



Foundation Psychiatry  
— & WELLNESS —

80 Morgan's Point Road, #105  
Belton, TX 76513  
☎ 254-284-6563  
📠 254-306-0503  
[info@kylemorrowmd.com](mailto:info@kylemorrowmd.com)  
[www.kylemorrowmd.com](http://www.kylemorrowmd.com)

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

### I. MY RESPONSIBILITIES

Foundation Psychiatry & Wellness (“The Company” which also infers a physician from The Company) is required by law to maintain the privacy of your health information and provide you with this Notice of Privacy Practices. The Company will abide by the terms of this Notice of Privacy Practices; notify you if The Company cannot accommodate a requested restriction or request; and accommodate your reasonable requests regarding methods to communicate health information with you.

### II. USES AND DISCLOSURES OF INFORMATION

Under federal law, The Company is permitted to use and disclose personal health information without authorization for treatment, payment and health care operations. Such information may include documenting your symptoms, examination, test results, diagnoses, treatment and applying for future care or treatment. It also includes billing documents for those services. *Under most circumstances, The Company will not share your PHI with anyone without your express permission.* However, this office is permitted by federal privacy laws to use and disclosure your PHI for purposes of treatment, payment, and health care operations.

**1. DESCRIPTION OF “PROTECTED HEALTH INFORMATION” (PHI)** Protected health information (“PHI”) is demographic and individually identifiable health information that will or may identify the patient and relates to the patient's past, present or future physical or mental health or condition and related health care services.

#### 2. INFORMED CONSENT FOR THE USE OF AI-ASSISTED CLINICAL DOCUMENTATION

**Purpose:** This informed consent explains how Freed AI, a HIPAA-compliant artificial intelligence tool, may be used to assist in creating accurate clinical documentation during or after your appointments. Please read this information carefully and ask any questions you may have.

- **What Is Freed AI?** Freed AI is a secure, HIPAA-compliant software tool that assists with creating clinical notes. It may transcribe parts of your session, summarize information, and organize your medical documentation. Your clinician always reviews, edits, and finalizes the note. AI is a tool, not a decision-maker, and does not diagnose conditions, recommend treatments, or replace clinical judgment.

- **How AI Is Used in Your Care?** Audio from your session may be securely processed to generate clinical notes. Information may be transcribed, summarized, or structured into a standardized format. Your clinician reviews all documentation before it becomes part of your medical record. AI output is used only to assist with documentation and is never used to make decisions about your care.
- **Privacy, Security & HIPAA Compliance:** Your privacy is extremely important. Freed AI is fully HIPAA-compliant and uses multiple layers of legal, technical, and administrative safeguards to protect your protected health information (PHI). Freed AI operates under a HIPAA Business Associate Agreement (BAA), which legally requires the software to follow all HIPAA rules, use PHI only for documentation, never sell or use PHI for AI training, protect all information with strict safeguards, limit access only to authorized personnel, and report any breaches according to HIPAA standards. All data is encrypted during transmission using TLS 1.2+ and during storage using AES-256 encryption, ensuring that even intercepted data cannot be read. Freed AI does not store raw audio long-term. Audio is used only long enough to generate your clinical note and is then deleted according to system configuration. Only the final, clinician-reviewed note becomes part of your medical record. Access to your information is strictly controlled. Only your clinician and authorized clinical staff may access your documentation. Freed AI employees cannot access identifiable PHI except in rare, tightly controlled troubleshooting situations, and those are encrypted, logged, and audited. Your information is kept separate from others through segmentation, isolated processing environments, and unique encryption keys. Freed AI is legally prohibited from using PHI to train any AI models. The software is hosted on HIPAA-compliant cloud infrastructure with continuous monitoring, intrusion detection systems, encrypted backups, and disaster recovery protections. Freed AI collects only the minimum necessary PHI required for accurate documentation and undergoes regular audits, compliance checks, penetration testing, and ongoing security monitoring.
- **Benefits of Using AI-Assisted Documentation:** Using Freed AI allows your clinician to spend more time focusing on you, reduces time spent on paperwork, improves note accuracy and completeness, increases appointment availability, and enhances documentation efficiency.
- **Risks & Limitations:** Potential risks, though minimal, include transcription inaccuracies (which your clinician reviews and corrects), reliance on secure technology and internet connectivity, and rare technical errors. Your clinician remains responsible for ensuring the accuracy of all documentation.
- **Your Rights:** You have the right to ask questions at any time about AI use, decline the use of Freed AI for your visits, withdraw consent at any time without affecting your care, and request manual documentation instead of AI-assisted notes. Your decision will not impact the quality of your treatment.
- **Consent:** By signing below, you acknowledge that you understand how Freed AI is used in your care, how your PHI is protected under HIPAA, that Freed AI assists only with documentation and not clinical decision-making, and that participation is optional and may be withdrawn at any time.

### 3. WHAT “HEALTH CARE OPERATIONS” INCLUDES

### 4. HOW MEDICAL INFORMATION MAY BE USED FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS

### 5. HOW MEDICAL INFORMATION MAY BE DISCLOSED WITHOUT REQUIRING AUTHORIZATION

- **Abuse, neglect or domestic violence:** As required or permitted by law, The Company may disclose health information about you to a state or federal agency to report suspected abuse, neglect or domestic violence. If such a report is optional, The Company will use its professional judgment in deciding whether or not to make such a report. If feasible, The Company will inform you promptly that such a disclosure has been made.
- **Appointment reminders and Other Health Services:** The Company may disclose your PHI to remind you about an appointment or to inform you about treatment alternatives or other health

related benefits and services that may be of interest to you, such as case management or care coordination. You may opt in to SMS text messaging to communicate via text. You may opt in to SMS reminders at <https://www.kylemorrowmd.com/contact-us>. The Company will never sell SMS opt-in phone numbers or send any type of promotional or marketing materials via SMS.

- **Communicable diseases:** To the extent authorized by law, The Company may disclose information to a person who may have been exposed to a communicable disease or who is otherwise at risk of spreading a disease or condition.
- **Coroners, medical examiners and funeral directors:** The Company may disclose health information about you to a coroner or medical examiner, for example, to assist in the identification of a decedent or determining cause of death. The Company may also disclose health information to funeral directors to enable them to carry out their duties.
- **Food and Drug Administration:** The Company may disclose your PHI to the FDA or an entity regulated by the FDA, in order, for example, to report an adverse event or a defect related to a drug or medical device.
- **Health oversight:** The Company may disclose your PHI for oversight activities authorized by law or to an authorized health oversight agency to facilitate, auditing, inspection, or investigation related to our provision of health care, or the health care system.
- **Judicial or administrative proceedings:** The Company may disclose your PHI in the course of a judicial or administrative proceeding, in accordance with our legal obligation.
- **Law enforcement:** The Company may disclose your PHI to a law enforcement official for certain law enforcement purposes. For example, The Company may report certain types of injuries as required by law, assist law enforcement to locate someone such as a fugitive or material witness or make a report concerning a crime or suspected criminal conduct.
- **Personal representative:** If you are an adult or emancipated minor, The Company may disclose your PHI to a personal representative authorized to act on your behalf in making decisions about your health care.
- **Public health activities:** As required or permitted by law, The Company may disclose your PHI to a public health authority, for example, to report a disease or death.
- **Public safety:** Consistent with our legal and ethical obligations, The Company may disclose your PHI based on a good faith determination that such disclosure is necessary to prevent a serious and imminent threat to the public or to identify or apprehend an individual sought by law enforcement.
- **Required by law:** The Company may disclose your PHI as required by federal, state or other applicable law.
- **Specialized government functions:** The Company may disclose your PHI for certain specialized government functions as authorized by law. This includes military command, determination of veteran's benefits, national security and intelligence activities, protection of the President and other officials, and the health, safety and security of correctional institutions.
- **Worker's compensation:** The Company may disclose health information about you for purposes related to workers compensation as required and authorized by law.
- **Serious threat:** The Company may disclose your PHI to avert a serious threat to health or safety consistent with applicable law to prevent or lessen a serious imminent threat to the health or safety of a person or the public. Other uses and disclosures will be made only with your written authorization and you may revoke that authorization in writing as below (see "your rights").

Health care operations include activities such as communications among health care providers, conducting quality assessment and improvement activities; evaluating the qualifications, competence, and performance of health care professionals; training future health care professionals; other related services that may be a benefit to you such as case management and care coordination; contracting with insurance companies; conducting medical review and auditing services; compiling and analyzing treatment

outcomes for quality improvement.

In addition to uses and disclosures related to treatment, payment, and health care operations, The Company may also use and disclose your *personal information without authorization for the following additional purposes*:

### III. YOUR RIGHTS

Under law, you have certain rights regarding the health information that I collect and maintain about you or your minor child as their parent/guardian.

1. **You have the right to inspect and copy your health information.**
2. **You have the right to request a restriction of your health information.**
3. **You have the right to request to receive confidential communications by alternative means or at alternative locations.** The Company will accommodate reasonable requests. We may also condition this accommodation by asking you for an alternative address or other method of contact. The Company will not request an explanation from you as the basis for the request. Requests must be made in writing to our Privacy Officer.
4. **You have the right to request amendments to your health information.**
5. **You have the right to receive an accounting of disclosures of your health information.** You have the right to request an accounting of certain disclosures of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Privacy Notice. The Company is also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, to family or friends involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. The Company is not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years.
6. **You have the right to receive a paper copy of this Notice of Privacy Practices.**
7. **You have the right to revoke authorizations that you made previously to use or disclose information.** You can accomplish this by delivering a written revocation to our office, except to the extent information or action has already been taken.
8. **You have the right to file a complaint.** If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering it to me. You may complain to the Secretary of Health and Human Services (HHS) by writing to Office for Civil Rights, US Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by calling 1-800-368-1019; or by sending an email to [OCRprivacy@hhs.gov](mailto:OCRprivacy@hhs.gov). The Company cannot and will not make you waive your right to file a complaint as a condition of receiving care or penalize you for filing a complaint.

This means you may inspect and obtain a copy of your PHI that is contained in a “designated record set” for so long as The Company maintains the PHI. A designated record set contains medical and billing records and any other records that we use in making decisions about your healthcare. You may not however, inspect or copy the following records: psychotherapy and psychosocial notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and certain PHI that is subject to laws that prohibit access to that PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have the right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

This means you may ask us to restrict or limit the medical information The Company uses or discloses for

the purposes of treatment, payment or healthcare operations. We are not required to agree to a restriction that you may request. The Company will notify you if your request is denied. If The Company agrees to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by contacting our Privacy Officer (Dr. Kyle Morrow).

This means you may request an amendment of PHI about you in a designated record set for as long as I maintain this information. In certain cases, The Company may deny your request for an amendment. If your request is denied, you have the right to file a statement of disagreement with our Privacy Office and the Company may prepare a rebuttal to your statement and will provide you with a copy of this rebuttal. If you wish to amend your PHI, please contact our Privacy Officer. Requests for amendment must be in writing.

**In order to exercise any of your rights described above, you must submit your request in writing to The Company (with the exception of #8). If you have any questions about your rights, please speak with The Company in person or by phone during normal office hours.**

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Client Signature

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Date