

Notice of Privacy Practices

Practice Information

Name of Practice: *

IntrospectDNA, LLC

Address: *

Milwaukee, WI 53212

Contact Information: *

email: amy@introspectdna.com

phone: 414-367-4414

website: www.introspectdna.com

This notice describes how your health information is protected, how your health information may be used and shared, and what your rights are. Please review it carefully.

I. My Pledge Regarding Health Information:

As your genetic counselor, I understand that information about you and your healthcare is personal. I am committed to protecting your health information as part of my overall commitment to you.

I create a clinical record of the care and services you receive from me. I create this record to provide you with quality care and to comply with ethical and legal requirements. This notice applies to all of the records of your care generated by this practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request and on my website.
-

II. How I May Use and Disclose Health Information About You:

The Health Insurance Portability & Accountability Act (HIPAA, <https://www.hhs.gov/hipaa/index.html>) allows me to use and disclose your PHI for certain purposes without needing additional authorization from you under the categories of Treatment, Payment, and Health Care Operations. Below is a explanation of when use and disclosure may happen, with examples.

1. **Treatment** - This means providing, coordinating, or managing your care.

- Examples include:

- Documenting our sessions in your clinical record
- Consulting with another provider as directed by you
 - Please note that disclosures between healthcare providers for treatment purposes are not limited to the HIPAA “minimum information necessary” standard in order to support the best possible healthcare. However, I will communicate directly with you about what information is shared in this context.
- Coordinating care if you are seeing multiple professionals
- Placing referrals

2. **Payment** - I am out of network with all insurance and work with clients who are self-pay only; superbills to submit to insurance can be provided.

- Your information is protected and handled only as needed for credit card payment processing or providing a superbill.

3. **Health Care Operations** - These are activities that help me run a a high quality, safe, and ethical practice.

- Examples include:

- Updating records necessary for your care
- Working with other HIPAA-trained individuals involved with the day to-day operations of InformedDNA, including genetic counseling trainees
- Complying with audits or credentialing requirements

Additional uses and disclosures of PHI beyond Treatment, Payment, & Health Care Operations permitted without authorization or opportunity to object:

1. When legally required

2. When there are risks to public health
3. To report abuse, neglect, or domestic violence
4. To conduct health oversight activities
5. In connection with judicial and administrative proceedings
6. For law enforcement purposes
7. To coroners, funeral directors, and for organ donation
8. For research purposes (only as approved by an Institutional Review Board)
9. In the event of a serious threat to health or safety
10. For specified government functions
11. For worker's compensation

I do **not** share identifiable details without your permission unless the law requires it.

III. Certain Uses and Disclosures Require Your Authorization.

1. **Session Notes:** I create documentation notes of all client encounters, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in training or supervising associates to help them improve their clinical skills.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the session notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
 2. **Marketing Purposes:** I will never use or disclose your PHI for marketing purposes.
 3. **Sale of PHI:** I will never sell your PHI.
-

IV. Certain Uses and Disclosures Do Not Require Your Authorization:

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the patients who received one form of care versus those who received another form of care for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you directly to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. Certain Uses and Disclosures Require You to Have the Opportunity to Object:

Disclosures to family, friends, or others: I am able to provide your PHI to a family member, friend, or other person who you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. I must have a release of information form signed by you on file in order to share PHI in this manner. The opportunity to consent may be obtained retroactively in emergency situations.

VI. You Have the Following Rights With Respect to Your PHI:

- 1. The Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
- 2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full:** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- 3. The Right to Choose How I Send PHI to You:** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
- 4. The Right to See and Get Copies of Your PHI:** You have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so.
- 5. The Right to Get a List of the Disclosures I Have Made:** You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
- 6. The Right to Correct or Update Your PHI:** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
- 7. The Right to Get a Paper and/or Electronic Copy of this Notice:** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. You also have the right to receive copies in both formats.

Effectivity Date of This Notice

This version of IntrospectDNA's Notice of Privacy Practices went into effect on: *

Dec 29, 2025 
