



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

At Health in Mind, LLC (“we,” “us,” “our”), we understand that health information about you and your health care is personal. We are committed to protecting your health information. 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 of the records of your care generated by this mental health care practice. This notice will tell you how we may use and disclose health information about you. It also describes your rights to the health information we keep about you and describes certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to your PHI.
- Notify you in the event of a breach affecting your PHI.
- Follow the terms of the Notice that is currently in effect.

We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request in our office and on our website.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will explain what we mean and give some examples. 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.

Treatment: The Health Insurance Portability and Accountability Act (“HIPAA”) allows health care providers like us who have direct treatment relationships with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. This, too, can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in the diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes: Disclosures for treatment purposes are not limited to the minimum necessary standard. Therapists and other health care providers need access to the full

record and/or complete information to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

Payment: Your PHI may be used or disclosed for all activities of a health plan or a federal health program to ensure providers are paid for services rendered to you. This can include disclosures to process claims, to facilitate payment for services that you receive, or to obtain reimbursement.

Health Care Operations: Health Care Operations refers to the basic business functions necessary to operate a health care practice. We may use and disclose your health information for quality assessment and improvement activities; conducting or arranging for medical reviews, audits, or legal reviews; business planning and development; and general administrative activities.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Psychotherapy Notes. We keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is:

- For our use in treating you.
- For our use in training or supervising students, trainees, and mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- For our use in defending our practice in legal proceedings instituted by you.
- For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
- Required by law, and the use or disclosure is limited to the requirements of such law.
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- Required by a coroner or medical examiner who is performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.

Marketing Purposes. We will not use or disclose your PHI for marketing purposes.

Sale of PHI. We will not sell your PHI in the regular course of business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons:

- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse or preventing or reducing a serious threat to anyone’s health or safety.
- For disclosures to government authorities regarding victims of abuse, neglect, or domestic violence.

- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order, with a preference to obtain authorization from you before doing so unless you have already consented to the disclosure.
- For law enforcement purposes, including reporting crimes occurring on our premises.
- To coroners or medical examiners when such individuals are performing duties authorized by law.
- For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- Specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.
- Appointment reminders and health-related benefits or services. we may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives or other health care services or benefits that we offer.
- To avert a serious threat to health or safety.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or another person you indicate is involved in your care or the payment for your health care unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. REDISCLOSURE:

Information disclosed pursuant to this Notice and HIPAA may be subject to redisclosure and no longer protected by HIPAA.

VII. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say “no” if we believe it would affect your health care.

The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or service you have paid for out-of-pocket in full.

The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, at a home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.

The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that we have about you. Within 30 days of receiving your written request, we will provide you with either a copy of your

record or a summary if you agree to receive a summary. We may charge a reasonable, cost-based fee for complying with your request, with the exception that you are entitled to one free copy per calendar year for claims and appeals related to federal or state financial needs-based benefit programs.

The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we disclosed your PHI with some exceptions as set forth in 45 CFR 164.528. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six (6) years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in a 12-month period, we will charge you a reasonable cost-based fee for each additional request.

The Right to Correct or Update Your PHI. If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.

The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy.

VIII. REPRODUCTIVE HEALTH CARE INFORMATION. Federal law provides additional privacy protections for protected health information (PHI) related to lawful reproductive health care. We are prohibited from using or disclosing PHI for the purpose of conducting a criminal, civil, or administrative investigation into, or imposing liability on any person for seeking, obtaining, providing, or facilitating lawful reproductive health care.

Before disclosing PHI in response to certain requests from law enforcement, courts, or health oversight agencies where reproductive health care may be implicated, we are required by law to obtain a signed attestation confirming that the request is not for a prohibited purpose.

These protections apply regardless of the state in which the reproductive health care was provided.

IX. SUBSTANCE USE DISORDER RECORDS (42 CFR PART 2). Federal law provides special protections for records relating to substance use disorder (SUD) diagnosis, treatment, or referral for treatment as defined under 42 CFR Part 2.

Beginning no later than February 16, 2026, SUD records may be used or disclosed for treatment, payment, and health care operations based on a single patient consent, consistent with federal law. Once disclosed pursuant to a valid Part 2 consent, such records may be redisclosed in accordance with HIPAA, subject to applicable federal restrictions.

Separate written authorization is required for the use or disclosure of SUD counseling notes, which are treated similarly to psychotherapy notes under federal law.

Patient consent for use or disclosure of SUD records in civil, criminal, administrative, or legislative proceedings must be separate and may not be combined with other consents.

X. Complaints:

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services. Complaints should be filed in writing with the Privacy Contact listed in this Notice. Our office will not retaliate against you for filing a complaint.

XI: Privacy Officer:

Should you have any questions, requests, comments, or complaints, you may direct all inquiries to our Privacy Officer.

Privacy Officer Contact Information:

Attn: Privacy Officer

Health in Mind, LLC

13354 Midlothian Tpke, Ste 200

Midlothian, VA 23113

Office Phone: 804-277-9355

EFFECTIVE DATE OF THIS NOTICE: This notice is effective March 15, 2026.

Acknowledgment of Receipt of Privacy Notice

You have certain rights regarding the use and disclosure of your personal health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED A COPY OF THE FOREGOING NOTICE OF PRIVACY PRACTICES.