Welcome to Joy and Resilience Psychotherapy LLC. Before we can get started, I need to provide you with important information regarding our policies, services, and your rights as a client.

NOTICE OF PRIVACY PRACTICES
Effective Date: August 31, 2026

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

[Throughout this notice, when I refer to "you" or "your" I am referring to the client. When I refer to disclosures of information to "you" I mean disclosures to the client and persons legally authorized to receive information about the client, such as a minor client's parent or a client's legal guardian.]

Who Follows This Notice:

Each time you visit Joy and Resilience Psychotherapy, LLC (the "Practice") a record of your visit is made. Typically, this record contains your symptoms, diagnoses, treatment, and billing-related information. This Notice applies to all of the records maintained by the practice for services provided to you. If you have any questions regarding this notice please contact Janis Avalos Rios (the "owner") of Joy and Resilience Psychotherapy LLC via phone (414-240-0448) or email (info@joy-and-resilience.com)

MY PLEDGE REGARDING HEALTH INFORMATION:
I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I reserve the right to change this Notice and my privacy practices as permitted by applicable law. If I make a material change to this Notice, I will make the revised Notice available as required by law. The effective date of the current Notice will appear at the beginning of this document.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
This document contains important information about federal law, the Health Insurance Portability and Accountability Act (HIPAA), that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice explains HIPAA and its application to your PHI in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this. If you have

any questions, it is your right and obligation to ask so I can have a further discussion prior to signing this document. This Notice explains these uses and disclosures and your rights regarding your PHI. Your signature acknowledging receipt of this Notice does not constitute consent to treatment, an authorization to disclose your PHI, or an agreement to the terms of this Notice. You may revoke a separate written authorization for the use or disclosure of your PHI at any time by providing written notice, except to the extent action has already been taken in reliance on that authorization.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

Treatment, Payment, and Health Care Operations:

- Treatment – I may use and disclose your health information as necessary to provide, coordinate, or manage your mental health treatment. If relevant to your treatment, or upon your request, I may provide information to another health care provider involved in your care as permitted by applicable law. Certain disclosures may require your written authorization.
- Payment – I may use and disclose your health information as necessary to obtain or facilitate payment for services provided to you. Because the Practice currently operates on a private-pay basis and does not currently bill insurance plans directly, your information will not be provided to an insurance company for payment unless you authorize such disclosure or disclosure is otherwise permitted or required by law.
  If the Practice becomes credentialed with or begins participating in an insurance plan in the future, the Practice may use and disclose PHI as permitted by law to obtain payment for services, including submitting claims and responding to requests from participating insurance plans.
  You may choose to pay for services out-of-pocket rather than use insurance. The Practice's Private Pay and Financial Assistance Policy explains applicable private-pay and financial-assistance arrangements.
- Operations – I may use and disclose your health information as necessary for health care operations, including activities related to quality assessment, administrative functions, and improving the quality of services. I may also use your information to contact you regarding treatment alternatives or other health-related services and benefits that may be of interest to you.

WHEN DISCLOSURE DOES NOT REQUIRE YOUR AUTHORIZATION/LIMITS ON CONFIDENTIALITY

The law provides protections for the confidentiality of communications and treatment information between a client and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are some situations where I am permitted or required to disclose information without either your consent or authorization. If such a situation arises, I will limit my disclosure to what is necessary. Reasons I may have to release your information without authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis or treatment, applicable Wisconsin and federal law may provide protections for confidential mental health information. The Practice will respond to subpoenas, court orders, and other lawful requests for information in accordance with applicable law. If you are involved in or contemplating litigation, you should consult with an attorney regarding the confidentiality and disclosure of your treatment information.

- If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, I may be required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- If a client files a worker's compensation claim, and I am providing necessary treatment related to that claim, I must, upon appropriate request, submit treatment reports to the appropriate parties, including the client's employer, the insurance carrier or an authorized qualified rehabilitation provider. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
- Appointment reminders and health related benefits or services. The Practice may contact you for appointments. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer. You may choose to not allow the Practice to leave you messages on your voicemail/answering machine by making that election on your consent to treatment or by contacting the owner of Joy and Resilience Psychotherapy LLC.
- For public health. The Practice may disclose your Health Information to local, state, or federal public health agencies, subject to the provisions of applicable law, to help prevent or control disease, injury, or disability.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about a patient's treatment:

- If I know or have reasonable cause to suspect that a child has been abused, neglected, or threatened with abuse or neglect, I may be required to make a report to the appropriate authorities as required by Wisconsin law. Once such a report is filed, I may be required to provide additional information.
- If I know or have reasonable cause to suspect that a vulnerable adult has been abused, neglected, or exploited, I may be required to make a report to the appropriate authorities as required by Wisconsin law. Once such a report is filed, I may be required to provide additional information.
- If I believe that there is serious and imminent threat to the health or safety of the client or another person, or to society, I may be required to disclose information to take protective action, including communicating the information to the potential victim, and/or appropriate family member, and/or the police or to seek hospitalization of the patient.

WHEN DISCLOSURE REQUIRES YOUR AUTHORIZATION

Except as described in this Notice, the practice will not use or disclose your Health Information without your written authorization. Most uses and disclosures of psychotherapy notes require the client's written authorization. Psychotherapy notes are notes maintained separately from the client's medical or treatment record that document or analyze the contents of conversations during a counseling session. HIPAA provides limited exceptions to the authorization requirement for psychotherapy notes, including certain uses by the provider for treatment, certain uses for training or supervision, use in defending the provider in legal proceedings, certain uses required by law, certain health oversight activities concerning the originator of the notes, use by a coroner or medical

examiner as permitted by law, and certain uses necessary to prevent a serious and imminent threat to health or safety.
*As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
*As a psychotherapist, I will not sell your PHI
If you authorize me to use or disclose your Health Information, you may revoke that authorization, in writing, at any time to stop any future uses and disclosures. If you wish to withdraw an authorization that you have provided, please contact the owner of Joy and Resilience Psychotherapy LLC via the contact information listed at the beginning of this document.

CERTAIN USES AND DISCLOSURES REQUIRING YOUR OBJECTION:
I will only release Health Information to a legally authorized representative when you have provided written consent identifying the family member or person involved in your care to whom you would like information shared. In the event of your incapacity or emergency circumstances, I will disclose Health Information using professional judgment, disclosing only information that is directly relevant to person's involvement in your healthcare. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

Minors: If you are a minor, the privacy and confidentiality of your treatment information may be affected by Wisconsin law, including laws governing parental access, consent to treatment, and minor clients' rights. The Practice will follow applicable Wisconsin and federal law regarding access to and disclosure of a minor's treatment information. The Practice will discuss confidentiality and its limits with adolescent clients and their parents or legal guardians as appropriate.

YOUR HEALTH INFORMATION RIGHTS
Right to Treatment
You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.
Right to Confidentiality
You have the right to have your health care information protected. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. The Practice will agree to such a request unless disclosure is required by law.
Right to Request Restrictions
You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
Right to Receive Confidential Communications by Alternative Means and at Alternative Locations
You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
Right to Inspect and Copy
You have the right to inspect or obtain a copy (or both) of PHI. Requests for access to records should be made in writing. The Practice will respond to requests for access within the time period required by applicable law. Other than psychotherapy notes, you generally have the right to obtain an electronic or paper copy of your medical record and other PHI maintained about you. The Practice may charge a reasonable, cost-based fee for copies as permitted by applicable law. If I refuse your

request for access to your records, you have a right of review, which I will discuss with you upon request.

Right to Amend

If you believe the information in your records is incorrect and/or missing important information, you can ask us to make certain changes, also known as amending, to your health information. You have to make this request in writing. You must tell us the reasons you want to make these changes, and I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.

Right to a Copy of This Notice

If you received the paperwork electronically, you have a copy in your email. Upon your request, you may at any time receive a paper copy of this notice even if you earlier agreed to receive this notice electronically.

Right to an Accounting

You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process

Right to Choose Someone to Act for You

If someone is your legal guardian, that person can exercise your rights and make choices about your health information; I will make sure the person has this authority and can act for you before I take any action.

Right to Choose

You have the right to decide not to receive services with me. If you wish, I will provide you with names of other qualified professionals.

Right to Terminate

You have the right to terminate therapeutic services with me at any time without any legal or financial obligations other than those already accrued. I ask that you discuss your decision with me in session before terminating or at least contact me by phone letting me know you are terminating services.

Right to Release Information with Written Consent

With your valid written authorization, the Practice may disclose PHI to a person or organization you designate, subject to applicable federal and Wisconsin law and any limitations contained in the authorization. Together, we will discuss whether or not I think releasing the information in question to that person or agency might be harmful to you.

CLIENT NOTICE FOR FILING A COMPLAINT

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact the Practice owner (Janis Avalos Rios) or the Secretary of the US Department of Health and Human Services.

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
Phone: 1-800-368-1019
TDD: 1-800-537-7697
Email: OCRComplaint@hhs.gov

Complaints may also be submitted through the HHS Office for Civil Rights online complaint process. The Practice will not retaliate against you for filing a complaint.

Acknowledgment of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.

Your signature below acknowledges that you have received and had an opportunity to review this Notice of Privacy Practices. Your signature does not mean that you agree to the Notice or authorize any use or disclosure of your PHI beyond what is permitted by law or separately authorized by you.

By signing below, I certify:

- I have received a copy of the Practice's Notice of Privacy Practices.
- I have had an opportunity to read or have this Notice explained to me.
- I understand that I may ask questions regarding this Notice and my privacy rights.