnerable adult abuse, Neb. Rev. Stat. § 28-438 to 28-438.7; Neb. Rev. Stat. § 83-109, which restricts access to records of individuals in all state institutions; the Health and Human Services Act, which restricts the solicitation, disclosure or use of information related to persons applying for or receiving general assistance, medically handicapped children's services, medical

assistance, assistance to the aged, blind or disabled, aid to dependent children, or social services, Neb. Rev. Stat. § 68-313 & Neb. Rev. Stat. § 68-1209; the Food Stamp Act, which restricts the disclosure of information for recipients of the Supplemental Nutrition Assistance Program, 7 U.S.C. § 2020(e)(8); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which provides for greater protections for information related to the Temporary Assistance to Needy Families/ Aid to Dependent Children program, 42 U.S.C. § 602(a)(1)(A)(iv) & 45 CFR § 205.50(a); the Refugee Act of 1980, which restricts information related to individuals of the Refugee Resettlement program to only uses and disclosures related to the administration of the program, 45 CFR § 400.27; Nebraska Dept. of Social Services Manual, which provides for the safeguarding of all information regarding applicants or clients or other persons under any program administered by the Nebraska Department of Social Services, 465 NAC 2-005; and the Social Security Act, which places restrictions on the release of information regarding child support enforcement, 45 CFR § 302.35, 45 CFR § 303.15, 45 CFR § 303.21, 45 CFR § 303.70, & Neb. Rev. Stat. § 43-512.06.

* Responsible Party
