

The Nook Therapy Services

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## Notice Of Privacy Practices

*Effective Date: March 3, 2026*

### I. MY PLEDGE REGARDING HEALTH INFORMATION

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I understand that health information about you and your health care is personal. I create a record of the care and services you receive to provide quality care and comply with Indiana legal requirements. I am committed to protecting health information about you. This notice applies to all of the records of your care generated by The Nook Therapy Services. 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.
- Provide you this notice of my legal duties and privacy practices.
- Follow the terms of the notice that is currently in effect.
- Notify you following a breach of unsecured PHI as required by the HIPAA Breach Notification Rule (45 CFR §§ 164.400–414).
- 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

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

1. **Treatment, Payment, and Health Care Operations:** I may use your PHI to provide psychological treatment (e.g., individual, family, or group therapy), to bill for services, and to run my practice. Federal privacy rules allow health care providers who have a direct treatment relationship with the client to use or disclose the client’s personal health information without the client’s written authorization, to carry out the health care provider’s own treatment, payment, or health care operations. This includes consultations with other licensed healthcare providers. I 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, to assist the clinician in the diagnosis and treatment of your mental health condition.*

2. **Individual, Family, & Group Therapy Contexts:**

**Family Therapy:** PHI may be shared among participants in the room. I will not disclose information from these sessions to outside parties without a signed release from all adult participants.

**Group Therapy:** While I maintain confidentiality, I cannot guarantee that other group members will do the same. By participating, you agree to respect the privacy of others.

3. **Lawsuits and Disputes:** Per IC 16-39-3, if you are involved in a lawsuit, I may disclose PHI in response to a court order. For subpoenas or discovery requests, Indiana law typically requires a court hearing or specific written authorization before mental health records can be released.
4. **To Avert a Serious Threat (Duty to Warn):** Per IC 34-30-16, I have a legal duty to disclose PHI if you communicate an actual threat of physical violence against a reasonably identifiable victim or a clear intent to harm yourself.
5. **Mandated Reporting:** I am required by Indiana law to report suspected child abuse or neglect (IC 31-33-5) and endangered adult abuse (IC 12-10-3).

Disclosures for treatment purposes are not limited to the minimum necessary standard, because therapists and other health care providers need access to the full record and/or complete information in order 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.

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

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1. **Psychotherapy Notes.** I do 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:
  - a. For my use in treating you.
  - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
  - c. For my use in defending myself in legal proceedings instituted by you.
  - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
  - e. Required by law and the use or disclosure is limited to the requirements of such law.
  - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
  - g. Required by a coroner who is performing duties authorized by law.
  - h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** As a mental health therapist, I will not use or disclose your PHI for marketing purposes without your express written consent.
3. **Sale of PHI.** As a mental health therapist, I will not sell your PHI in the regular course of my business.

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

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Subject to Indiana and Federal law, I may disclose PHI without authorization for:

1. 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.

2. 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.
3. For health oversight activities, including audits and investigations. Example: Indiana Professional Licensing Agency.
4. For judicial and administrative proceedings: In response to a court order or as required by IC 16-39-3, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. 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.
8. **For workers' compensation purposes: To comply with Indiana Workers' Compensation laws, although my preference is to obtain an Authorization from you.**
9. Appointment reminders and health-related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

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

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1. **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. The opportunity to consent may be obtained retroactively in emergency situations.

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

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1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
2. **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 a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** Under IC 16-39-2-4, you have the right to a copy of your record (excluding psychotherapy notes) within 30 days. I may deny access if I determine that the information would be detrimental to your health. I may charge a reasonable, cost-based fee.
5. **The Right to Get a List of the Disclosures I Have Made.** You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list

I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. **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. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
8. **The Right to File a Complaint.** If you believe your privacy rights have been violated, you have the right to file a complaint with me directly, or with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). You may contact OCR by phone at 1-800-368-1019 (TDD: 1-800-537-7697), online at the OCR Complaint Portal ([https://ocrportal.hhs.gov/ocr/cp/complaint\\_frontpage.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf)), or by mail at: U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, SW, Washington, D.C. 20201. **I will not retaliate against you in any way for filing a complaint.**

## **VII. MINORS AND PARENTAL ACCESS**

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Per IC 16-39-2-9, custodial and non-custodial parents generally have equal access to a minor’s mental health records unless a court order terminating those rights is provided to this practice.

## **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

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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 signing below, you are acknowledging that you have received a copy of this Notice of Privacy Practices.