



HER MIND PSYCHIATRY

NOTICE OF PRIVACY PRACTICES

Updated - Effective Date: October 24, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

This notice applies to Her Mind Psychiatry's outpatient psychiatric services, including telehealth care provided to patients located in Indiana and Illinois. It describes how we protect your protected health information (PHI), your privacy rights, and our responsibilities under applicable federal and state law.

I. YOUR RIGHTS

Access and Copies

You may request to inspect or obtain an electronic or paper copy of your medical record and other PHI we maintain about you, with exceptions permitted by law. We generally respond within 30 days and may charge a reasonable, cost-based fee as permitted by law. You may request electronic access through an available patient portal.

Corrections

You may request an amendment to information you believe is inaccurate or incomplete. We may deny a request as permitted by law and will explain the reason in writing, generally within 60 days.

Confidential Communications

You may request that we contact you in a particular way or at a particular address. We will accommodate reasonable requests.

Restrictions

You may ask us to limit certain uses or disclosures for treatment, payment, or healthcare operations. We are not generally required to agree.



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

Accounting of Disclosures

You may request an accounting of certain disclosures made during the preceding six years. Certain disclosures, including many for treatment, payment, and healthcare operations, are excluded.

One accounting in a 12-month period is free; additional requests may incur a reasonable fee.

Copy of This Notice and Personal Representatives

You may obtain a paper copy of this notice even if you agreed to electronic delivery. A legally authorized personal representative may exercise your rights, subject to applicable law and verification of authority.

Complaints

You may submit a privacy complaint to Her Mind Psychiatry using the contact information below or to the U.S. Department of Health and Human Services Office for Civil Rights.

Website: <https://www.hhs.gov/hipaa/filing-a-complaint>

Phone: 1-877-696-6775

Her Mind Psychiatry will not retaliate against you for filing a complaint.

II. YOUR CHOICES

You may tell us whether we may share relevant information with family members, friends, or others involved in your care or payment for care.

If you cannot communicate your preference, we may share information when legally permitted and in your best interest, or to lessen a serious and imminent threat.

We generally require your written authorization for:

- Uses or disclosures for marketing purposes.
- Sale of protected health information.
- Most disclosures of separately maintained psychotherapy notes.

Ashley Hogan, MSN, PMHNP-BC, PMH-C



Her Mind Psychiatry does not sell patient PHI or use PHI for fundraising solicitations.

You may revoke an authorization in writing, except to the extent we have already relied upon it.

III. HOW WE USE AND DISCLOSE YOUR INFORMATION

Treatment

We use and may disclose PHI to evaluate, diagnose, and treat psychiatric conditions; prescribe and monitor medications; arrange referrals; order or review laboratory testing; and coordinate care with other treating clinicians, pharmacies, and healthcare organizations as permitted by law.

Payment

We use and disclose PHI to determine benefits, submit insurance claims, obtain payment, and resolve billing issues.

Depending on your care and insurance arrangements, billing and administrative services may involve Headway, insurance companies, payment processors, or other authorized service providers.

Healthcare Operations

We use and disclose PHI to operate the practice, conduct quality and safety activities, maintain records, respond to patient inquiries, manage appointments, and support regulatory compliance.

We utilize electronic health records, telehealth platforms, patient portals, and related administrative technology, including SimplePractice and other service providers, subject to applicable privacy safeguards and business associate agreements where required.

AI-Assisted Clinical Documentation

Her Mind Psychiatry may utilize AI-assisted documentation technology to support accurate and efficient clinical recordkeeping.

When separately disclosed and authorized as applicable, this technology may temporarily process session audio and generate draft clinical documentation.

Your provider remains responsible for reviewing, editing, and finalizing all clinical notes.

AI-assisted documentation services are subject to applicable privacy and security requirements. Specific audio and transcript handling practices are explained in the separate AI-assisted documentation consent.

Other Legally Permitted or Required Disclosures

Subject to applicable legal requirements, we may use or disclose PHI for:

- Public health reporting and medication safety reporting.
- Reporting suspected abuse or neglect when required by law.
- Health oversight activities, including audits and investigations.
- Research conducted under appropriate HIPAA permissions or authorizations.
- Workers' compensation requirements.
- Lawful law enforcement requests.
- Judicial or administrative proceedings.
- Coroners or medical examiners performing legally authorized duties.
- Organ donation requests.
- Specialized government functions.

We disclose information only as permitted or required by applicable law and comply with additional restrictions governing sensitive mental health information.

IV. SPECIAL PROTECTIONS FOR MENTAL HEALTH AND SUBSTANCE USE RECORDS

Psychiatric Records and Psychotherapy Notes

Psychiatric evaluations, diagnoses, medication management notes, treatment plans, and routine progress notes generally form part of your medical record.

HIPAA separately defines *psychotherapy notes* as certain notes recorded by a mental health professional documenting or analyzing the contents of a counseling session and maintained separately from the medical record.

Most uses or disclosures of separately maintained psychotherapy notes require your written authorization, with specific exceptions permitted by law.

Substance Use Disorder Records — 42 CFR Part 2

Certain substance use disorder treatment records may receive additional confidentiality protections under federal law, including 42 CFR Part 2.

Ashley Hogan, MSN, PMHNP-BC, PMH-C



If Her Mind Psychiatry receives or maintains records protected by Part 2, additional privacy requirements may apply.

Such records may be used or disclosed for treatment, payment, and healthcare operations under an appropriate Part 2 consent or other applicable legal permission.

Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a qualifying court order accompanied by a subpoena or other legal mandate, as required by Part 2.

Additional rights and restrictions may apply to these records.

Indiana and Illinois Privacy Protections

Her Mind Psychiatry complies with applicable Indiana and Illinois laws that provide additional protections for mental health information and other sensitive health records.

When state law provides greater privacy protection than federal law, we follow the applicable requirements.

Certain disclosures may require specific authorization even when HIPAA would otherwise permit disclosure.

V. OUR RESPONSIBILITIES

Her Mind Psychiatry is required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with notice of our legal duties and privacy practices.
- Notify affected individuals following a breach of unsecured PHI when notification is required by law.
- Follow the terms of the Notice of Privacy Practices currently in effect.
- Obtain written authorization for uses or disclosures when required by law.

We will not use or disclose your PHI other than as described in this notice unless you authorize it in writing or the law permits or requires it.

We reserve the right to revise this notice and apply the revised terms to PHI we maintain. An updated copy will be available upon request and on our practice website.



VI. PRIVACY CONTACT INFORMATION

For questions regarding this notice, requests for medical records, privacy concerns, or complaints, please contact:

Her Mind Psychiatry

Privacy Contact: Ashley Hogan, APRN, PMHNP-BC, PMH-C

320 N Meridian St, Suite 1025

Indianapolis, IN 46204

Phone: 317-520-2639

Email: info@hermindpsychiatry.com

Website: <https://www.hermindpsychiatry.com/>

A copy of this notice is available through our intake process, upon request, and on our practice website.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have been offered or received the Her Mind Psychiatry Notice of Privacy Practices.

I understand that this acknowledgment confirms receipt or availability of the notice and does not constitute a waiver of my privacy rights or blanket authorization to disclose my protected health information.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED OR BEEN PROVIDED ACCESS TO THE HER MIND PSYCHIATRY NOTICE OF PRIVACY PRACTICES.