



Kansas City Center for Anxiety Treatment, P.A.  
10555 Marty St., Ste. 100, Overland Park, KS 66212-2555  
(913) 649-8820 | [www.kcanxiety.com](http://www.kcanxiety.com)

Kansas City Center for Anxiety Treatment, P.A.  
NOTICE OF PRIVACY PRACTICES  
Effective Date: February 16, 2026

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

### **OUR LEGAL DUTY**

Kansas City Center for Anxiety Treatment, P.A. (“KCCAT”) is required by law to maintain the privacy and security of your protected health information (“PHI”). We are also required to provide you with this Notice of our legal duties and privacy practices concerning your PHI.

We will notify you promptly if a breach occurs that may compromise the privacy or security of your information.

We are required to follow the duties and privacy practices described in this Notice and provide you a copy of it upon request.

We reserve the right to change our privacy practices and this Notice. Any changes will apply to all information we have about you. The current Notice will always be available on our website and upon request.

### **HOW WE MAY USE AND DISCLOSE YOUR INFORMATION**

We may use and disclose your PHI for the following purposes without your written authorization:

Treatment: We may use your information to provide, coordinate, or manage your mental health care and related services. For example, we may document your therapy sessions, clinical assessments, treatment plans, and progress.

Payment: Although KCCAT is primarily a private-pay practice, we may use or disclose your information to provide documentation you request for reimbursement from insurance companies or third parties.

Health Care Operations: We may use your information to operate our practice, including:

- Quality improvement
- Clinical supervision and training
- Practice management

- Legal and compliance activities
- Administrative functions

Uses and disclosures not described in this Notice will be made only with your written authorization, except as permitted or required by law. You may revoke authorization at any time in writing.

#### **USES AND DISCLOSURES REQUIRED OR PERMITTED BY LAW**

We may disclose your information when required by law, including:

- To prevent serious threats to health or safety
- Suspected abuse, neglect, or domestic violence reporting
- Public health reporting requirements
- Health oversight activities
- Judicial or administrative proceedings, when legally required
- Law enforcement purposes, when legally required
- Workers' compensation claims, when applicable

#### **PSYCHOTHERAPY NOTES**

Psychotherapy notes receive special protection under federal law.

We will not use or disclose psychotherapy notes without your written authorization, except in limited situations permitted by law, such as:

- Clinical supervision
- Legal defense of the practice
- Situations required by law

#### **ELECTRONIC RECORDS AND COMMUNICATIONS**

We maintain electronic health records using secure systems, including electronic health record platforms and secure cloud-based storage systems.

We may communicate with you electronically via secure portal, email, or other electronic means when appropriate and with appropriate safeguards.

Electronic systems include audit controls, access controls, and encryption designed to protect your information.

## ADDITIONAL CONFIDENTIALITY PROTECTIONS FOR CERTAIN INFORMATION

Certain types of health information, including substance use disorder treatment information, may be subject to additional federal confidentiality protections. We will comply with applicable federal and state laws regarding such protections.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights:

- Right to Access: You have the right to inspect and receive a copy of your health records, with limited exceptions.
- Right to Request Amendment: You may request corrections to your health information if you believe it is inaccurate or incomplete.
- Right to Request Restrictions:
  - You may request restrictions on how we use or disclose your information. We are not required to agree to all requests but will comply when required by law.
  - You have the right to request that information not be disclosed to your insurance company if you have paid for services in full out-of-pocket.
- Right to Confidential Communications: You may request that we communicate with you in a specific way or at a specific location.
- Right to an Accounting of Disclosures: You may request a list of certain disclosures we have made of your information.
- Right to a Paper Copy of This Notice: You may request a paper copy of this Notice at any time.

## OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your information
- Provide you with this Notice
- Follow the terms of this Notice
- Notify you of breaches affecting your information

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Katie Kriegshauser, PhD, ABPP  
Kansas City Center for Anxiety Treatment, P.A.  
1055 Marty Street, Ste. 100, Overland Park, KS 66212  
913-649-8820  
info@kcanxiety.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

Complaint information is available at: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

You will not be penalized for filing a complaint.

### **CONTACT INFORMATION**

If you have questions about this Notice or your privacy rights, please contact:

Katie Kriegshauser, PhD, ABPP  
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This Notice is effective February 16, 2026, and replaces all prior Notices of Privacy Practices.