

Notice of Privacy Practices

Notice of Privacy Practices

Courage to Grow Mental Health & Wellness, LLC

Effective Date: January 26, 2026

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

Our Responsibilities

Courage to Grow Mental Health & Wellness, LLC is required by law to maintain the privacy of your protected health information ("PHI") and to provide you with this Notice of Privacy Practices. This Notice applies to all records created or maintained by the practice.

We are required to:

- Maintain the privacy of your PHI
- Provide you with this Notice explaining our legal duties and privacy practices
- Follow the terms of this Notice currently in effect

We reserve the right to change the terms of this Notice and make the new Notice effective for all PHI we maintain. An updated Notice will be available upon request through the client portal.

How We May Use and Disclose Your PHI

We may use or disclose your PHI without your written authorization for the following purposes:

Treatment

To provide, coordinate, or manage your mental health care, including consultation with other licensed healthcare providers involved in your care.

Payment

To obtain payment for services provided, including billing insurance or processing self-pay transactions, when applicable.

Health Care Operations

For administrative, legal, quality improvement, and business operations necessary to run the practice.

Other Permitted Uses and Disclosures

We may also use or disclose your PHI without authorization as required by law, including:

- Reporting suspected abuse or neglect
- Responding to court orders or subpoenas
- Public health and safety activities
- Health oversight activities
- Law enforcement purposes
- Workers' compensation claims

Psychotherapy Notes

Psychotherapy notes are kept separate from the medical record and are afforded special protection under HIPAA. We do not disclose psychotherapy notes without your written authorization except as permitted by law.

Electronic Communications and Telehealth

Services may be provided via secure electronic platforms. PHI may be transmitted electronically for treatment, payment, or healthcare operations. Reasonable safeguards are used to protect your information.

Your Rights

You have the right to:

- Request access to or copies of your PHI
- Request corrections to your PHI
- Request restrictions on certain uses or disclosures
- Request confidential communications
- Receive an accounting of certain disclosures
- Receive a paper or electronic copy of this Notice

Requests should be submitted through the client portal.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer

Courage to Grow Mental Health & Wellness, LLC

Privacy-related questions or complaints may be submitted through the secure client portal.

You may also file a complaint with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Acknowledgment

By signing below, you acknowledge that you have received and reviewed this Notice of Privacy Practices.