

WellBeginnings LLC
429 E Dupont Rd, Unit 2124
Fort Wayne, IN 46825
Phone: 260-277-0473
Fax: 260-240-2247
wellbeginningsllc@gmail.com

WellBeginnings LLC

Notice of Privacy Practices

HIPAA | Indiana & Ohio Mental Health Confidentiality Laws

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

Effective Date: 04/01/2026 **Version:** 1

I. Our Legal Duty

WellBeginnings LLC understands that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all records of your care generated by this mental health care practice. This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

WellBeginnings LLC is required by law to:

- Maintain the privacy of your Protected Health Information (PHI).
- Provide you with this Notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the Notice currently in effect.
- Notify you following a breach of unsecured PHI within 60 days of discovery.

II. Telehealth & Electronic PHI

All services are provided via telehealth. Your PHI may be transmitted electronically. WellBeginnings LLC uses SimplePractice as its primary EHR. Telehealth sessions may be conducted via SimplePractice, Doxy.me, or Zoom for Healthcare, each of which maintains a HIPAA Business Associate Agreement (BAA) with WellBeginnings LLC.

Electronic Communication Risk: While we use HIPAA-compliant platforms, no method of electronic communication is 100% secure. By using telehealth, you acknowledge this inherent risk.

III. How We May Use and Disclose Your PHI

The following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Healthcare Operations: Federal privacy rules allow health care providers who have a direct treatment relationship with the client to use or disclose PHI without written authorization to

carry out treatment, payment, or healthcare operations. For example, if we consult with another licensed health care provider about your condition, we are permitted to use and disclose your PHI to assist in diagnosis and treatment. We may also use your PHI for operations purposes, including sending appointment reminders, billing invoices, and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard, because therapists and other health care providers need access to the full record in order to provide quality care. "Treatment" includes coordination and management of health care with third parties, consultations between providers, and referrals from one provider to another.

Billing & Scheduling Staff: Billing and scheduling functions may be performed by an authorized staff member or contractor working on behalf of WellBeginnings LLC. Any such individual is bound by a confidentiality agreement and required to comply with all applicable HIPAA privacy and security requirements. Access to PHI by such staff is limited strictly to information necessary for billing, scheduling, and business operations.

Appointment Reminders & Health-Related Services: We may use and disclose your PHI to contact you to remind you of an appointment, or to tell you about treatment alternatives or other health care services or benefits we offer.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, but only if efforts have been made to notify you about the request or to obtain a protective order.

Other Permitted Disclosures Without Your Authorization:

- Suspected abuse or neglect of children, elderly, or vulnerable adults.
- Imminent risk of harm to self or others.
- Public health activities and reporting.
- Health oversight activities, including audits and investigations.
- Law enforcement purposes, including reporting crimes occurring on our premises.
- To coroners or medical examiners performing duties authorized by law.
- For research purposes, under strict protocols and oversight.
- Organ and tissue donation requests.
- Specialized government functions, including military missions, intelligence operations, and correctional institutions.
- Workers' compensation purposes, in compliance with applicable laws.
- When otherwise required or permitted by state or federal law.

IV. Uses and Disclosures Requiring Your Written Authorization

1. Psychotherapy Notes. We keep psychotherapy notes as defined in 45 CFR § 164.501. Any use or disclosure of such notes requires your written Authorization unless the use or disclosure is:

- For our use in treating you.
- For our use in training or supervising mental health practitioners.
- For our use in defending ourselves in legal proceedings instituted by you.
- For use by the Secretary of HHS to investigate our compliance with HIPAA.
- Required by law and limited to the requirements of such law.

- Required for certain health oversight activities pertaining to the originator of the notes.
- Required by a coroner performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.

2. Marketing. We will not use or disclose your PHI for marketing purposes without your prior written authorization. If we request a review or testimonial and plan to share it publicly, we will provide a HIPAA authorization form. You may withdraw consent at any time in writing; upon receipt we will remove the review from our platforms, though we cannot guarantee removal from third-party locations.

3. Sale of PHI. We will not sell your PHI.

4. Any Other Disclosure Not Described in This Notice. Any use or disclosure not described above will require your written authorization. You may revoke any authorization in writing at any time, except to the extent action has already been taken based on it.

V. Disclosures Requiring Your Opportunity to Object

Disclosures to Family, Friends, or Others: You have the right to tell us that we may provide your PHI to a family member, friend, or other person involved in your care or payment for your health care, or to share information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety, or if you are incapacitated.

VI. Special Protections for Certain Health Information

Certain categories of health information receive additional protections under federal and Indiana/Ohio state law. Disclosures of these records require your written authorization except as otherwise permitted by law:

- Mental health and psychotherapy records.
- Substance use disorder treatment records (42 CFR Part 2).
- HIV/AIDS status and testing information.
- Genetic information (GINA).

VII. Minor Clients

For clients under the age of 18, a parent or legal guardian generally has the right to access PHI. However, exceptions exist under Indiana and Ohio law where a minor may independently consent to certain services, in which case confidentiality protections may apply. We will inform you of applicable limitations at the start of services.

VIII. Your Rights Regarding Your PHI

You have the following rights with respect to your PHI:

- **Right to Request Limits on Uses and Disclosures.** You have the right to ask us not to use or disclose certain PHI for treatment, payment, or healthcare operations purposes. We are not required to agree to your request if we believe it would affect your care.
- **Right to Request Restrictions for Out-of-Pocket Expenses.** If you have paid for a service out-of-pocket in full, you have the right to request we not disclose that PHI to your health plan for payment or operations purposes.
- **Right to Choose How We Contact You.** You have the right to ask us to contact you in a specific way or send mail to a different address. We will agree to all reasonable requests.

- **Right to See and Get Copies of Your PHI.** You have the right to inspect and receive an electronic or paper copy of your medical record and other information we hold about you (except psychotherapy notes). We will provide a copy or, if you agree, a summary within 30 days of your written request. We may charge a reasonable, cost-based fee.
- **Right to Get a List of Disclosures.** You have the right to request a list of instances in which we disclosed your PHI for purposes other than treatment, payment, or healthcare operations over the past six years. We will respond within 60 days. The first request each year is free; additional requests may incur a reasonable cost-based fee.
- **Right to Correct or Update Your PHI.** If you believe your PHI contains a mistake or is missing important information, you may request a correction or addition. We may deny the request, but will explain why in writing within 60 days.
- **Right to a Paper or Electronic Copy of This Notice.** You may request a copy of this Notice at any time, at no charge, in paper or electronic form.
- **Right to Choose Someone to Act For You.** If you have granted someone medical power of attorney, or if someone is your legal guardian, that person may make choices about your health information on your behalf.
- **Right to Revoke an Authorization.** You may revoke any written authorization you have given us at any time, except where we have already acted in reliance on it.
- **Right to Opt Out of Fundraising Communications.** You have the right to opt out of receiving fundraising communications from our organization at any time.
- **Right to Breach Notification.** In the event of a breach of your unsecured PHI, WellBeginnings LLC will notify you in writing within 60 days of discovery.
- **Right to Retention Information.** PHI is retained in accordance with federal and state law, generally for at least 7 years after the last service provided.

IX. Changes to This Notice

We reserve the right to change this Notice at any time. Any revised Notice will apply to all PHI we maintain. The current version will be made available upon request and posted where applicable.

X. Filing a Complaint

You can file a complaint if you feel we have violated your rights. No retaliation will occur for filing a complaint.

WellBeginnings LLC: Email: wellbeginningsllc@gmail.com | Phone: 260-277-0473 | Fax: 260-240-2247

HHS Office for Civil Rights: 200 Independence Avenue, S.W., Washington D.C. 20201 | Phone: 1-800-368-1019 | www.hhs.gov/hipaa/filing-a-complaint