



Notice of Privacy Practices

Your Privacy Rights Under HIPAA

This notice describes how your protected health information (PHI) may be used and disclosed, and how you can access this information. InMindOut Emotional Wellness Centers follows the Health Insurance Portability and Accountability Act (HIPAA) to protect your confidentiality and has implemented administrative, technical, and physical safeguards in compliance with HIPAA regulations.

How We Collect & Use Your Personal Information

We collect personal information when you:

- Register as a client and provide demographic, insurance, and/or payment details.
- Receive services, including therapy, psychological testing, neurofeedback and telehealth.
- Communicate with us via phone, email, or SMS.

We use this information to:

- Provide and coordinate treatment & process insurance claims and billing.
- Comply with legal requirements, including audits, licensing reviews, and regulatory investigations.
- Contact you regarding appointments, necessary communications, service updates, and promotions.
- Analyze and enhance client services, develop mental health resources, and, when applicable, contribute to research or quality improvement using de-identified data. All internal use complies with HIPAA.

Who We Share Information With

We don't release your information without your written consent, except as permitted by law, including:

- Your insurance provider and third-party billing associates for billing purposes.
- Referral providers and professional consultations when treatment coordination is necessary.
- InMindOut clinicians may consult to coordinate your care and ensure consistency in treatment.
- Legal authorities as required by court order, subpoena, compliance reviews, or mandated reporting including cases involving abuse, neglect, or a serious threat to your health or safety or that of others.

We do NOT share or sell your personally identifiable information with third parties for marketing, fundraising or research purposes.

Your Rights & Choices

Under HIPAA, you have the right to:

- Access your records – You may request a copy of your medical records or a list of certain PHI disclosures, excluding those for treatment, payment, and healthcare operations.
- Request a correction – if you believe information is incorrect, you may submit an amendment request in writing. Corrections are limited to demographic errors, diagnosis or treatment dates, and/or incomplete or missing information in your medical record. Limitations: Clinical opinions or professional judgements, records created by another provider cannot be changed.
- Limit disclosures & request confidential communication – You may request limits on how we use your information or ask us to communicate by alternative means or at a different location. We'll comply if you pay out-of-pocket and ask that insurance not be billed, or if no legal or ethical duty requires disclosure.
- File a complaint – If you believe your privacy rights have been violated, you may contact InMindOut's Privacy Officer or file a complaint with the U.S. Department of Health & Human Services. Filing a complaint will not affect your ability to receive services. For more information, call us at (830) 730-6090.



SMS/Text Terms & Conditions

By providing your mobile phone number, you agree to receive SMS/text messages from InMindOut Emotional Wellness Centers regarding:

- Appointment reminders
- Scheduling changes
- Billing notifications
- Urgent office updates

These messages are intended to provide important updates related to your care and account. Message frequency may vary depending on your appointment schedule and account activity. Standard message and data rates may apply, depending on your mobile carrier plan.

- To opt out, text STOP at any time.
- For assistance, text HELP or visit inmindout.com.

Our use of SMS communications is governed by this Notice of Privacy Practices, which outlines how we collect, use, and protect your information.

SMS Consent is NOT shared with third parties for marketing purposes.

Changes to This Notice

We may update this Notice of Privacy Practices from time to time. Any revisions will be incorporated into this document, and the most current version will be made available upon request at our office.

Acknowledgment & Signature

- I acknowledge that I have received and reviewed InMindOut Emotional Wellness Centers' Notice of Privacy Practices including SMS Terms & Conditions.
- I understand my rights under HIPAA and how my health information may be used and disclosed.
- I consent to receive SMS messages from InMindOut and understand that I can opt out at any time.

Client Name (Printed): _____

Client Signature: _____

Date: ___ / ___ / ___

If applicable:

Parent/Legal Guardian Name (Printed): _____

Parent/Legal Guardian Signature: _____

Relationship to Client: _____

Date: ___ / ___ / ___