

Wellness Together, LLC | 816.837.9290

NOTICE OF PRIVACY PRACTICES (NPP)

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

I. MY PLEDGE REGARDING HEALTH INFORMATION: I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I 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 about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

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

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

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that I use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

- **For Treatment, Payment, or Health Care Operations:** Federal privacy rules allow health care providers who have a direct treatment relationship 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. I may also disclose your protected health information for the treatment activities of any health care provider.
- **Lawsuits and Disputes:** If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about you 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:** I do keep “psychotherapy notes,” and any use or disclosure of such notes requires your Authorization unless the use or disclosure is for my use in treating you, defending myself in legal proceedings, or as required by law.
- **Marketing Purposes:** As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
- **Sale of PHI:** As a psychotherapist, I will not sell your PHI in the regular course of my business.

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

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

- When disclosure is required by state or federal law. (Note: Where Kansas or Missouri state laws offer stricter privacy protections, I will follow the stricter law).
- For public health activities, including reporting suspected child, elder, or dependent adult abuse.
- For health oversight activities, judicial and administrative proceedings, or law enforcement purposes.
- Appointment reminders: I may use and disclose your PHI to contact you to remind you that you have an appointment with me.
- **SMS/Text Messaging:** No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

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

- **Disclosures to family, friends, or others:** I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.

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

- **The Right to Request Limits:** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or operations.
- **The Right to Choose How I Send PHI:** You have the right to ask me to contact you in a specific way or at a different address.
- **The Right to See and Get Copies:** You have the right to get an electronic or paper copy of your medical record. In compliance with the 21st Century Cures Act, I will provide access without unnecessary delay.
- **The Right to Correct or Update:** If you believe there is a mistake in your PHI, you have the right to request a correction.

VII. COMPLAINTS If you believe your privacy rights have been violated, you have the right to file a complaint. As the designated Privacy Officer for **Wellness Together, LLC**, you can file a complaint directly with me by contacting **Paul Hendricks at 816.837.9290**. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. I will not retaliate against you for filing a complaint.

EFFECTIVE DATE OF THIS NOTICE This notice went into effect on March 14, 2026.