INTENTIONAL MENTAL HEALTH & WELLNESS PLLC

NOTICE OF PRIVACY PRACTICES

Effective Date: September 15, 2026

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

Intentional Mental Health & Wellness PLLC ("Intentional," "we," "us," or "our") is committed to protecting the privacy and security of your protected health information (PHI). This notice describes our privacy practices, your rights, and our legal responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable law.

Your Rights

You have the right to:

- Get an electronic or paper copy of your medical record and other health information we maintain about you, subject to limited exceptions.
- Ask us to correct health information you believe is incorrect or incomplete. We may deny the request in some circumstances, but we will explain why in writing.
- Request confidential communications, such as asking us to contact you at a particular phone number, email address, or mailing address. We will accommodate reasonable requests.
- Ask us to limit what we use or share for treatment, payment, or health care operations. We are not generally required to agree, except as described below for certain services paid in full out of pocket.
- If you pay in full out of pocket for a health care item or service, ask us not to disclose information about that item or service to your health plan for payment or health care operations. We will agree unless a law requires the disclosure.
- Request an accounting of certain disclosures of your health information made during the six years before your request. Certain disclosures, including many made for treatment, payment, or health care operations, are not included.
- Get a paper or electronic copy of this Notice at any time.
- Choose someone who has legal authority, such as a medical power of attorney or legal guardian, to act for you regarding your health information.
- Revoke an authorization you previously gave us, in writing, except to the extent we have already acted in reliance on it.
- File a complaint if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us your preferences about what we share. For example, you may tell us whether we may share relevant information with a family member, friend, or other person involved in your care or payment for your care, or for disaster-relief purposes. If you are unable to tell us your preference, such as in an emergency, we may share information if we believe it is in your best interest and permitted by law.

Uses and disclosures of psychotherapy notes generally require your written authorization except in limited circumstances permitted by law. Uses and disclosures for marketing that require authorization, and any sale of PHI, will not occur without your written authorization as required by law.

How We Typically Use or Share Your Health Information

Treat you. We may use your health information and share it with other health care professionals who are treating you or helping coordinate your care.

Run our practice. We may use and share your health information to operate our practice, manage your care, improve services, conduct quality activities, supervise or train clinicians when permitted, and contact you when necessary.

Bill for services. We may use and share your health information to bill and obtain payment from health plans or other responsible payers.

Appointment reminders and health-related services. We may use your information to contact you about appointments, treatment alternatives, or health-related services that may be relevant to your care.

Other Uses and Disclosures Permitted or Required by Law

HIPAA and other laws may permit or require us to use or disclose your health information without your written authorization in certain circumstances. Depending on the facts and applicable legal requirements, these may include:

- Public health and safety activities, including certain reports of suspected abuse or neglect and actions to prevent or lessen a serious threat to health or safety.
- Health oversight activities, such as audits, investigations, inspections, and licensing activities.
- Judicial or administrative proceedings when the applicable legal requirements are met.
- Law-enforcement purposes when permitted or required by law.
- Coroners, medical examiners, and other persons performing duties authorized by law.
- Workers' compensation or similar programs when authorized by law.
- Certain research activities when all legal requirements are satisfied.
- Specialized government functions as permitted by law.
- Organ and tissue donation purposes when applicable.
- Other uses or disclosures required by federal or state law.

Mental Health Records and Texas Law

Mental health information may receive additional protection under Texas law and other applicable laws. When a law provides greater privacy protection than HIPAA, we will follow the more protective requirement. We will obtain your written authorization for uses or disclosures when authorization is required by applicable law.

Substance Use Disorder Records

Intentional Mental Health & Wellness is not a federally assisted substance use disorder treatment program subject to 42 CFR Part 2. If we receive or maintain substance use disorder patient records that are protected by 42 CFR Part 2, we will use and disclose those records only as permitted by applicable law,

and Part 2-protected records will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the patient except as permitted by law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will notify you following a breach of unsecured PHI when notification is required by law.
- We must follow the duties and privacy practices described in the Notice that is currently in effect.
- We will not use or share your information other than as described in this Notice unless you authorize us in writing or another law permits or requires the use or disclosure.
- We may change the terms of this Notice. Changes may apply to all health information we maintain about you. The current Notice will be available upon request, in our office, and on our website.

Questions or Complaints

If you have questions about this Notice, want to exercise a privacy right, or wish to make a privacy complaint, contact:

Privacy Contact
Intentional Mental Health & Wellness PLLC
9626 State Highway 7 E, Joaquin, TX 75954
Phone: (936) 657-0090
Email: admin@intentionalmhw.org

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775. You may also use the Office for Civil Rights online complaint process. We will not retaliate against you for filing a complaint.

Acknowledgment of Receipt

By signing below, I acknowledge that I received or was offered a copy of Intentional Mental Health & Wellness PLLC's Notice of Privacy Practices.

Client Name: _____

Client/Personal Representative Signature: _____

Date: _____

If signed by a personal representative, relationship/authority: _____