



MHC Notice of Privacy Practices Oct25

Notice of Privacy Practices (HIPAA)

For purposes of this document, the term “Mirror Health” refers to Mirror Health LLC or Mirror Health Clinic LLC, the legal entity under which care is provided

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get a copy of your medical record and other health information we have about you, in either paper or electronic format.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.
- We may charge a reasonable, cost-based fee for copies.

Ask us to correct your medical record

- You can ask us to correct health information about you that you believe is incorrect or incomplete.
- We may say “no” to your request, but if we do, we will provide a written explanation within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, by cell phone, email, or mail to a different address).
- We will agree to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our health care operations.
- We are not required to agree to these requests, and we may say “no” if the limitation could affect your care.
- If you pay out-of-pocket in full for a specific service or health care item, you can request that we not share that information with your health insurer for payment or operations purposes.
- We will say “yes” to this request unless the law requires us to share the information.

Get a list of those with whom we’ve shared information



- You can ask for an accounting (list) of disclosures showing when we shared your health information, who we shared it with, and why.
- This list can cover up to the six years prior to the date you ask.
- We will include all disclosures except those related to treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make).
- You may request one accounting every 12 months at no cost. If you request additional accountings within the same 12-month period, we may charge a reasonable, cost-based fee.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically.
- We will provide you with a copy promptly.
- Because our practice is virtual, we can either mail you a paper copy or send you an electronic version that you can print for your records.

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.
- Before we take any action, we will verify their authority to act on your behalf.

File a complaint if you feel your rights are violated

- You can complain if you believe we have violated your privacy rights by contacting us using the information at the top of this notice.
- You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:
 - Sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201
 - Calling: 1-877-696-6775
 - Visiting: www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.



In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- If you are not able to tell us your preference (for example, if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases, we never share your information unless you give us written permission: Marketing purposes, Sale of your information, Most sharing of psychotherapy notes
- In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you

- We can use your health information and share it with other professionals who are treating you.
- Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
- Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many legal conditions before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html



Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services to confirm compliance with federal privacy law.
- Respond to organ and tissue donation requests
- We can share health information about you with organ procurement organizations.
- Work with a medical examiner or funeral director
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- Respond to lawsuits and legal actions
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities



We are required by law to maintain the privacy and security of your protected health information.

-We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

-We must follow the duties and privacy practices described in this notice and provide you with a copy upon request.

-We will not use or share your information other than as described in this notice, unless you give us written permission.

-If you give us permission, you may change your mind at any time. Let us know in writing if you do.

For more information, visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Other Notice of Privacy Practice

This notice is effective as of September 1st, 2025.

The Privacy Official for Mirror Health is Dr. Justin Hendricks, who can be contacted at:

Email: justin.hendricks@mirrorhealthclinic.com

Phone: 614-333-8674

We adhere to the confidentiality requirements for substance use disorder information under 42 CFR Part 2.

We will not use or disclose protected health information in any manner that is inconsistent with 45 CFR §164.502.

Acknowledgment and Authorizations

(Optional) Share your health information with a professional

I authorize Mirror Health to discuss my condition, treatment or diagnosis to the following practitioners and/or healthcare organizations (please list name and relationship)

(Optional) Share your health information with someone you personally know

I authorize Mirror Health to discuss my condition, treatment or diagnosis to the following individuals (list name and relationship)

Authorization to share protected health information can be revoked in writing at any time



Mirror Health
470 Olde Worthington Rd, Suite 200
Westerville, OH - 43082

Emergency Contact (Name,
Relationship, Phone Number)

Communication and Messages

Mirror Health may contact you about your medical care and related matters using common communication methods such as phone, voicemail, text message, email, or mail. These messages may include detailed information about your care.

If there is any method of communication you do not want us to use, please notify us in writing. You may do this by:

Sending an email to justin.hendricks@mirrorhealthclinic.com

Sending a secure message through our patient portal

We will honor all reasonable requests.

Your electronic signature will have the same legal effect as a handwritten signature. By signing your name below, you agree that you understand all information above, and all of your questions have been answered to your satisfaction. Please contact the privacy official if you have questions.

I acknowledge that I have received and reviewed the Notice of Privacy Practices for Mirror Health

First and Last name of Patient *

Signature of Patient *

Date of Signature *
