

Kyley J. Trausch, LCSW LLC
403 W Cherry Ln Meridian, Idaho 83642
Phone: (208) 502-8185
Fax: (208) 900-1698

NOTICE OF PRIVACY PRACTICES

Effective Date: December 29, 2025

This Notice describes how medical and mental health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

LEGAL DUTY

Kyley J. Trausch, LCSW, LLC is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices, follow the terms of the Notice currently in effect, and notify you following a breach of unsecured PHI.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION (WITHOUT YOUR AUTHORIZATION)

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your mental health care and related services (e.g., consultation with other health care providers involved in your care).

Payment

We may use and disclose your PHI to obtain payment for services provided to you (e.g., billing insurance, eligibility determinations, utilization review).

Health Care Operations

We may use and disclose your PHI for our operations, such as quality assessment, supervision, training, licensing, audits, and business planning.

Required by Law

We may disclose PHI when required to do so by federal, state, or local law.

Public Health and Safety

We may disclose PHI for public health activities, to prevent or lessen a serious and imminent threat to your health or safety or that of others, or as otherwise permitted by law.

Abuse, Neglect, or Domestic Violence

We may disclose PHI to appropriate authorities if we reasonably believe you are a victim of abuse, neglect, or domestic violence, as required or permitted by law.

Health Oversight Activities

We may disclose PHI to oversight agencies for activities authorized by law, such as audits, investigations, inspections, and licensure.

Judicial and Administrative Proceedings

We may disclose PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, consistent with applicable law.

Law Enforcement

We may disclose PHI for law enforcement purposes as required or permitted by law.

Coroners, Medical Examiners, and Funeral Directors

We may disclose PHI as authorized by law.

Business Associates

We may disclose PHI to third parties that perform services for us (business associates) who are required to safeguard your information.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We will obtain your written authorization before using or disclosing your PHI for purposes not described in this Notice, including:

- Psychotherapy notes (with limited legal exceptions)
- Marketing purposes
- Sale of PHI

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

SPECIAL RULE FOR REPRODUCTIVE HEALTH INFORMATION

We do not use or disclose PHI for the purpose of investigating or imposing liability on any person for seeking, obtaining, providing, or facilitating lawful reproductive health care. When

required by law, we will obtain a valid written attestation before disclosing PHI potentially related to reproductive health care.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Obtain Copies

You have the right to inspect and obtain a copy of your protected health information (PHI), with limited exceptions. Requests must be made in writing. Access may be restricted as permitted by law, including certain mental health or psychotherapy records.

Right to Request an Amendment

You may request an amendment to your PHI if you believe it is incorrect or incomplete. We may deny your request under certain circumstances permitted by law.

Right to an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures of your PHI made by us, as required by HIPAA.

Right to Request Restrictions

You may request restrictions on certain uses and disclosures of your PHI. We are not required to agree to all requested restrictions, except as required by law.

Right to Request Confidential Communications

You may request to receive communications about your health information in a specific manner or at a specific location.

Right to a Paper Copy of This Notice

You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

Right to Be Notified of a Breach

You have the right to be notified following a breach of unsecured PHI.

SPECIAL RULES FOR MINORS AND IDAHO STATE LAW

In addition to federal HIPAA requirements, Idaho state law governs parental consent, access, and confidentiality of health and mental health records for minors.

Parental Consent and Access

Under Idaho law, parental or legal guardian consent is generally required for healthcare services for unemancipated minors under the age of 18, with limited exceptions as allowed by law. Parents or legal guardians generally have the right to access their minor child's health information and records.

Confidentiality of Minor Mental Health Records

Certain Idaho laws provide additional confidentiality protections for minors receiving mental health services. In some circumstances, disclosures of a minor's mental health information may be limited or require the minor's written consent, except where disclosure is required for treatment, payment, healthcare operations, safety concerns, or by court order.

We comply with applicable Idaho statutes, including but not limited to Idaho Code Title 16 and Title 39. Where Idaho law provides greater privacy protection than HIPAA, we will follow Idaho law.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Privacy Contact:

Kyley J. Trausch, LCSW, LLC

Phone: (208) 502-8185

Email: kyley@kyleytrausch.com

Address: 403 W Cherry Ln Meridian, ID 83642

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and make the revised Notice effective for PHI we already have, as well as any information we receive in the future. The current Notice will be available upon request and on our website, if applicable.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.