4. ELECTRONIC COMMUNICATIONS AND TELEHEALTH

With your consent, LifeThrive Mental Health LLC may communicate with you via telephone, text message, email, voicemail, or other electronic means. While we take reasonable steps to safeguard electronic communications, such methods may not be fully secure. By consenting to electronic communication, you acknowledge and accept these risks.

Telehealth services are provided through HIPAA-compliant platforms, including Doxy.me. Sessions are not recorded. You are responsible for ensuring your own privacy during telehealth sessions by participating from a secure and private location

5. BUSINESS ASSOCIATES AND THIRD-PARTY SERVICES

We may disclose PHI to business associates who perform services on our behalf, provided they agree to protect the privacy and security of your information. These include, but are not limited to:

- Valant Medical Solutions
- Headway Mental Health Platform
- Psychology Today
- Doxy.me Telehealth Services
- DrFirst Healthcare IT Solutions

Disclosures to business associates are limited to the minimum necessary to perform their functions.

6. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights under HIPAA and Colorado law:

- Right to Access and Copies: You may request access to or copies of your health records. Reasonable, cost-based fees for copying, supplies, and postage (if mailed) may apply.
- Right to Amend: You may request correction of inaccurate or incomplete PHI.
- Right to Request Restrictions: You may request limits on certain uses or disclosures of your PHI. We are not required to agree to all requests.
- Right to Confidential Communications: You may request communication at an alternative location or by alternative means.
- Right to an Accounting of Disclosures: You may request a list of certain disclosures of your PHI.
- Right to a Copy of This Notice: You may request a paper or electronic copy of this Notice at any time.
- Right to File a Complaint: You may file a complaint with LifeThrive Mental Health LLC or the U.S. Department of Health and Human Services without fear of retaliation.

7. YOUR RESPONSIBILITIES AS A PATIENT

You are responsible for providing accurate and complete information, complying with practice policies, and notifying us of changes to your contact or insurance information. Consent to electronic communication is voluntary and may be withdrawn in writing.

8. DATA SECURITY AND BREACH NOTIFICATION

We maintain administrative, physical, and technical safeguards to protect PHI, including encryption, secure storage, access controls, and staff training. In the event of a breach of unsecured PHI, we will notify affected individuals in accordance with HIPAA and Colorado law, without unreasonable delay.

9. RECORD RETENTION

Medical records are retained in accordance with Colorado law and professional standards:

- Minors: Records retained until the patient reaches age 28
- Adults: Records retained for a minimum of ten (10) years following the last date of treatment
- Minimum retention period: Seven (7) years after last treatment

10. CHANGES TO THIS NOTICE

We reserve the right to revise this Privacy Policy at any time. Material changes will apply to all PHI we maintain. You will be notified of significant changes and asked to acknowledge receipt of an updated Notice.