

NOTICE OF PRIVACY PRACTICES (NPP); MENTAL HEALTH; update 2026

Contact Information:

CCP Clinic, LLC; Counseling and Consulting Professionals, LLC;

424 East Longview Drive, Appleton, WI 54911

3301 Packerland Drive STE B, De Pere, WI 54115

The Center for Perinatal Mental Health, LLC

3301 Ballard Rd, Ste C, Appleton, WI 54911

Phone: 920-234-9240

Direct questions to Neeley Welch-Lamers and/or Jaclyn Geitner

NOTICE OF PRIVACY PRACTICES

Effective Date: 01/01/2021; Update 1/15/2026

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS IT. PLEASE REVIEW CAREFULLY. This Notice applies to all services provided by the above-named entities and locations.

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand your health information is personal and I am committed to protecting it. I maintain records of the care you receive to provide quality treatment and meet legal requirements. This notice applies to all records created by this practice and explains how I may use and disclose your health information, your rights, and my legal obligations. I am required by law to:

Keep your protected health information (PHI) private.

Provide you with this Notice of my legal duties and privacy practices.

Follow the terms of the Notice currently in effect.

CCP Clinic LLC may change this Notice at any time, and changes apply to all information contained in your files and records. The updated Notice will be available in the CCP Clinic, LLC offices and on the website, www.ccpcclinic.com.

Accountable Care Organization Participation:

As an ACO participant with ThedaCare Hospitals and Clinics, CCP Clinic, LLC providers and staff may access your health record in Epic Systems when clinically indicated to support continuity and quality of care across providers. Your records in our electronic health record (Simple Practice) remain separate and cannot be accessed by other providers without your written consent. You may request a list of who accessed your medical record from your healthcare system. Access to shared health records is role-based and limited to information necessary for the provider's clinical or care coordination responsibilities.

II. HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The categories below explain how I am allowed to use and disclose your PHI.

1. Treatment, Payment, and Health Care Operations

Federal rules allow me to use or disclose your PHI without written authorization for:

Treatment, including consultations or referrals. For licensed clinical social workers, treatment may also include care coordination, case consultation, and clinically appropriate collaboration with other providers or systems involved in the individual's care, consistent with professional standards and applicable law.

Payment activities.

Health care operations, such as quality improvement.

Disclosures for treatment are not limited by the minimum necessary standard, as full information may be needed for effective care.

2. Lawsuits and Disputes

If you are involved in legal proceedings, I may disclose PHI in response to a court or administrative order. I may also disclose your child's information when permitted by law in response to a subpoena or lawful process if reasonable efforts have been made to notify you or obtain protective measures.

III. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Uses and disclosures of PHI not described in this Notice will be made only with the individual's written authorization. Authorization is required for the use or disclosure of psychotherapy notes (except as permitted by law), for marketing purposes, and for any sale of PHI. Individuals may revoke an authorization at any time in writing, except to the extent that action has already been taken in reliance on the authorization.

1. Psychotherapy Notes

Psychotherapy notes are afforded special protection under federal law. This practice maintains psychotherapy notes separately from the designated medical record when applicable. Psychotherapy notes will not be used or disclosed without the individual's written authorization, except as permitted by law, including for use by the originator of the notes for treatment, or as otherwise required by law.

I maintain "psychotherapy notes" as defined by law. These require your authorization unless, in my professional judgment and as permitted by law, the use or disclosure is:

- a. For my treatment of you
- b. For training, clinical supervision, or consultation as required or permitted under applicable licensure laws
- c. To defend myself in legal proceedings initiated by you
- d. For a compliance investigation by the Secretary of Health and Human Services
- e. Required by law
- f. For limited oversight activities
- g. Requested by a coroner performing authorized duties
- h. Needed to avert a serious threat to health or safety

2. Marketing

I will not use or disclose your PHI for marketing.

3. Sale of PHI

I will not sell your PHI.

Redisclosure Notice

Information disclosed pursuant to this Notice of Privacy Practices may be subject to redisclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule. This practice cannot guarantee the protection of PHI once it has been disclosed to entities or individuals not subject to HIPAA.

Substance Use Disorder Records (42 CFR Part 2)

This practice may create or receive records related to Substance Use Disorder (SUD) treatment that are protected under 42 CFR Part 2. These records are subject to stricter confidentiality requirements and will only be used or disclosed as permitted by federal law. Individuals have the right to restrict disclosures of Part 2 records, and this practice will comply with all applicable Part 2 consent and disclosure requirements.

Mental Health Emergencies

PHI may be disclosed without authorization when necessary to prevent or lessen a serious and imminent threat to the health or safety of the individual or others, consistent with applicable law and ethical standards governing mental health professionals.

MENTAL HEALTH HIPAA PRIVACY & SECURITY POLICIES

Minimum Necessary Standard

This mental health practice limits access to PHI to the minimum necessary to accomplish the intended purpose. Workforce members may only access PHI that is necessary for their assigned job functions, with heightened restrictions applied to psychotherapy notes and sensitive mental health information.

Role-Based Access Controls

Access to electronic and paper mental health records is granted based on defined job roles. Psychotherapy notes are restricted to the treating clinician and are not accessible to administrative staff or billing personnel unless specifically authorized by the individual or permitted by law.

Authentication and Electronic Access

All electronic systems containing electronic PHI (ePHI) require secure user authentication. Unique user credentials are assigned to each workforce member, and access privileges are promptly modified or terminated upon workforce separation or role change.

Minor Clients & Parents

Special confidentiality rules apply to the mental health records of minors under Wisconsin law (Wis. Stat. § 51.30(5) and § 146.82). Parental or guardian access to a minor's records may be limited when disclosure is not clinically appropriate or is otherwise restricted by law.

Security Risk Assessment

A documented Security Risk Assessment is conducted at least annually and following significant changes to clinical workflows, electronic health record systems, telehealth platforms, or remote access tools. Identified risks to the confidentiality of mental health information are addressed through documented corrective actions.

Telehealth and Electronic Communications

This practice uses secure, HIPAA-compliant platforms for telehealth services and electronic communications involving PHI. Individuals are informed of potential privacy risks associated with electronic communication, and reasonable safeguards are implemented to protect the confidentiality of mental health information.

Incident Response and Breach Management

This practice maintains a written incident response plan for potential unauthorized access, disclosure, or loss of mental health information. Workforce members must report suspected incidents immediately. All incidents are documented, investigated, and evaluated to determine whether breach notification is required under applicable law.

Business Associates

Business Associate Agreements are maintained with vendors that create, receive, maintain, or transmit PHI on behalf of this practice, including electronic health record providers, billing services, telehealth platforms, and document storage services. Business Associates are required to comply with HIPAA and to report security incidents in accordance with contractual obligations.

Contingency Planning and Data Backup

This practice maintains contingency plans to ensure continuity of mental health services and access to PHI in the event of an emergency, system failure, or disaster. Electronic records are backed up securely and tested periodically to ensure data integrity and timely restoration.

Workforce Training and Confidentiality

All workforce members receive HIPAA Privacy and Security training upon hire and at least annually thereafter, with additional training focused on the confidentiality of mental health and psychotherapy records. Training participation is documented and retained in accordance with record retention requirements.

Documentation and Record Retention

HIPAA-required documentation, including policies, risk assessments, training records, authorizations, and incident reports, is retained for a minimum of six years. Mental health records are retained in accordance with applicable federal and state laws and professional standards. In Wisconsin, mental health records are generally retained for at least seven years after the last date of service, or longer when required by law.

IV. USES AND DISCLOSURES NOT REQUIRING AUTHORIZATION

I may use or disclose PHI without authorization for:

Requirements under state or federal law

Public health activities (e.g., reporting abuse; preventing serious threats)

Health oversight activities (audits, investigations)

Judicial/administrative proceedings as permitted by law

Law enforcement purposes (e.g., crimes on premises)

Coroners or medical examiners

Research activities

Specialized government functions (military, national security, correctional institutions)

Workers' compensation compliance

Appointment reminders and information about treatment alternatives or health-related services I offer

V. USES AND DISCLOSURES REQUIRING AN OPPORTUNITY TO OBJECT

I may disclose your PHI to family, friends, or others involved in your care or payment for your care unless you object. In emergencies, consent may be obtained after the fact.

VI. YOUR RIGHTS REGARDING YOUR PHI

1. Right to Request Limits

You may request restrictions on how your PHI is used or disclosed for treatment, payment, or operations. I may deny these requests if they could affect your care.

2. Right to Restrict Disclosures for Fully Self-Paid Services

You may restrict disclosure of PHI to health plans if the service was paid for out-of-pocket in full.

3. Right to Request Confidential Communications

You may request contact in a specific way (e.g., at a different address or phone number). I will accommodate reasonable requests.

4. Right to Inspect and Obtain Copies

You may request an electronic or paper copy of your record (excluding psychotherapy notes). I will provide it within 30 days, or sooner when required by applicable law, and may charge a reasonable cost-based fee. Fees will not exceed amounts permitted under Wisconsin law.

5. Right to an Accounting of Disclosures

You may request a list of disclosures made in the past six years (excluding those for treatment, payment, operations, or those authorized by you). I will respond within 60 days. The first list is free; additional requests may incur a fee.

6. Right to Request Amendments

If you believe your PHI is incorrect or incomplete, you may request an amendment. If I deny your request, I will provide written notice within 60 days explaining why.

7. Right to a Copy of This Notice

You may request this Notice in paper or electronic format at any time, even if you agreed to electronic delivery. It is available at all times via our website www.ccpclinic.com.

If you believe your privacy rights have been violated, you may file a complaint with this practice or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

Under HIPAA, you have certain rights regarding the use and disclosure of your PHI. By checking the box below, you acknowledge that you have received and understand this Notice of Privacy Practices.

Where Wisconsin law provides greater privacy protections or additional rights beyond federal law, this practice will comply with Wisconsin law.

BY SIGNING BELOW I CONFIRM THAT I HAVE RECEIVED AND UNDERSTAND THE TERMS IN THIS NOTICE.