



## Mindful Living Group

1300 N. Holopono Street, Suite 108 & 213, Kihei, HI 96753  
P.O. Box 1977, Kihei, HI 96753  
T (808) 206-9371 | F (855) 270-7441

### **PATIENT RIGHTS/RESPONSIBILITIES, HIPAA & PRIVACY PRACTICES NOTICE, AND FINANCIAL AGREEMENT**

#### **Patient Bill of Rights**

We do not discriminate on the basis of religion, race, gender, marital status, age, sexual orientation, national origin, previous incarceration, disability or public assistance status.

Every patient:

- shall be informed prior to, or at the time of, the intake appointment of services available at MLG and of any financial charges that are the patient's responsibility to pay beyond the coverage of health insurance
- can expect complete and current information concerning his or her diagnosis and individual treatment plan in terms he or she can understand.
- shall have the right to know by name, and the competencies of the licensed health professional responsible for coordination or delivery of his/her treatment.
- has the right to a coordinated transfer of care when there will be a change of provider(s).
- may assert the patient's right(s) without retaliation.
- has the right to choose freely among professionals and practitioners in the community and to change providers after services have begun.

#### **Notice of HIPAA & 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. Protecting our patients' privacy has always been important to this practice. A new state and federal law, the Health Insurance Portability and Accountability Act (HIPAA), went into effect on April 14, 2003 and requires us to inform you of our policy.

We are very careful to keep your health information secure and confidential. This law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice. We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company. We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer. We may share your medical information with our business associates, such as a billing service or with other providers at Mindful Living Group. We have a written contract with each business associate that requires them to protect your privacy. We may use your information to contact you. For example, we may want to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone. We may also send a receipt or superbill to your email address provided unless otherwise specified. All medical records requests must be made in writing.

In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may release some or all of your health information when required by law. We may contact your emergency contact listed in the event of an emergency and/or to locate you if we are concerned about your safety or potential risk of safety. If you are experiencing a mental health crisis outside our business hours, you are responsible for calling the mental health crisis state Department of Health ACCESS line at 1-800-753-6879, 911, or going to the Emergency Room. During business hours,



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you may contact us for a same day appointment and we will do our best to accommodate you. In the event of your need for a higher level of care than we offer, we may discharge you due to our inability to provide a higher level of service.

As we will need to contact you from time to time, we will use whatever address or telephone number you prefer. You have the right to transfer copies of your health information to another practice. You have the right to see or receive a copy of any of your health information if it is not possible, access could be detrimental to your mental health. You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add new information.

You have the right to receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing. You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F Washington, D.C. 20201. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact us at 808-206-9371.

All patients have the right to communicate opinions, recommendations and grievances. Patients' concerns which are not addressed directly with assigned therapists are to be addressed to either Jessica Brazil or Cailin Goodier's attention, in writing. Concerns may be mailed to the office, or hand delivered. Email communication is not recommended as it is not HIPAA compliant. All complaints made by patients will be addressed by the management team of Mindful Living Group, and patients will receive a phone call follow up within a week. All employees are prohibited from discouraging, intimidating, harassing or seeking retribution against patients who seek to exercise their rights or file a complaint.

### **NOTICE REGARDING PATIENT (CLIENT) PERSONAL RESPONSIBILITY AS A PATIENT**

Therapeutic and clinical treatment focuses on fostering self-responsibility, cultivation of empathy, the ability to consider others, as well as the ability to set and follow appropriate boundaries. Mindful Living Group has a strict Personal Responsibility Policy that includes our no show cancellation policy to ensure patient/client responsibility for their treatment and progress in treatment. It is common to experience avoidance patterns in clinical work when reaching challenging parts of treatment. Our **no show cancellation policy** which may include *charges for the sessions and the right for the provider to discharge from treatment* due to lack of personal responsibility for treatment is imperative to the clinical process. Should a patient have difficulty with following this policy, it is Mindful Living Group's view that the client may need to work with a clinical team or an agency that has higher level of care of services available such as case management, intensive outpatient treatment, or have other supports in place to assist the client's unique needs and situations that may be interrupting consistency in treatment and the ability to keep scheduled appointments.

Mindful Living Group has a strict **SAFETY POLICY** which includes a **NO Tolerance for Harm Policy** for intimidation, harassment, volatility, stalking, threats of injury (mentally, physically, financially, etc.), **Refusal to follow COVID Safety standards set by the [CDC](#)** including following of MLG COVID screenings and policies, federal and state law mandates, and/or any other form of aggression or disregard for the safety of providers, patients, and/or staff made directly or indirectly. Mindful Living Group will



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immediately discharge, refuse service, and if necessary report and take legal action to ensure the safety of providers and staff. Mindful Living Group has a NO RECORDING (video or audio) of sessions policy for many safety and confidentiality purposes. Mindful Living Group reserves the right to refer out at any time due to higher level of care needs, treatment compliance, clinical fit/rapport, etc.

### **NOTICE REGARDING ACCESS TO PRESCRIPTION AND LABORATORY HISTORY**

This is a notice that serves as a consent and informed practice regarding how your prescription history and lab tests may be used. Some of our providers may access and order prescriptions and lab tests as part of your treatment. Prescriptions and lab results and history may be accessed from other companies in order to provide treatment to you. Your medical information may be shared with laboratory, regulatory agencies, and pharmacies in order to provide prescribing and/or laboratory testing services to you.

### **TELEHEALTH**

We offer HIPAA compliant telehealth software for sessions to occur when there are situations, challenges or barriers to face-to-face sessions. The software company used ensures HIPAA compliance and it is the responsibility of the software company should there be a breach in its technology. As a patient, it is important to ensure the privacy of personal space and security of personal technologies used during sessions. Our providers often engage in these sessions through our office but on occasion may participate in another secure location.

### **TECHNOLOGY & SOCIAL MEDIA POLICY AGREEMENT**

This document outlines OUR policies related to use of Social media. Please read it to understand how we conduct ourselves as professionals and how you can expect us to respond to various interactions that may occur between us on the Internet through technology. Please sign this document to verify that you have read and understand this policy.

If you have any questions about anything within this document, we encourage you to bring them up when meeting with your health and wellness provider. As new technology develops and the Internet changes, there may be times when we need to update this policy. If we do so, we will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

### **FRIENDING**

We will only allow accepted friend requests through professional pages and social media groups such as a marketing or psychoeducation groups ie. (100 Mindful Days). We do not accept friend or contact requests from current or former patients on any personal social networking site (Facebook, Instagram, etc.). We believe that adding patients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. We encourage you NOT to add us on professional pages due to the privacy effects it may have for you. If you have questions about this, please bring them up when we meet and we can talk more about it.

### **FOLLOWING**

We post news and articles on professional accounts such as Facebook and Twitter. We have no expectation



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that you, as a patient will want to follow such streams. However, if you choose to follow in that capacity, we may discuss it and its potential impact on our working relationship. Our primary concern is your privacy. You are welcome to use your own discretion in choosing whether to follow through professional networking sources and should you choose to do so agree it in no way is a replacement or direct recommendations for services. If there are things from your online life that you wish to share, please bring them into our sessions where we can view and explore them together.

### **INTERACTING**

Please do not use messaging on Social Networking sites such as Twitter or Facebook to contact us. These sites are not secure and we may not read these messages in a timely fashion. Do not use wall postings, @replies, or other means of engaging with us in public online if we have an already established patient/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

If you need to contact us between sessions, the best way to do so is by phone or secure Theranest or Electronic Medical Records (EMR) messaging. This form also serves as a consent for text messaging reminders of appointments. We do not recommend and advise against using text messaging to reach me for communication other than to confirm or schedule appointments. See the email section below for more information regarding email interactions.

### **USE OF SEARCH ENGINES**

It is NOT a regular part of our practice to search for patients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If we have a reason to suspect that you are in danger and you have not been in touch with us via our usual means (coming to appointments, phone or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your safety and welfare. These are unusual situations and if we ever resort to such means we will discuss it with you when we next meet.

### **BUSINESS REVIEW SITES**

You may find our practice on sites such as Yelp, Google, or other places which list our businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find our listing on any of these sites, please know that our listing is NOT a request for a testimonial, rating, or endorsement from you as our patient, as it is unethical for us to solicit testimonials.

Of course, you have a right to express yourself on any site you wish. But due to confidentiality, we cannot respond to any review on any of these sites whether it is positive or negative. We urge you to take your own privacy seriously as we take our commitments of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with us about your feelings about our work, there is a good possibility that we may never see it.

If we are working together, we hope that you will bring your feelings and reactions to our work directly into the session. This can be an important part of treatment, even if you decide that we are not a good fit. None



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of this is meant to keep you from sharing that you are in treatment with whomever and wherever you like. Confidentiality means that we cannot tell people that you are our patient and ethics code prohibits us from requesting testimonials. But you are more than welcome to tell anyone you wish whom your provider is or how you feel about the treatment provided to you, in any forum of your choosing. Should you wish to leave a public review of your provider we encourage you to do so anonymously to protect your privacy.

### **EMAIL**

We prefer email only to arrange or modify appointments. Please do not email content related to your sessions, as email is not completely secure or confidential. If you choose to communicate with us by email, be aware that all emails are retained in the logs of your and our Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails we receive from you and any responses that were sent to you become a part of your legal record. Your care will not be communicated through email. This hereby serves as a notice of your limited privacy through email correspondences. If you wish to discuss your care through written form, please use our secure patient portal to do so. We may periodically send billing statements via email such as receipts, superbills, and statements unless otherwise notified in writing. According to HIPAA, if you request your records be sent via email and we send your records by this means, please keep in mind the risks outlined above.

### **TEXT MESSAGING**

Our system provides automated text reminders of your appointments as a courtesy for some cellular carriers. If you wish to not receive this notice, please contact our office and inform us of your request. Some of our providers use text messaging to schedule with their patients. However, many of our providers are unable or unwilling to receive or send text messages as a form of communication, so please do not use text messaging as a way to communicate with your provider unless agreed upon otherwise with your provider. We will not discuss your care via text message as it is not a secure form of communication and often interrupts providers privacy. We also may not get your texts if you send one. If you need to arrange, modify or cancel your appointment please either call our office directly (808) 206-9371 or send an email to [info@mindfullivinggroup.org](mailto:info@mindfullivinggroup.org).

### **EMAIL MARKETING**

We have many services at Mindful Living Group to support your journey with accessing tools for healing, recovery, Hawaiian Culture, and connection. This notice serves as your consent to receive our newsletter about events, providers in the group, programs, and/or announcements through our email marketing campaign. We may also invite you to join our 100 Mindful Days daily inspiration emails. We will not share your email address outside of Mindful Living Group without your consent. If you do not wish to subscribe to our email, please notify us by phone or email [info@mindfullivinggroup.org](mailto:info@mindfullivinggroup.org).

### **NOTICE OF BUSINESS AND ADDITIONAL PRIVACY PRACTICES**

Scheduling and marketing support services are provided by Mindful Living Group and appointment requests can be made through our general methods of contact. Medical records requests for Behavioral Health Services can be made by written request which must be sent to: P.O. Box 1977 Kihei, HI, 96753 and filling our our release of information form.



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Please see other specialty notices of privacy practices for their medical records requests. Please allow up to 14 business days for non-urgent medical records requests. Medical records requests for other healthcare providers may be expedited to ensure continuity of your care and can be requested via fax at: (855) 270-7441.

Mindful Living Group is NOT intended to be a primary care medical group or managed health care agency. We are a behavioral health group practice in community with independently operated multi-specialty health, complementary health, and/or wellness providers. This notice serves as your consent for sharing your information with other providers at Mindful Living Group for referral, administrative support (which at times may include billing or payment collection), and scheduling purposes. Each business practicing at Mindful Living Group retains their own medical records and share in communication systems, reception, and have generated notifications of their practices and methods of communication in their individual businesses privacy practices which they are required to provide to patients. Businesses practicing at Mindful Living Group include: Pacific Island Consulting, HEALING TOUCH and Earth Medicine Institute.

In the event of a dispute over this notice and agreement or in the context of receiving services at the Mindful Living Group, this serves as an agreement that any claim, dispute, and/or controversy (including but not limited to, any claims of malpractice, discrimination, harassment, or misconduct of any form that either I or the Company (or its agents, directors, officers, managers, employees, and health plans) may have against the other which would otherwise require or allow resort to any court or government forum arising from this contractual relationship, shall be submitted FIRST TO MEDIATION before arbitration under the Federal Arbitration Act or otherwise agreed by the parties, in conformity with the procedures of the state laws in which they are raised.

### **NOTICE OF SPECIALTY PRACTICES**

#### **HEALING TOUCH**

Healing Touch or Shirley Ramey, LPN is a Nursing service offered on site at Mindful Living Group. Healing Touch is an independently operated business and complementary care service operating in community with Mindful Living Group and is its own specialty and maintains their own medical records and may provide you with additional information about your rights with regards to nursing services. Nursing services are not a managed healthcare service offered by Mindful Living Group. We are in community shared office space and reception together and have confidentiality agreements to create ease in the referral and scheduling process. Records Requests for Healing Touch may be made at: [shirley@mindfullivinggroup.org](mailto:shirley@mindfullivinggroup.org).

#### **PLEASE SEE HEALING TOUCH PRIVACY PRACTICES**

#### **Earth Medicine Institute**

Earth Medicine Institute or David Bruce Leonard, L.Ac is an Acupuncture service offered on site at Mindful Living Group. Earth Medicine Institute is an independently operated business and complementary care service operating in community with Mindful Living Group. Earth Medicine Institute is its own specialty and maintains their own medical records and may provide you with additional information about your rights with regards to Acupuncture services. Acupuncture is not a managed healthcare service offered by Mindful Living Group. We are in community shared office space together and have confidentiality agreements to create ease in the referral and scheduling process. Records Requests for Earth Medicine Institute may be made at: [pweeps@protonmail.com](mailto:pweeps@protonmail.com).





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**arrangements not be made. If I am a Quest member, I understand the fee will not be charged and understand I may be discharged due to lack of treatment compliance.**

Name on Card: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ Security Code: \_\_\_\_\_

**I acknowledge, understand and agree to the terms outlined throughout this form. I affirm that I have read and agree to the policies and procedures with regard to Privacy Practices (HIPAA Notice), Technology and Social Media Agreement, Multi-Specialty Notice, and Business Practices Agreement. I agree to be legally bound by the terms of this agreement. I have had an opportunity to discuss any questions I may have about this agreement with my provider. I hereby consent to all of the content outlined throughout this agreement as a legally binding contract.**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

- I do not consent to email and text notification for scheduling, appointment reminders, and receipt of bills, invoices, and receipts.