



Notice of Privacy Practices

Humble Humility Mental Health P.C.

Effective October 22, 2026

This notice explains how medical information about you may be used and disclosed, how you may access that information, and the responsibilities of Humble Humility Mental Health P.C. Please review it carefully.

This Notice of Privacy Practices applies to Humble Humility Mental Health P.C. and the workforce members and business associates who support its health care services. In this notice, **we**, **our**, and **us** refer to Humble Humility Mental Health P.C. **Health information** means information that identifies you and relates to your physical or mental health, treatment, or payment for care.

Your Rights at a Glance

- Receive an electronic or paper copy of your medical record.
- Ask us to correct information you believe is incorrect or incomplete.
- Request confidential communications and reasonable limits on certain uses or disclosures.
- Receive a list of certain disclosures of your health information.
- Receive a paper copy of this notice and choose a personal representative.
- File a complaint without retaliation if you believe your privacy rights were violated.

Your Choices at a Glance

- Tell us whether we may share relevant information with family, friends, or others involved in your care or payment for care.
- Tell us your preferences for disaster relief communications.
- Authorize most uses of psychotherapy notes, marketing uses, and any sale of your health information.

Our Common Uses and Disclosures

- Provide and coordinate your treatment.
- Operate the practice and improve the quality of care.
- Bill health plans and collect payment for services.
- Meet public health, safety, oversight, legal, and other responsibilities permitted or required by law.

Privacy Contact

Latoya Evans, DNP, PMHNP-BC, Privacy Officer

Phone: (317) 324-8636

Email: admin@humblehumilitymh.com

Website: humblehumilitymh.com

Secure client portal: humblehumilitymh.clientsecure.me

Your Rights

You have the following rights regarding your health information. Contact the Privacy Officer if you would like to exercise one of these rights or need help making a request.

Get a copy of your health information

You may ask to inspect or receive an electronic or paper copy of your medical record and other health information we maintain about you. You may submit the request through the secure client portal or contact the Privacy Officer.

We will generally respond within 30 days. If additional time is legally permitted, we will explain the reason and expected completion date. We may charge a reasonable, cost-based fee when allowed by law.

Ask us to correct your medical record

You may ask us to amend information you believe is incorrect or incomplete. We may deny the request in circumstances allowed by law, but we will provide a written explanation, generally within 60 days.

Request confidential communications

You may ask us to contact you in a particular way or at a different location. For example, you may ask us to use a particular telephone number or avoid leaving detailed voicemail messages. We will honor reasonable requests.

Ask us to limit what we use or disclose

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations. We are not always required to agree. If we agree, we may still disclose the information when it is needed for emergency treatment or when disclosure is required by law.

If you pay in full out of pocket for a service or item, you may ask us not to disclose that information to your health plan for payment or health care operations. We will honor that request unless disclosure is required by law.

Receive an accounting of disclosures

You may ask for a list of certain disclosures made during the six years before your request. The list will not include disclosures for treatment, payment, or health care operations and other disclosures excluded by law. One accounting in a 12-month period is free. A reasonable fee may apply to additional requests.

Receive a copy of this notice

You may request a paper copy at any time, even if you previously agreed to receive the notice electronically.

Choose someone to act for you

A personal representative, such as a legal guardian or a person holding valid medical power of attorney, may exercise your privacy rights. We will verify the person's authority before acting.

File a complaint

You may complain to our Privacy Officer if you believe your privacy rights were violated. We will not retaliate against you for filing a complaint.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting hhs.gov/hipaa/filing-a-complaint, calling 1-877-696-6775, or writing to 200 Independence Avenue SW, Washington, DC 20201.

Your Choices

In the situations below, you may tell us what you want us to do. We will follow your instructions when the law gives you that choice.

Family members and others involved in your care

You may allow us to share information with family members, close friends, or others involved in your care or payment for your care. If you cannot communicate your preference, we may share limited information when professional judgment indicates it is in your best interest. We may also disclose information when necessary to prevent or lessen a serious and imminent threat to health or safety.

Disaster relief

We may share limited information with an authorized disaster relief organization unless you tell us not to, when practical.

Uses that generally require written authorization

We will obtain your written authorization before using or disclosing your health information for marketing, selling your information, or most uses or disclosures of psychotherapy notes. We do not conduct fundraising using patient health information. You may revoke an authorization in writing at any time, except to the extent we have already relied on it.

How We Typically Use and Disclose Information

Treatment

We may use your information and share it with other professionals who are treating you. For example, we may send relevant medication or diagnostic information to another clinician involved in your care.

Health care operations

We may use and disclose information to operate the practice, support clinical quality, conduct compliance activities, schedule services, contact you about care, and improve our services.

Payment

We may use and disclose information to bill you, submit claims, verify benefits, obtain authorization, and receive payment from health plans or other responsible parties.

Business associates

We may disclose information to vendors that perform services for us, such as electronic health record, billing, secure communication, or technology services. These business associates must protect the information as required by law and their agreements with us.

Appointment and care communications

We may contact you about appointments, treatment, medication, laboratory monitoring, care coordination, or health-related services that may be relevant to you. Tell us if you need a different communication method.

Other Permitted or Required Disclosures

The law permits or requires other uses and disclosures. We apply the conditions and limits required for each situation and disclose only what is appropriate.

Public health and safety

We may disclose information for legally authorized public health activities, such as preventing disease, reporting adverse medication events, responding to product recalls, reporting suspected abuse or neglect, or preventing or reducing a serious threat to health or safety.

Health oversight

We may disclose information to authorized agencies for audits, inspections, investigations, licensure activities, and other health oversight functions.

Research

We may use or disclose information for research only when the applicable legal requirements and approvals have been met.

Required by law

We will disclose information when federal or state law requires it, including to the U.S. Department of Health and Human Services when it reviews our compliance with federal privacy law.

Medical examiners, coroners, and funeral directors

We may disclose information to these persons when permitted or required after an individual's death.

Workers compensation and government functions

We may disclose information for workers compensation claims, legally authorized law enforcement requests, military or national security functions, correctional institution needs, and other government activities allowed by law.

Judicial and administrative proceedings

We may disclose information in response to a valid court or administrative order, subpoena, discovery request, or other lawful process after applicable privacy protections have been addressed.

Organ and tissue donation

We may disclose information to authorized organ procurement organizations when applicable.

Additional Protection for Mental Health Records

We protect mental health records as required by Indiana and federal law. We will not disclose mental health treatment records without your written authorization unless the disclosure is permitted or required for treatment or by another applicable law.

Substance Use Disorder Records

If we create, receive, or maintain substance use disorder patient records protected by 42 CFR Part 2, those records receive additional confidentiality protection. They generally may not be used or disclosed in a civil, criminal, administrative, or legislative investigation or proceeding against you unless you give written consent or a court issues an order accompanied by a subpoena or other legal requirement. If we use Part 2 information for fundraising, we will first give you a clear notice and an opportunity to opt out.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We must provide this notice describing our legal duties and privacy practices and follow the notice currently in effect.
- We will notify you as required by law if a breach may have compromised the privacy or security of your information.
- We will not use or disclose your information in a way that is not described in this notice unless you authorize it in writing or the law permits or requires it.
- If you revoke an authorization in writing, we will stop future uses or disclosures based on that authorization, except for actions already taken in reliance on it.

Changes to This Notice

We may change this notice and make the revised terms apply to all health information we maintain, including information created or received before the change. The revised notice will be available upon request and posted on our website and patient-facing portal as applicable. The effective date will appear at the beginning of the notice.

How to Contact Us

For questions, requests, or complaints concerning this notice or your health information, contact:

Latoya Evans, DNP, PMHNP-BC

Privacy Officer

Humble Humility Mental Health P.C.

Phone: (317) 324-8636

Email: admin@humblehumilitymh.com

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Acknowledgment

You may be asked to acknowledge that you received this notice. Your acknowledgment does not waive any privacy right and does not authorize any use or disclosure beyond what the law permits.

Patient name: _____

Signature: _____ Date: _____

Personal representative, if applicable: _____

This notice is based on the U.S. Department of Health and Human Services model Notice of Privacy Practices for HIPAA-covered health care providers, revised February 2026.