Sage Way Mental Health and Wellness, LLC

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EFFECTIVE DATE OF THIS NOTICE This notice went into effect on August 15th, 2023

NOTICE OF PRIVACY PRACTICES

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

Sage Way Mental Health and Wellness, LLC, follows all Indiana and Federal laws regarding private and confidential protected health information. Information regarding these practices can be found at **<https://www.hhs.gov/hipaa/index.html>** and at **<https://iga.in.gov/laws/2022/ic/titles/16#16-39>**. According to IC 16-39-2-2, original mental health records will be maintained for seven years. All original mental health records, both digital and hard copy, are secured using password protection and/or are accessible only to employees of Sage Way Mental Health and Wellness, LLC. All attempts are made in accordance to state and federal law to protect identifying information, financial information, and treatment records. Sage Way Mental Health and Wellness, LLC shall not be held accountable should someone acquire this information through illegal means.

Per Indiana State Law, specifically IC 16-39-1-4, you or a legally designated representative can request a copy of your health record at any time. The request must be written and must include your name and address, the name of the person who is requesting the release of the record, the name of the person or provider to whom the health record will be released, the purpose of the release, a description of the information to be released from the health record, your signature or the signature of your legal representative, the date on which the consent is signed and a statement that the consent is subject to revocation at any time except to the extend that action has been

taken in reliance on the consent. Per IC 16-39-1-5, the therapist has the right to withhold health records from you or your legally designated representative if the therapist believes that the requested record would be detrimental to your physical or mental health or might cause you to harm yourself or someone else.

You do not have access to or a right to therapy notes that are maintained by the therapist. These may include notes take during therapy or notes that are not maintained as part of the individual medical record. These are the property of the therapist and will not be disclosed. Should you or a legally designated representative request records, you will agree to be charged a $50 fee for each records request.

Your therapist will provide all records requests within 30 days of receiving the request or will respond, in writing, with cause to not release requests within the same period of time.

If the client is a minor, all above information is applicable regarding the release of health records providing that the client is still a minor at the time of the request. The legal guardian can request the patient's health record however, if there has been a divorce or custody agreement, legal documentation must be provided at the time of the request showing that the requesting parent has the right to access protected health information. Indiana state law does protect certain information by minors ages 14 or older including pregnancy status and substance use.

Your therapist will not release any information to anyone without your permission, however, you acknowledge that due to using a digital platform and written communication, it is not possible for your therapist to verify your identity prior to every interaction. Therefore, should someone have access to your account and engage with your therapist while pretending to be you, your therapist is not held liable for any information that may be shared. If you feel like there is a risk that this could occur during treatment, please let your therapist know so you can develop a system to mitigate this risk.

Indiana State Code 16-39-2-6 also provides exceptions for when legal disclosure of protected health information may be made without patient consent. These include but are not limited to:

1. A health care provider or mental health care provider if the records are needed to provide services to the patient.

2. An insurance company requesting more information in order to render payment for services.

3. To court appointed counsel and to the Indiana protection and advocacy services commission

4. A law enforcement agency should you commit or threaten to commit a crime on facility premises or against personnel.

Please review Indiana State Code 16-39-2-6 for information regarding other legal disclosure that does not require consent.

Your therapist is a mandated reporter. Should you disclose abuse or neglect of a dependent, your therapist is required by law to report this information to the authorities in your local jurisdiction. If the client is a minor and discloses that they have been the victim of abuse or neglect, a report will be made. Notification of the guardian is not required in this situation should it be believed that notification could put the client's safety at risk.

You have the right to get a list of disclosures that your therapist has made other than treatment, payment, or health care operations, or for which you have provided me with an authorization. Your therapist will respond to your request within 60 days of receiving your request and will provide disclosures for the duration of your treatment. Should you make this request, you agree to be charged a $50 fee.

You have the right to correct or update your protected health information should you believe that there is a mistake or something is missing. Your therapist has the right to deny this request but they will inform you of the reason within 60 days of receiving your request.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.