

# PEACE OF MIND WELLNESS

712 Summit Ave, Oconomowoc, WI 53066 | (262) 226-2006 | ofmindwellness.com

## NOTICE OF PRIVACY PRACTICES

Protected Health Information (PHI): THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Last Revised: January 1, 2026

This Notice applies to all Protected Health Information (PHI) created, received, or maintained by Peace of Mind Wellness, including information obtained during initial contact, scheduling, insurance verification, intake, treatment, coordination of care, billing, payment activities, record maintenance, and follow-up services.

### I. OUR COMMITMENT TO YOUR PRIVACY

Peace of Mind Wellness (“we,” “us,” or “the practice”) is committed to protecting the privacy and security of your Protected Health Information (PHI). We create, receive, and maintain mental health records to provide outpatient behavioral health services and to comply with federal and Wisconsin legal, ethical, and professional requirements.

We are required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice describing our legal duties and privacy practices
- Follow the terms of the Notice currently in effect
- Notify you following a breach of your unsecured PHI, as required by law

We reserve the right to change this Notice at any time. Any revised Notice will apply to all PHI we maintain, including information created before the change. The current Notice will be available in our office, upon request, and on our website if maintained. You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

### II. HOW WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION

#### A. *Treatment, Payment, and Health Care Operations (TPO)*

**Treatment:** We may use and disclose PHI to provide, coordinate, or manage your mental health care. This includes consultation, referrals, and coordination with other health care providers as clinically appropriate and permitted by law.

**Payment:** We may use and disclose PHI for billing and payment activities, including insurance verification, eligibility determination, claims submission, prior authorization, utilization review, collections, payer compliance, quality assurance, and audits, as permitted by HIPAA and Wisconsin law.

**Health Care Operations:** We may use and disclose PHI for internal operations such as quality improvement, clinical supervision and consultation, training, licensing, accreditation, audits, legal compliance, and administrative functions.

**Out-of-Pocket (Paid-in-Full) Restriction:** If you pay out-of-pocket in full for a specific service, you may request that we not disclose information about that service to your health plan. We will honor this request as required by law. This restriction applies only to the specific service(s) paid in full and does not apply to disclosures otherwise required by law.

**Minimum Necessary:** For disclosures related to payment, health care operations, and other non-treatment purposes, we limit PHI to the minimum necessary to accomplish the intended purpose and comply with Wisconsin law when it is more protective than federal law.

**Business Associates (Vendors):** We may use third-party vendors (e.g., billing services, electronic health record systems, telehealth platforms, IT support, document destruction services) to perform services on our behalf. These vendors are required to protect PHI through HIPAA-compliant Business Associate Agreements.

*Access to PHI is limited to workforce members and authorized vendors who require access to perform their job duties, consistent with HIPAA's minimum necessary standard.*

## **B. Uses and Disclosures Permitted or Required by Law**

We may use or disclose PHI without your authorization when required or permitted by federal or Wisconsin law, including but not limited to:

- Public health activities
- Reporting suspected abuse, neglect, or exploitation of a child, elder, or adult at risk
- Health oversight activities (audits, investigations, inspections, licensing)
- Judicial or administrative proceedings (e.g., court orders; Wisconsin law provides additional protections for mental health records)
- Law enforcement purposes as permitted by law
- Coroners, medical examiners, and funeral directors
- Workers' compensation
- Specialized government functions

**Serious and Imminent Threat:** We may disclose PHI when necessary to prevent or lessen a serious and imminent threat to the health or safety of the client or others, consistent with applicable law and professional standards.

**Appointment Reminders and Treatment Alternatives:** We may contact you to remind you of appointments or discuss treatment options, subject to your communication preferences and consent for unsecured communication methods.

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## **CONFIDENTIALITY, CONSENT, AND ACCESS FOR MINORS (WISCONSIN LAW)**

*THIS SECTION IS CRITICAL AND FREQUENTLY MISUNDERSTOOD. PLEASE READ CAREFULLY.*

Wisconsin law provides specific confidentiality rights for minors receiving outpatient mental health treatment, particularly adolescents.

### Minor Consent Rights

- Minors age 14 and older
- may consent to outpatient mental health treatment
- without parental consent
- under Wisconsin law.
- When a minor age 14 or older consents to treatment,
- the minor controls the confidentiality
- of their mental health records, subject to limited legal exceptions.

### Parent / Guardian Access Is NOT Automatic

- Parent or guardian access to a minor's mental health records
- is not automatic
- .

- Access may be
- limited or denied
- when disclosure could reasonably be expected to:
  - Harm the minor
  - Damage the therapeutic relationship
  - Interfere with treatment
  - Violate state or federal confidentiality laws

When Parent / Guardian Access MAY Occur

Disclosure to a parent or guardian may occur only when permitted by law, including:

- With the minor's written authorization
- To prevent serious and imminent harm
- When required by court order or other legal mandate
- When the parent or guardian has verified legal authority and disclosure is not otherwise restricted by law

**Custody and Legal Authority:** Current legal documentation (custody orders, guardianship papers, placement orders) may be required to determine consent and access rights. Failure to provide accurate documentation may result in delayed services or restricted disclosures.

Clinicians may use professional judgment, as permitted by law, to limit disclosures even when a parent or guardian has legal authority.

## **ELECTRONIC HEALTH RECORDS (EHR) & CLIENT PORTALS**

PHI is created, stored, and maintained in a secure Electronic Health Record (EHR) system that complies with HIPAA security standards.

- Portal access is a
- communication tool
- , not a legal determination of access rights.
- Portal access does not guarantee access
- to the full mental health record.
- Certain information may be
- restricted, segmented, or withheld
- to comply with Wisconsin law, minor confidentiality protections, guardianship limitations, or post-death privacy rules.

Portal access does not override legal confidentiality requirements.

**Electronic Communication:** We may communicate with you by phone, email, text message, or through a secure client portal. Unsecured communication methods carry privacy risks. The practice does not monitor external communication channels in real time, and delays in response may occur. Additional details are addressed in the Electronic Communication Consent.

### **C. Substance Use Disorder Records (42 CFR Part 2)**

Certain substance use disorder (SUD) records are subject to heightened federal protections under 42 CFR Part 2. When applicable, these records may not be disclosed without your specific written consent or as otherwise permitted by law.

If we receive SUD records from a Part 2 program, those records and any testimony relaying their content generally may not be used or disclosed in legal proceedings without your written consent or a qualifying court order.

Redisclosure Warning:

PHI disclosed to another person or organization may be subject to redisclosure and may no longer be protected by HIPAA.

### III. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

We must obtain your written authorization for:

- Psychotherapy notes (as defined by HIPAA and maintained separately from the medical record), except as permitted by law
- Marketing
- Sale of PHI
- Any other uses or disclosures not described in this Notice

Psychotherapy notes do not include treatment plans, progress notes, billing records, or other information typically maintained in the medical record.

*You may revoke an authorization in writing at any time, except to the extent we have already relied on it.*

### IV. YOUR RIGHTS REGARDING YOUR PHI

You have the right to:

- Request restrictions on certain uses or disclosures
- Request confidential communications
- Access your records (excluding psychotherapy notes)
- Request an electronic copy in a preferred format when readily producible
- Request amendment of your PHI
- Request an accounting of disclosures
- Receive a copy of this Notice
- Be notified of a breach of unsecured PHI

**Personal Representatives, Guardianship, and Legal Authority:** You may designate a personal representative to act on your behalf. A personal representative may include a legal guardian, health care agent, executor, or other legally authorized individual.

- Legal documentation is required to verify authority.
- Guardianship or power of attorney
- does not automatically grant unrestricted access
- to mental health records.
- Access may be limited or denied when permitted by law to prevent harm, protect treatment, or comply with confidentiality statutes.

### PRIVACY OF PHI AFTER DEATH

PHI remains protected after death.

- Federal law protects PHI for 50 years following the date of death
- PHI may be disclosed only as permitted by law, including to a legally authorized personal representative (e.g., executor or administrator of the estate), or as required by court order, public health law, or identification and cause-of-death purposes.
- Documentation verifying legal authority may be required prior to disclosure.

### V. RECORD RETENTION AND SECURE DESTRUCTION (WISCONSIN)

**Adults:** Records retained at least seven (7) years after treatment ends

**Minors:** Records retained until age 19 or seven (7) years after treatment ends, whichever is longer

Records involved in audits, investigations, or legal proceedings are retained until fully resolved. Records are securely destroyed after retention requirements are met.

**VI. QUESTIONS OR COMPLAINTS**

Peace of Mind Wellness

Attn: Privacy Officer – Mike Mott

Phone: (262) 226-2462

Email: mike.mott@ofmindwellness.com

Mail: 712 Summit Ave, Oconomowoc, WI 53066

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

<https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

*We will not retaliate against you for filing a complaint.*

*Acknowledgment of receipt of this Notice may be requested separately as part of intake or onboarding paperwork. Nothing in this Notice removes or limits any rights you have under federal or Wisconsin law.*

**ACKNOWLEDGMENT**

By signing below, I acknowledge that I understand the risks, limitations, and boundaries of electronic communication and telehealth services, including parent/guardian limitations when services are provided to a minor, and agree to abide by this policy.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party Name (if applicable): \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_