

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU WILL BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This Notice applies to all health records that we maintain for you. We are required by law to maintain the confidentiality of your health information, to give you this Notice describing our practices and legal duties, to follow the terms of the current Notice, and to notify you if your unsecured protected health information has been breached. The practices described in this Notice apply to all our employees, volunteers, students-in-training, contract staff, members of our medical staff and their employees who may perform tasks at any of our locations, and any other persons authorized to make entries into or obtain information from your medical record.

We Will Use and Disclose Information for Treatment, Payment, and Operational Purposes

When you seek treatment, your information may be used within our facility and disclosed outside of our facility for the purposes described below without your verbal or written permission:

Treatment: Information gathered by the persons treating you is entered into your record and used to determine your plan of care and progress. This information may be shared with other parties involved in your care including consulting health care providers, your primary care physician, other facilities where you may be transferred, and other health care providers treating you. In some cases, the sharing of your protected health information (PHI) with other healthcare providers and hospitals may be done electronically, including through an electronic health information exchange. By using an electronic health information exchange, we may be able to make your PHI available to those who care for you in a more timely and effective manner, and thus help to improve the coordination of your care.

Payment: We may use your information to verify your insurance coverage. A bill and explanation of benefit will be sent to you, your insurer or other third party identified as a payer for your claim. We may disclose billing information to other health care providers involved in your care so that they have correct billing information. If you are overdue in paying your bill, information about you may be shared with collections agencies. **Health Care Operations:** We will use your health information for operational purposes including but not limited to staff assessment and training, education programs, and quality reviews of our treatment and business processes. Your health information may be disclosed to students or visiting observers who observe treatment and other processes during supervised programs within our facilities. Your health information may be disclosed to other providers involved in your care for their own health care operations.

Contacting You: We may contact you via telephone, email or mail regarding your appointments or other matters. We may leave voice messages at the number you have provided us.

Health Care Coordination, Related Services and Products: We may use or disclose your information to coordinate your care, and to advise you of alternative therapies, settings of care, or providers. We may tell you about another company's products or services in face-to-face communications. **Business Associates:** We may disclose your health information to certain third parties known as Business Associates who contract with us to perform certain services on our behalf. These third parties are obligated by law and by their contract to protect your health information. The Business Associates include but are not limited to SimplePractice.

Limited Data Sets and De-Identified Information: We may disclose some of your information as a 'limited data set' for use in research, certain public health purposes or for our operational needs. Information that does not identify you in any way is considered to be 'de-identified' and can be used or disclosed for any purpose.

Sharing Information With Family, Relatives, Friends and Others Involved in Your Care or Payment for Your Care

If you agree verbally or do not voice an objection we will use your information in the following circumstances:

Emergency Notification: If you are treated in an emergency situation and do not object, we may notify members of your family or other persons you identify.

Communication with Family, Friends and Others: Except as otherwise provided herein or in the Consent to Therapy, no information about you will be shared with your family, friends or others identified by you unless you give us written permission to do so. The opportunity to consent may be obtained retroactively in emergency situations.

When It Is Reasonable to Assume That You Do Not Object: If you request that a family member or friend be present during a session or you do not request them to leave, we will assume that you do not object to information about you being discussed in the presence of that person. If you are unable to tell us whether you agree or object to a disclosure for any of the reasons listed in this section, we may discuss your treatment or your bill with your family, relative, close friend or other persons involved in your care or payment for your care. In these cases, we would share only what is important for them to know if, based on our professional judgment, we decide that it is in your best interest for information to be shared.

Uses or Disclosures for Research or When Authorized by Law

We may use or disclose your health information without your permission in the following circumstances, subject to all applicable laws:

- For research activities under certain limited circumstances and subject to a special approval process.
- When required to do so by federal, state or local law.
- To prevent a serious threat to the health and safety of you, another person or the general public.

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- If required by the appropriate military command authority (active duty service members only).
- To report known or suspected child or adult abuse, neglect or endangerment to the appropriate agencies or law enforcement authorities.
- To health

oversight agencies who monitor our compliance with the law. In addition, individual employees, volunteers, students-in-training or Business Associates may use or disclose information about you in a 'whistleblower' action.

- In response to a court or administrative order or other court action that compels release of the information.
- To local, state or federal law enforcement officials when required by law, to identify or locate persons in our facilities, to report known or suspected criminal activity or when necessary to provide for national or state security

Other Uses and Disclosures of Health Information

Records of Mental Health and Alcohol or Substance Abuse Patients: The private notes maintained by your therapist regarding your care (i.e. notes that are not recorded in the medical record), will not be released to you or any other party except with a written authorization from you. **Incidental Uses and Disclosures:** Although we take safeguards to avoid this, it is possible that in the course of a lawful use or disclosure of your health information, information is overheard or seen by someone other than the intended recipient of the information.

Disclosures Requiring Your Written Authorization: Other uses and disclosures not covered by this Notice or the laws that apply to us will be made only with your written permission. You may, in most cases, revoke that permission, in writing, at any time. Note that we are unable to recover information that was previously disclosed with your permission. We cannot accept a revocation of your written permission when it was given as a condition of obtaining insurance coverage since other laws give the insurer the right to contest a claim under the insurance policy. If you refuse to give your written permission for release of information, we may not refuse to treat you unless: (1) your written permission is required as a condition of participation in research related treatment, or (2) the only reason for the health care encounter is to create health information for release to a third party.

Your Rights Regarding Your Health Information

You may exercise the following rights by contacting the facility where you received your services:

Right to Inspect and Copy: You have the right to inspect and obtain a copy (for a reasonable fee) of the information we maintain on you in your medical records, billing records and other records used to make decisions about your care. Your request must be in writing. You have the right to obtain an electronic copy of your electronically maintained medical records if those records are readily producible in the electronic form or format you request. We will encrypt electronic information provided to you (requiring that you use a password to access the information) unless you direct us not to use encryption. We may deny your request to inspect and copy your information in certain limited circumstances. You may request review of a denial. **Right to Correct or Update Your Information:** If you believe that your health records are incorrect or incomplete, you may request that we amend the records. You have the right to request an amendment for as long as we keep your information. Your request must be in writing. We will deny your request if: (1) you do not provide a reason for the requested changes, (2) the information was not created or maintained by us, (3) the information is not within the records you are permitted to inspect and copy, or (4) the information in your records is accurate and complete. Any corrections we accept will be included in your record.

Right to a List of Certain Disclosures: We are required to keep a list of certain (but not all) disclosures we make of your health information and you are entitled to a copy of that list. Your request must be in writing. You must state the time period for which you want the list of disclosures, but the time period cannot be longer than the preceding six (6) years. The first list you request within a 12-month period will be free. However, if you request additional lists during this period, we will charge you a reasonable fee for providing the list.

Right to Request Restrictions: You have the right to request that we limit the use or disclosure of your health information for treatment, payment or health care operations. You have the right to request that we limit the information we disclose to your family, friends or others involved in your care or payment for care. Your request for restriction must be in writing. For any services for which you paid out-of-pocket in full, we will honor your request to not disclose information about those services to your health plan, provided that such disclosure is not necessary for your treatment. In all other circumstances, we are not required to agree to your request for restriction nor provide a reason for our denial. We will not accept restriction on information when release is required or permitted by law or when we do not have the technical means to enforce a restriction. We cannot restrict information disclosed prior to your request for restriction. If we accept your request for restriction, we will comply with the request unless the information is needed to provide you emergency treatment. If we later reverse our decision to accept a restriction, you will be notified in writing.

Right to Request Alternative Delivery of Information: You have the right to request that we communicate with you about health matters via alternative means or at alternative locations. For example, you may request that we only telephone you at work or that we mail your records to you or to a person designated by you at a location other than your home. Any request for alternative delivery of information must be made in writing and must specify how or where you wish to be contacted. We will accommodate requests that we can reasonably meet.

Electronic Communication Policy

Your Provider cannot guarantee the confidentiality of communications made through electronic media (e.g., text messages or email). Therefore, email and text messaging should only be used for scheduling or cancellation purposes. For any therapeutic content or sensitive information, please use the SimplePractice client portal, which provides a secure, HIPAA-compliant environment.

Changes to This Notice

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We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our facility. The Notice will contain on the bottom right hand corner of each page, the effective date of the Notice. You may obtain a revised notice at any registration desk.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

TO FILE A COMPLAINT, PLEASE CONTACT:

Dena Embrey, LCSW, RPT
502 Wall Street, Suite 105
Valparaiso, Indiana 46383
(219) 232-6201