Elevated Perceptions Wellness & Therapy, LLC

10407 Lovell Center Drive, Knoxville, TN 37922 · (865) 315-7712

Notice of Privacy Practices & Good Faith Estimate · Effective date: September 27, 2026

Notice of Privacy Practices

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

I. Our pledge regarding your health information

Health information about you and your care is personal, and Elevated Perceptions Wellness & Therapy, LLC ("the Practice") is committed to protecting it. The Practice creates a record of the care and services you receive. This record is needed to provide quality care and to meet legal requirements. This notice applies to all records of your care created or kept by the Practice and its clinicians.

The Practice is required by law to:

- Keep protected health information ("PHI") that identifies you private.
- Give you this notice of its legal duties and privacy practices regarding your PHI.
- Follow the terms of the notice currently in effect.
- Notify you if a breach occurs that may have compromised the privacy or security of your PHI.

The Practice may change the terms of this notice, and changes will apply to all information it holds about you. The current notice is available on request, in the office, and on the Practice website.

II. How the Practice may use and disclose your health information

The categories below describe ways the Practice may use and share your PHI. Not every use or disclosure is listed, but all permitted uses fall within one of these categories.

Treatment, payment, and health care operations

Federal privacy rules allow the Practice to use and share your PHI without your written authorization for treatment, payment, and health care operations. For example, your clinician may consult with another licensed health care provider about your care, submit claims to your insurance, or use information to review the quality of services.

Treatment includes coordinating care with other providers, consultations between providers, and referrals. Disclosures for treatment are not limited to the minimum necessary standard, because providers may need full information to give quality care.

Lawsuits and disputes

If you are involved in a lawsuit or legal dispute, the Practice may disclose your PHI in response to a court or administrative order. The Practice may also disclose PHI in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information.

III. Uses and disclosures that require your authorization

1. **Psychotherapy notes.** The Practice may keep "psychotherapy notes" as defined in 45 CFR § 164.501. Any use or disclosure of these notes requires your written authorization, unless it is:
    a. For your clinician's use in treating you.
    b. For training or supervising mental health practitioners.
    c. For defending the Practice in a legal proceeding brought by you.
    d. For the Secretary of Health and Human Services to investigate compliance with HIPAA.
    e. Required by law, limited to what the law requires.
    f. Required by law for health oversight of the clinician who wrote the notes.
    g. Required by a coroner performing duties authorized by law.
    h. Needed to help prevent a serious threat to the health or safety of others.
2. **Marketing.** The Practice will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** The Practice will not sell your PHI.
4. **Other uses.** Any other use or disclosure not described in this notice will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent the Practice has already acted on it.

IV. Uses and disclosures that do not require your authorization

Subject to limits in the law, the Practice may use and disclose your PHI without your authorization:

1. When required by state or federal law, limited to what the law requires.
2. For public health activities, including reporting suspected abuse or neglect of a child, elder, or vulnerable adult, or to prevent or reduce a serious threat to anyone's health or safety.
3. For health oversight activities, such as audits and investigations.
4. For judicial and administrative proceedings, such as responding to a court or administrative order. The Practice's preference is to obtain your authorization first.
5. For law enforcement purposes, such as reporting crimes that occur on Practice premises.
6. To coroners or medical examiners performing duties authorized by law.
7. For research that has been approved under federal research privacy rules.

8. For specialized government functions, such as military, national security, protective services, or correctional institutions.
9. For workers' compensation purposes, to comply with workers' compensation laws. The Practice's preference is to obtain your authorization first.
10. For appointment reminders and information about treatment alternatives or other health-related services the Practice offers.

V. Uses and disclosures you have the opportunity to object to

Family, friends, and others involved in your care. The Practice may share PHI with a family member, friend, or other person you identify as involved in your care or payment for your care, unless you object in whole or in part. In an emergency, your agreement may be obtained afterward.

VI. Your rights regarding your PHI

1. **Right to request limits.** You may ask the Practice not to use or share certain PHI for treatment, payment, or health care operations. The Practice is not required to agree to your request.
2. **Right to restrict disclosures to your health plan.** If you pay for a service in full out of pocket, you may ask the Practice not to share information about that service with your health plan. The Practice will agree unless a law requires the disclosure.
3. **Right to choose how you are contacted.** You may ask to be contacted in a specific way (for example, a certain phone number) or at a different address. The Practice will agree to all reasonable requests.
4. **Right to see and get copies of your PHI.** Except for psychotherapy notes, you may get an electronic or paper copy of your record and other information the Practice has about you. The Practice will provide a copy or, if you agree, a summary, within 30 days of your written request. A reasonable, cost-based fee may be charged.
5. **Right to a list of disclosures.** You may request a list of disclosures the Practice has made for purposes other than treatment, payment, health care operations, or those you authorized. The Practice will respond within 60 days. The list will cover up to six years unless you request a shorter period. The first list in a 12-month period is free; a reasonable, cost-based fee may be charged for additional requests.
6. **Right to correct or update your PHI.** If you believe your PHI contains a mistake or is missing important information, you may ask the Practice to correct or add to it. The Practice may deny the request but will explain why in writing within 60 days.
7. **Right to a copy of this notice.** You may get a paper copy of this notice at any time, even if you agreed to receive it electronically.
8. **Right to be notified of a breach.** You will be notified if a breach occurs that may have compromised the privacy or security of your PHI.
9. **Right to choose someone to act for you.** If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

VII. Questions and complaints

If you have questions about this notice, or believe your privacy rights have been violated, contact the Practice's Privacy Officer:

Whitney Petree, M.Ed, LPC-MHSP, Privacy Officer
(865) 315-7712 · whitney@elevatedperceptionswandt.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by calling 1-800-368-1019 or visiting hhs.gov/hipaa/filing-a-complaint.

The Practice will not retaliate against you for filing a complaint.

Your right to receive a Good Faith Estimate of expected charges

You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost. Under the law, health care providers need to give patients who do not have insurance or who are not using insurance an estimate of the bill for medical items and services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit cms.gov/nosurprises or call 1-800-985-3059.