

Notice of Privacy Practices

Electronic communications and client privacy

Rooted Path Therapy & Wellness | Kris Berryman, LCSW

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Effective date: October 10, 2026

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

Our privacy responsibilities

Your health information is personal. I create and maintain a record of the care and services you receive so I can provide care and meet legal requirements. I am required to protect your protected health information (PHI), give you notice of my privacy duties and practices, follow the notice currently in effect, and notify you if a breach compromises the privacy or security of your information. I will not use or share your information except as described here or as otherwise permitted or required by law. If a more protective law applies, I will follow it.

How I may use and share your health information

The categories below describe common uses and disclosures. They do not list every situation allowed by law; any use or disclosure will be limited by applicable federal and Indiana law.

Purpose	How information may be used or shared
Treatment	I may use your information to provide, coordinate, or manage your care. I may share it with another treating health care provider, such as when consulting about your condition or arranging a referral, as permitted by law.
Payment	I may use or share information to bill for services, collect payment, verify coverage, or obtain payment authorization.
Practice operations	I may use information to run the practice, manage your care and services, meet compliance duties, and contact you about appointments, treatment alternatives, or health-related services I offer.
People involved in your care	With your agreement, when you have an opportunity to object and do not object, or when professional judgment permits, I may share information directly relevant to a family member, friend, or other person involved in your care or payment. In an emergency or when you cannot make a decision, I may share information when the law permits and professional judgment supports it.
As required or permitted by law	I may disclose information for public health and safety reporting (including reports of suspected abuse or neglect when required), health oversight, law enforcement, coroners or medical examiners, workers' compensation, certain government functions, research when legal safeguards are met, organ or tissue donation requests when applicable, and other purposes authorized or required by law.
Legal proceedings	I may respond to a court or administrative order. I may respond to a subpoena, discovery request, or other lawful process when the required legal conditions are met, such as notice to you or a protective order. I will evaluate requests under applicable law and seek legal guidance when appropriate.

Indiana law provides a privilege for communications to a counselor in the counselor's official capacity, subject to statutory exceptions. This notice does not expand or eliminate that privilege or other legal duties. I will evaluate legal demands and safety or reporting situations under applicable law.

Uses that require your written authorization

For a use or disclosure not described in this notice and not otherwise permitted or required by law, I will ask for your written authorization. You may revoke an authorization in writing at any time, except to the extent I have already relied on it.

Psychotherapy notes

I maintain psychotherapy notes as defined by HIPAA. These are notes I create and keep separately from the medical record that document or analyze the contents of counseling conversations. Most uses or disclosures of these notes require your specific written authorization. HIPAA has limited exceptions, including use by me for your treatment, certain supervised training, certain legal proceedings involving you and me, oversight of the clinician who created the notes, HHS enforcement, disclosures required by law, disclosures to coroners or medical examiners when authorized by law, and disclosures needed to avert a serious and imminent threat to health or safety. Routine progress notes, diagnoses, treatment plans, and similar record items are not psychotherapy notes solely because they concern therapy.

Marketing and sale of information

I will not use or disclose your PHI for marketing or sell your PHI without the written authorization required by law. If you provide a review or testimonial that identifies you as a client or reveals PHI and I ask to use it for promotion, I will request a separate written authorization. You may revoke that authorization in writing; I cannot remove copies others may already have made.

I do not conduct fundraising. I do not sell PHI.

Your rights regarding your health information

- Get access to or a copy of information in your designated record set. Send a written request using the contact information below. I generally respond within 30 days; HIPAA permits one extension with written notice. In limited circumstances, access may be denied, and some denials may be reviewable. A reasonable, cost-based fee may apply where allowed.
- Ask me to amend information you believe is incorrect or incomplete. Make the request in writing and explain why. I may deny a request for a permitted reason and will explain your options.
- Request limits on certain uses or disclosures. I do not have to agree to most restrictions. I must agree not to disclose information to a health plan for payment or health care operations when the information relates only to a service you paid for in full out of pocket, unless the law requires disclosure.
- Request confidential communications by a different method or at a different location. I will accommodate reasonable requests. You do not need to explain why.
- Request an accounting of certain disclosures made in the six years before your request. Some disclosures are excluded by law. I generally respond within 60 days; an extension may be available with written notice.
- Get a paper copy of this notice, even if you agreed to receive it electronically.
- Choose someone to act for you when that person has legal authority. I will verify the person's authority before acting on the request.
- Revoke an authorization in writing as described above.
- File a complaint with me or with the U.S. Department of Health and Human Services Office for Civil Rights. I will not retaliate against you for filing a complaint.

To exercise a right or complain to the practice, contact Kris Berryman at 11650 Lantern Rd, Suite 121, Fishers, IN 46038; 317-220-6333; info@rootedptw.com. To complain to HHS, contact the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201; 1-800-368-1019; or <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

Our practice and service providers

I use SimplePractice for the electronic health record, client portal, scheduling, telehealth, communications, and notifications. I use Google Workspace mainly for business administration and may receive your email containing health information. I may use Google Voice for brief client messages. These service providers may process information on my behalf under applicable agreements. A business associate agreement does not automatically cover every product, feature, add-on, or configuration; I select and configure services for the practice's use.

Electronic communications policy

You may contact me through the client portal, email, phone, or Google Voice. My website is rootedpaththerapyandwellness.com; email is info@rootedptw.com; phone is 317-220-6333. Electronic communications are convenient but have privacy and security risks. Email or text may be misdirected, viewed on a shared device, stored by a

service provider, or seen in notifications. Email is not an emergency service and may not be reviewed continuously. Do not use email, text, or voicemail for an urgent safety concern. If there is immediate danger, call 911 or go to the nearest emergency department.

- I use email and Google Voice mainly for scheduling and brief administrative messages. Please do not use them for urgent concerns or detailed clinical care.
- If you email me health information, I may use it to respond and may place clinically relevant information in your health record. I will use reasonable safeguards, but ordinary email may not be encrypted end-to-end.
- Before sending PHI, I may confirm your email address or phone number. I may use the secure client portal or another method for sensitive information. I will accommodate reasonable requests for confidential communications by another method or location.
- I will keep messages brief and avoid sensitive details in voicemail, subject lines, and notifications where practical. Tell me if you do not want voicemail or text messages, or if a number or email address is shared or unsafe.
- Please verify the destination address or number before sending sensitive material. Use the client portal for clinical documents when available. Do not send emergency requests through these channels.

Changes to this notice

I may change the terms of this notice, and the changes may apply to all PHI I maintain. The current notice is available on request at 11650 Lantern Rd, Suite 121, Fishers, IN 46038, by calling 317-220-6333, by emailing info@rootedptw.com, and at rootedpaththerapyandwellness.com. If I maintain a website that provides information about my services, I will post the current notice there.

Acknowledgment of receipt

I will ask you to acknowledge that you received or were offered this notice. This acknowledges receipt and understanding only; it is not an authorization for uses or disclosures, consent to electronic communications, or a waiver of your rights. If you decline to acknowledge, I will document that fact.

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. By acknowledging receipt, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY ACKNOWLEDGING RECEIPT I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.