HIPAA NOTICE OF PRIVACY PRACTICES

Kids Place Therapy Services, LLC

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED A ND HOW YOU CAN ACCESS THIS INFORMATION AS REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA).

PLEASE REVIEW CAREFULLY.

Introduction
Kids Place Therapy Services, LLC (referred to herein as KPTS) understands that your medical information is private and confidential. KPTS is required by law to maintain the privacy of "protected health information." Protected health information includes any oral or written health information, including demographic data, that may be used to identify you. This information is created or received by your healthcare provider and relates to your past, present or future physical or mental healthcare and conditions.

The terms of this notice apply to all records KPTS has created or maintained in the past and any records that KPTS may create or maintain in the future. KPTSm ay use health information about you for treatment, to obtain payment for treatment and for healthcare operations. Continuity of care is part of evaluation and treatment and your records may be shared with other providers. Thisi nformation may be shared via paper mail, electronic mail, fax or other methods. KPTS may use your information for these purposes only unless KPTS has obtained your written permission for additional disclosures or the disclosure is otherwise permitted by the HIPAA Privacy Regulations or state law.

Your Rights
Although your health record is the physical property of KPTS, the information belongs to you. You have the right to request in writing, the followi ng:

- -specific restriction on certain uses and disclosures of information as provided by applicable law
- -an accounting of disclosures of your health information as provided by applicable law
- -inspection of records as provided by applicable law
- -copies of your records as provided by applicable law. (We may charge a fee for costs, including copying and mailing incurred by complying with your request.)
- -communication of your health information by alternative means or at alternative locations
- -revocation of your authorization to use or disclose health information except to the extent that action has already been taken

KPTS Responsibilities
KPTS is required to:

- -maintain the privacy of your health information
- -provide you with notice as to legal duties & privacy practices with respect to information collected and maintained about you
- -abide by the terms of this notice
- -notify you if we are unable to agree to a requested restriction
- -accommodate reason able requests to communicate health information by alternative means or at alternative locations
- -maintain documentation for a minimum of six years from your child's completion of services in a secured and locked designated space. After six years, all health information will be discarded using a paper shredder.

KPTS reserves the right to change practices and to make the new provisions effective for all protected health information m aintained. Should information practices change, per your request, you will be mailed a revised notice to the address supplied.

KPTS will not use or disclose your health information without written authorization, except as described in this notice.

Permitted Uses and Disclosures
KPTS will use your child's health information to provide, coordinate or manage healthcare and any related services. For example: Information may be provided to or obtained from a nurse, physician, or other member of your child's

healthcare team, recorded in your child's record and used to determine your child's course of treatment. You may request KPTS provide your physician or healthcare providers with copies of various reports to assist in treatment.

KPTS will use your child's health information for payment. This information may be required to obtain prior approval for treatment, determine eligibility of benefits, demonstratemed ical necessity of treatment, for utilization review or to assist another provider in payment activity. This information will also be used for general billing purposes such as sending a bill to you or another payer. The information on the accompanying bill may include information that identifies your child, as well as their diagnosis, procedures and supplies used. The minimal amount of information will be provided. For example: Only the notes and reports for the specified service would be submitted. Reports or information from other disciplines in the file would not be sent by KPTS.

KPTS will use your child's health information for regular health operations. Information may be used by KPTS and its hired contractors for uses, which include the following: case management, quality assessment and improvement, training under supervision, reviews and audits, legal services, business management and general administrative activities. This information will be used in an effort to continually improve the quality and effectiveness of the healthcare services provided. In certain cases we may disclose patient information to another provider or health plan for health care operations.

KPTS will collect healthcare information on your child. Although health information in your child's record belongs to you, we may disclose protected health information to your family member or close personal friend if it directly relates to the person's involvement in your child's care or payment related to care. KPTS will share information with the child's family unless you indicate otherwise. If we determine in our professional judgment that it is in the best interest of your child or you that we disclose this information, we will disclose your protected health information as described.

KPTS will use or disclose your health information without your written authorization as required by law or for public benefit. You will be notified, as required by law, of any such use or disclosure for purposes, which include, to report child abuse, neglect or domestic violence, in response to court and administrative orders and other legal processes, in connection with certain research activities, to prevent risks to public health or safety and in the event of a serious threat to the health or safety of an individual or individuals.

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time for ongoing use of your protected health information.

Contact Person

Kam Wyruchowski is the designated Privacy Officer who is responsible for the development, implementation and oversight of the policies and procedures pertaining to HIPAA. Y ou may contact KPTS Privacy Officer, Kam Wyruchowski, verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against for filing a complaint.

Attn:
Kam Wyruchowski
2500 W. Higgins Road, Suite 555
Hoffman Estates, IL 60169
Phone: (630) 347-1702
Fax: (847) 378-4615

NOTICE OF PRIVACY PRACTICES

Effective Date: August 3, 2026

This Notice of Privacy Practices describes how Kids Place Therapy Services may use and disclose your protected health information (PHI), how we safeguard that information, and your rights under HIPAA.

Acknowledgement of Receipt
You will be asked to acknowledge receipt of this Notice. Your decision to sign does not affect your ability to receive treatment.

Who Follows This Notice
This Notice applies to all employees, therapists, students, contractors, business associates, and other workforce members with access to PHI.

Our Responsibilities
We protect your PHI, provide this Notice, comply with applicable privacy laws, notify you of certain breaches, and update this Notice as necessary.

Treatment, Payment & Operations
We may use and disclose PHI to provide treatment, coordinate care, verify insurance, bill for services, improve quality, and operate our practice.

Electronic Health Record, Patient Portal & Mobile App
We use a secure electronic health record and patient portal/mobile application for scheduling, documentation, billing, messaging, forms, and sharing clinical documents.

AI-Assisted Documentation
We may use secure HIPAA-compliant AI tools to assist with drafting clinical documentation. Every AI-generated note is reviewed, edited when necessary, and approved by the treating clinician before becoming part of the medical record. AI is used only to support documentation efficiency and never replaces professional clinical judgment.

Electronic Communications
We may contact you by phone, voicemail, text, email, secure portal message, or mobile app notification. Sensitive information will be shared through secure methods whenever appropriate.

Required by Law
We may disclose PHI when required by law, for public health reporting, abuse reporting, health oversight, court orders, subpoenas, or other lawful purposes.

Individuals Involved in Care
Unless you object, we may share relevant information with parents, guardians, family members, or others involved in your child's care.

Research
If PHI is used for research, we will comply with all applicable laws and obtain authorization when required.

Your Rights
You may inspect and obtain copies of records, request amendments, request restrictions, request confidential communications, receive an accounting of disclosures, obtain a paper copy of this Notice, and file a complaint without retaliation.

Changes to this Notice
We may revise this Notice at any time. Updated versions will apply to all PHI we maintain and will be available upon request.

Questions or Complaints
If you have questions or wish to file a privacy complaint, please contact the Kids Place Therapy Services Privacy Officer or the U.S. Department of Health and Human Services.

Kids Place Therapy Services, LLC
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Hoffman Estates, IL 60169
(630) 347-1702 Fax: (847) 378-4615
https://kidsplacetherapy.com/new-clients