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NOTICE OF PRIVACY PRACTICES

Effective Date: August 13, 2025

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

You may have additional rights under Kansas state law. If you have questions about your rights to health care information, you may wish to consult with an attorney licensed in Kansas.

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that your health information is personal, and I am committed to protecting it. I create a record of the care and services you receive to provide quality treatment and to comply with legal requirements.

I am required by law to:

- Maintain the privacy of protected health information (“PHI”) that identifies you.
- Provide you with this Notice of my legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.

I may change this Notice at any time, and the updated version will apply to all PHI I maintain. The new Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

A. For Treatment, Payment, or Health Care Operations

I may use and disclose your PHI without written authorization for:

- **Treatment:** Coordinating or managing your care with other health care providers.
Example: Consulting with another licensed provider about your condition.
- **Payment:** Billing and collecting payment for your treatment.
- **Health Care Operations:** Administrative tasks such as appointment reminders or quality improvement activities.

Disclosures for treatment purposes are not subject to the “minimum necessary” standard, as providers often require full records to provide quality care.

B. When Required or Permitted by Law

I may use or disclose your PHI without your authorization when required by state or federal law, including:

- **Mandatory reporting under Kansas law** (K.S.A. 38-2223 & K.S.A. 39-1431) of suspected abuse, neglect, or exploitation of children, dependent adults, or elders.
 - Public health activities to prevent or control disease or reduce serious threats to health or safety.
 - Health oversight activities, such as audits or investigations.
 - Judicial and administrative proceedings, including responding to a valid court order or subpoena.
 - Law enforcement purposes, including reporting crimes occurring on my premises.
 - Workers’ compensation claims as permitted by law.
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C. Other Uses and Disclosures Without Authorization

- Appointment reminders and information about health-related services.
 - Coroners, medical examiners, and organ donation purposes when authorized by law.
 - Research purposes under strict conditions.
 - Specialized government functions (e.g., national security, military activities).
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III. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Certain uses or disclosures require your written permission:

- **Medical records** as defined by 45 CFR §164.501 (with limited exceptions, such as for treatment or legal defense).
- **Marketing purposes** involving your PHI, including testimonials or reviews containing identifiable information.
- **Sale of PHI** — I will never sell your PHI.

You may revoke your authorization at any time in writing, except where I have already relied on it.

IV. USES AND DISCLOSURES REQUIRING AN OPPORTUNITY TO OBJECT

You may tell me whether I can share relevant PHI with a family member, friend, or other person involved in your care or payment for your care. In emergencies, I may make such disclosures if it is in your best interest and will give you the opportunity to object as soon as possible.

V. YOUR RIGHTS REGARDING YOUR PHI

You have the right to:

- **Request restrictions** on certain uses or disclosures (though I am not required to agree).
- **Request limits** on disclosures to health plans if you have paid in full out-of-pocket.
- **Receive confidential communications** in a manner you specify.
- **Inspect and obtain a copy** of your records (with limited exceptions).
- **Request amendments** to your records if you believe they are inaccurate or incomplete.
- **Receive an accounting** of certain disclosures made in the past six years.
- **Obtain a paper or electronic copy** of this Notice at any time.
- **Appoint a personal representative** to act on your behalf.

- **File a complaint** with me or the U.S. Department of Health and Human Services (HHS) without fear of retaliation.
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VI. RECORD RETENTION

In accordance with Kansas law (K.A.R. 102-5-16), I maintain adult client records for at least **six (6) years** after the last date of service, and minor client records for at least **six (6) years after the last date of service or until the client reaches age 21, whichever is longer.**

VII. CONTACT INFORMATION & COMPLAINTS

If you believe your privacy rights have been violated, you may:

- Contact me directly at the address and email listed above.
- File a complaint with the HHS Office for Civil Rights at:
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: (877) 696-6775
Website: www.hhs.gov/ocr/privacy/hipaa/complaints

I will not retaliate against you for filing a complaint.