



# Paperflower Psychiatry, LLC.

## HIPAA Acknowledgment & Privacy Practices Consent

### Your Privacy Is Protected

At Paperflower Psychiatry LLC, we are committed to protecting your personal health information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This form acknowledges that:

- You have received a copy of our **Notice of Privacy Practices**, which explains how your protected health information may be used or disclosed.
- You understand your **patient rights** under HIPAA, including the right to:
  - Access your records
  - Request corrections
  - Request restrictions on disclosures
  - File a complaint if you believe your privacy rights were violated

### Uses & Disclosures of Your Information

Your information may be used for:

- Treatment coordination
- Insurance billing
- Healthcare operations (e.g., quality review, staff training)
- Legal obligations (e.g., court orders, reporting abuse)

Paperflower will not disclose your information for marketing or other purposes without your explicit written permission.

### A Note on Ketamine & KAP

Therapeutic content shared during **Ketamine-Assisted Psychotherapy (KAP)** is confidential and will not be disclosed for legal, employment, or insurance purposes unless:

- Required by law (e.g., danger to self/others, mandated reporting), or
- You specifically authorize disclosure in writing.
- This is not shared with Paperflower Psychiatry unless a specific ROI for therapy notes is provided.
- This is furthermore not obtainable by Paperflower Psychiatry as we have separate health record systems and hold our own medical records.

***\*\*By signing below, I acknowledge that I have received, read, and understood the Notice of Privacy Practices and agree to the use and disclosure of my health information as described.\*\****

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_