

Kind Mind Family Counseling, Inc.

DBA Kind Mind Behavioral Health

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NOTICE OF PRIVACY PRACTICES

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

Effective Date: May 23, 2026

I. OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your care is personal. Kind Mind Family Counseling, Inc. DBA Kind Mind Behavioral Health is committed to protecting your protected health information ("PHI") and maintaining confidentiality in accordance with applicable federal and California laws.

We create and maintain records related to the care and services you receive in order to provide quality treatment, comply with legal obligations, and support continuity of care.

We are required by law to: Keep your PHI private and secure Provide you with this Notice of our legal duties and privacy practices Follow the terms of this Notice currently in effect Notify you if a breach occurs that may compromise the privacy or security of your information Kind Mind Behavioral Health currently provides primarily telehealth services using HIPAA-compliant electronic systems and communication platforms.

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

Federal privacy regulations allow healthcare providers to use and disclose PHI without written authorization for purposes related to treatment, payment, and healthcare operations.

Examples include: Providing therapy and mental health services Coordinating care with other healthcare providers Scheduling appointments and sending reminders Billing insurance companies or collecting payment Maintaining records and administrative operations **Electronic Communication**

Our practice may communicate with you electronically through email, phone calls, text messaging, voicemail, or secure client portal systems regarding scheduling, billing, paperwork, treatment coordination, or other administrative matters.

While we take reasonable precautions to protect your privacy, electronic communications may carry some inherent security risks.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

We will not use or disclose your protected health information for marketing purposes without your written authorization.

We will never sell your protected health information.

IV. YOUR RIGHTS REGARDING YOUR PHI

You have the right to: Request restrictions on certain uses of your PHI Request confidential communication methods Access copies of your records Request corrections to inaccurate information Receive a copy of this Notice File a complaint without retaliation

V. WEBSITE AND EMERGENCY DISCLAIMER

Communications through this website, email, contact forms, or social media do not establish a therapist-client relationship.

Our services are not intended for emergency or crisis situations.

If you are experiencing a medical or mental health emergency, call 911 or go to the nearest emergency room immediately.

You may also contact the 988 Suicide & Crisis Lifeline by calling or texting 988.

VI. CHANGES TO THIS NOTICE

We reserve the right to update this Notice at any time. Updated versions will apply to all protected health information maintained by our practice.