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NOTICE OF PRIVACY PRACTICES

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

This Notice of Privacy Practices describes how your protected health information ("PHI") may be used and disclosed and explains your rights regarding your health information. This notice applies to all records created and maintained by Alicia Kimball, MSN, APRN, PMHNP-BC in private practice.

I am required by federal and state law to maintain the privacy of your protected health information, provide you with this notice of my legal duties and privacy practices, and abide by the terms currently in effect.

I. MY COMMITMENT TO PROTECTING YOUR HEALTH INFORMATION

Your health information is personal. I understand the importance of maintaining your privacy and confidentiality. I create and maintain records regarding the care and services you receive to provide quality treatment, facilitate payment, comply with legal obligations, and support healthcare operations.

I am required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice of Privacy Practices.
- Notify you following a breach of unsecured PHI when required by law.
- Follow the terms of this notice currently in effect.

I reserve the right to revise this notice at any time. Any revision will apply to all PHI maintained by this practice. Updated notices will be available upon request and through the patient portal, if applicable.

II. HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED

Treatment

I may use and disclose your PHI to provide, coordinate, or manage your healthcare.

Examples include:

- Psychiatric evaluations
- Medication management
- Consultation with therapists, primary care providers, specialists, or other healthcare professionals
- Referrals to other providers
- Coordination of care with pharmacies and laboratories

Information shared for treatment purposes is not limited to the minimum necessary standard because complete

information may be required to provide safe and effective care.

Payment

I may use or disclose PHI to obtain payment for services provided.

Examples include:

- Submitting insurance claims
 - Verifying insurance eligibility
 - Collecting copayments, deductibles, or self-pay balances
 - Responding to requests for medical necessity documentation
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Healthcare Operations

I may use and disclose PHI for activities necessary to operate my practice.

Examples include:

- Quality improvement activities
 - Audits and compliance reviews
 - Credentialing
 - Staff training
 - Business management functions
 - Appointment reminders
 - Billing activities
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Appointment Reminders and Treatment Information

I may contact you regarding:

- Upcoming appointments
- Medication follow-up
- Treatment recommendations
- Health-related services offered through my practice

Communication may occur through:

- Telephone
 - Voicemail
 - Secure patient portal
 - Email (if authorized)
 - Text messaging (if authorized)
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Business Associates

I may use third-party companies to assist with practice operations, including:

- Electronic health records
- Practice management systems
- Telehealth services
- Secure messaging platforms
- Billing services
- Prescription services

These companies are required by law and contract to protect your health information.

III. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Except as described elsewhere in this notice, I will obtain your written authorization before using or disclosing

your PHI.

You may revoke an authorization at any time in writing, except to the extent action has already been taken in reliance on it.

Psychotherapy Notes

If psychotherapy notes are maintained separately from your medical record, they receive additional protection under HIPAA.

Any use or disclosure of psychotherapy notes requires your written authorization except:

- For your treatment by the author of the notes
 - For training or supervision purposes
 - To defend against legal actions initiated by you
 - For HIPAA compliance investigations
 - When otherwise required by law
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Marketing

I will not use or disclose your PHI for marketing purposes without your written authorization.

Sale of Protected Health Information

I will never sell your protected health information.

IV. USES AND DISCLOSURES NOT REQUIRING AUTHORIZATION

Federal and state laws permit certain disclosures without your authorization.

Required by Law

I may disclose PHI when required by federal, state, or local law.

Public Health and Safety

I may disclose PHI:

- To report suspected abuse or neglect
 - To prevent or lessen a serious threat to health or safety
 - To comply with public health reporting requirements
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Health Oversight Activities

I may disclose PHI for:

- Audits
 - Investigations
 - Licensure reviews
 - Government oversight activities
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Judicial and Administrative Proceedings

I may disclose PHI in response to:

- Court orders
 - Subpoenas
 - Administrative proceedings
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When appropriate, I will seek to limit disclosures and protect confidentiality.

Law Enforcement

I may disclose PHI to law enforcement officials when legally required or authorized.

Coroners and Medical Examiners

I may disclose PHI to coroners, medical examiners, or funeral directors as authorized by law.

Workers' Compensation

I may disclose PHI as necessary to comply with workers' compensation laws.

Research

Certain disclosures may be made for approved research activities when permitted by law.

Specialized Government Functions

I may disclose PHI for military, national security, correctional institution, or other specialized government purposes as authorized by law.

V. SUBSTANCE USE DISORDER TREATMENT RECORDS

If you receive treatment related to substance use disorders, portions of your records may be protected by federal confidentiality regulations, including **42 CFR Part 2**.

These records generally may not be disclosed without your written consent except as specifically authorized by federal law.

VI. PRESCRIPTION MONITORING PROGRAMS

When prescribing controlled substances, I may access information contained within state Prescription Drug Monitoring Programs (PDMPs) as permitted or required by law to support safe prescribing practices and reduce medication-related risks.

VII. ELECTRONIC COMMUNICATIONS AND TELEHEALTH

I may communicate with you electronically through:

- Secure patient portals
- Email
- Text messaging
- Telehealth platforms

While reasonable safeguards are utilized, electronic communications may involve privacy risks. You may request alternative methods of communication.

Separate informed consent may be required for telehealth services.

VIII. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights:

Right to Inspect and Obtain Copies

You may request access to your medical records and obtain electronic or paper copies. Requests will generally be fulfilled within 30 days.

Right to Request Amendments

You may request corrections to your records if you believe information is inaccurate or incomplete.

Right to Request Restrictions

You may request restrictions on certain uses or disclosures of your PHI. While I will consider all requests, I am not required to agree to every restriction.

Right to Restrict Disclosure to Health Plans

If you pay for a service entirely out-of-pocket, you may request that information regarding that service not be disclosed to your health insurance plan.

Right to Request Confidential Communications

You may request communication through alternative means or locations. Reasonable requests will be accommodated.

Right to an Accounting of Disclosures

You may request a list of certain disclosures made during the previous six years.

Right to Receive a Copy of This Notice

You may obtain a paper or electronic copy of this notice at any time.

Right to Designate a Personal Representative

A legally authorized individual may exercise these rights on your behalf when permitted by law.

Right to Revoke Authorization

You may revoke a previously signed authorization in writing at any time.

IX. BREACH NOTIFICATION

If a breach of your unsecured protected health information occurs, I will notify you as required by federal and applicable state law.

Notification will include:

- What happened
- Information involved
- Steps you can take to protect yourself
- Actions taken to investigate and mitigate the breach

X. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation. You may contact:

Privacy Officer

Alicia Kimball, MSN, APRN, PMHNP-BC
Phone: (207) 690-5697

You may also file a complaint with:

U.S. Department of Health and Human Services

Office for Civil Rights

Mail:
200 Independence Avenue, SW
Washington, DC 20201

Phone:

(877) 696-6775

Website:

<https://www.hhs.gov/hipaa/filing-a-complaint>

XI. CHANGES TO THIS NOTICE

I reserve the right to modify this Notice of Privacy Practices at any time. Any revisions will apply to all protected health information maintained by this practice. Updated notices will be available upon request and through the patient portal, if applicable.