Via Therapy – Notice of Privacy Practices (HIPAA and 42 CFR Part 2)

Notice of Privacy Practices — HIPAA and 42 CFR Part 2

Via Therapy, LLC
Effective Date: September 19, 2026

Practice: Via Therapy, LLC
Address: 136 N. Main St, Suite 302, Thiensville, WI 53092
Privacy Official / Contact: Michael Weidman, MSW, LCSW, SAC
(262) 686-4478 • mike@viatherapywi.com

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice describes:

- How health information about you may be used and disclosed
- Your rights with respect to your health information
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information
- You have a right to a copy of this notice (in paper or electronic form) and to discuss it with Michael Weidman, MSW, LCSW, SAC at (262) 686-4478 and mike@viatherapywi.com if you have any questions.

About this Notice

Via Therapy, LLC ("Via Therapy") is a solo Wisconsin psychotherapy practice and a HIPAA-covered health care provider. Federal and Wisconsin law protect the privacy of your health information. This Notice explains how Via Therapy may use and share that information, your rights, and Via Therapy's responsibilities.

Some records involving the diagnosis, treatment, or referral for treatment of a substance use disorder (SUD) are also protected by the federal confidentiality law known as 42 CFR Part 2 ("Part 2"). When Part 2 applies, those records receive additional protections. Part 2 uses the term "patient"; this Notice otherwise uses "client." Not every Via Therapy record is automatically a Part 2 record.

Wisconsin law also protects patient health care records and may be more protective than HIPAA in some circumstances. Via Therapy will follow the law that gives your information the greater protection when laws differ.

Your Rights

See or get a copy of your record. You may ask to inspect or obtain an electronic or paper copy of your health record and other health information maintained by Via Therapy, subject to legal exceptions. Via Therapy will generally respond within 30 days, and any fee will comply with applicable law. Wisconsin law also gives you rights to inspect and obtain copies of patient health care records. HIPAA does not generally give a right of access to separately maintained psychotherapy notes; other law may provide additional rights.

Ask to correct or amend your record. You may ask Via Therapy to correct health information that you believe is incorrect or incomplete. Via Therapy may deny the request in circumstances allowed by law and, if so, will explain the denial in writing.

Request confidential communications. You may ask Via Therapy to contact you in a particular way or at a different address. Reasonable requests will be honored.

Ask Via Therapy to limit uses or disclosures. You may ask Via Therapy not to use or disclose certain information for treatment, payment, or health care operations. Via Therapy is not required to agree to every request. If Via Therapy agrees, the restriction will be followed except as allowed by law, including in an emergency. If you pay in full out of pocket for a service, you may ask Via Therapy not to disclose information about that service to your health plan for payment or health care operations; Via Therapy will honor that request unless a disclosure is required by law.

Get an accounting of certain disclosures. For HIPAA-protected information, you may request an accounting of certain disclosures made during the six years before your request. The accounting generally does not include

disclosures for treatment, payment, or health care operations or certain other disclosures, such as disclosures you authorized. Part 2 has a separate intermediary disclosure-list right, described below.

Get a paper copy of this Notice. You may request a paper copy at any time, even if you receive it electronically.

Choose someone to act for you. If a person has legal authority to act as your personal representative, that person may exercise rights and make choices about your health information as permitted by law. Via Therapy will verify the person's authority before acting.

File a privacy complaint without retaliation. You may complain to Via Therapy or to the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated. Via Therapy will not retaliate against you for filing a complaint.

Your Choices and Written Permission

When allowed by HIPAA and Wisconsin law, you may tell Via Therapy whether and how to share relevant information with family members, close friends, or others involved in your care or payment for your care, and in certain disaster-relief situations. If you cannot state a preference, HIPAA may permit a limited disclosure when Via Therapy reasonably determines that it is in your best interest or when necessary to lessen a serious and imminent threat. Part 2 records and Wisconsin-protected treatment records will be shared only as those laws permit.

Via Therapy generally must obtain your written authorization before using or disclosing your health information for marketing that requires authorization or for selling your protected health information. Most uses or disclosures of HIPAA-defined psychotherapy notes also require your written authorization. Via Therapy may create psychotherapy notes on a case-by-case basis; when used, they are maintained separately from the ordinary clinical record.

Other uses and disclosures not described in this Notice will be made only with your written permission when required by law. You may revoke a HIPAA authorization or Part 2 consent in writing, subject to applicable law and except to the extent action has already been taken in reliance on it.

How Via Therapy Typically Uses or Shares Health Information

Treatment. Via Therapy may use health information to provide, coordinate, and manage your psychotherapy. For example, with the legal authority required for the information involved, Via Therapy may communicate with another health care professional involved in your care.

Payment. Via Therapy may use and disclose health information to bill and obtain payment from a health plan or other payer. For example, Via Therapy may submit information required to process an insurance claim.

Health care operations. Via Therapy may use and disclose health information as needed to run the practice, manage services, support quality and compliance activities, and work with contractors who perform services for Via Therapy and are required to protect the information. For example, Via Therapy may use health information about you to manage your treatment and services.

When Part 2 applies

The treatment, payment, and health care operations permissions described above do not automatically allow outside disclosure of Part 2 records. For Part 2 records, written consent is generally required for treatment, payment, and health care operations disclosures outside Via Therapy unless Part 2 specifically permits the use or disclosure without consent. You may provide a single written consent covering future treatment, payment, and health care operations uses and disclosures.

Other Uses and Disclosures Permitted or Required by Law

For health information that is not subject to a stricter rule, Via Therapy may use or disclose information without your written authorization when federal or Wisconsin law permits or requires it. Depending on the circumstances, this may include:

- **Public health and safety.** This may include certain disease-prevention activities, product safety matters, reports permitted or required by law, and disclosures to prevent or lessen a serious and imminent threat to health or safety.
- **Abuse or neglect.** This may include reports of suspected child abuse or neglect and other abuse, neglect, or adult-at-risk situations when a report or disclosure is permitted or required by applicable law.
- **Health oversight.** This may include audits, inspections, licensing or disciplinary activities, and other government oversight authorized by law.
- **Workers' compensation.** This may include workers' compensation matters and other programs or proceedings authorized by law.

- **Law enforcement and special government functions.** Via Therapy may respond to qualifying requests when the legal requirements for disclosure are met.
- **Judicial or administrative proceedings.** This may include certain court orders, subpoenas, or other lawful process when the applicable legal requirements are satisfied.
- **Research.** Information may be used or disclosed for research when the required legal protections and approvals are in place.
- **Coroners, medical examiners, funeral directors, and organ or tissue procurement.** Information may be disclosed when applicable law permits.
- **Required by law.** Via Therapy may make disclosures required by federal or Wisconsin law, including disclosures to the U.S. Department of Health and Human Services for privacy-law compliance review.

These HIPAA permissions do not override stricter Wisconsin law or Part 2. If Part 2 applies, Via Therapy will disclose Part 2 records without your consent only when Part 2 specifically permits or requires the disclosure.

Special Protections for Substance Use Disorder Records — 42 CFR Part 2

Federal law gives additional confidentiality protection to Part 2 records. Via Therapy generally must obtain your written consent before using or disclosing Part 2 records for most purposes outside Via Therapy. Within Via Therapy, and with contractors that help Via Therapy operate, Via Therapy may use or disclose Part 2 information as Part 2 permits.

Your consent

You may give one written consent for all future treatment, payment, and health care operations uses and disclosures of Part 2 records. If Part 2 records are disclosed under that consent to a recipient that is subject to HIPAA, the recipient may further use or disclose the records as HIPAA permits. Part 2's restrictions on investigations and proceedings against you continue to apply.

SUD counseling notes

If Via Therapy creates separate notes that meet Part 2's definition of SUD counseling notes, those notes receive additional protection. A general consent for treatment, payment, and health care operations does not authorize their use or disclosure. Except for limited uses and disclosures specifically permitted by Part 2, Via Therapy must obtain a separate written consent for the use or disclosure of SUD counseling notes.

Disclosures without consent

Part 2 also permits certain uses and disclosures without your consent when its requirements are met. Examples include medical emergencies, as Part 2 permits; certain research, audits, and program evaluations; cause-of-death inquiries; reports of suspected child abuse or neglect; reports of crimes or threats of crimes on Via Therapy premises or against Via Therapy personnel; certain de-identified public-health disclosures; and disclosures authorized by a Part 2 court order.

Protection in legal proceedings

Part 2 records, and testimony about their contents, will not be used or disclosed in a civil, criminal, administrative, or legislative proceeding against you unless you specifically consent in writing or a Part 2 court order authorizes the use or disclosure. When required by Part 2, you or the holder of the record must receive notice and an opportunity to be heard. A Part 2 court order authorizing use or disclosure must be accompanied by a subpoena or similar legal mandate before the records are used or disclosed.

Other Part 2 rights

For Part 2 records, you may request restrictions on disclosures previously authorized for treatment, payment, and health care operations.

If an intermediary has disclosed your Part 2 records under a general designation in your consent, you may request a list of those disclosures for the prior three years.

Federal Part 2 rules also establish a right to an accounting of certain electronic-record disclosures, but HHS has not yet set the compliance date for that requirement.

You have the right to opt out of fundraising communications. Via Therapy does not currently use client PHI or Part 2 records for fundraising.

Additional Wisconsin Privacy and Record Rights

Wisconsin law generally requires patient health care records to remain confidential and permits disclosure only as authorized by law. Wisconsin law also recognizes certain disclosures for treatment, payment, health care operations, and certain serious and imminent threats when statutory conditions are met. Via Therapy will follow Wisconsin law whenever it provides greater protection or imposes additional limits.

Wisconsin record-access notice. Wisconsin law gives patients and persons authorized by them rights concerning applicable patient health care records.

- **Inspect records.** Subject to Wis. Stat. § 51.30 and other applicable exceptions, you may inspect applicable patient health care records during regular business hours on reasonable notice.
- **Copies or transfer.** With the authorization or consent required by law, you may obtain copies or have records provided to another health care provider.
- **Copy fees.** Wisconsin law limits charges for copies in circumstances covered by the statute.
- **Documenting access.** For records governed by Wis. Stat. § 146.83, Via Therapy must document requests to inspect records and the records made available for inspection.
- **Protecting record integrity.** Wisconsin law also prohibits intentionally falsifying patient health care records, improperly concealing or withholding them to prevent a lawful release or obstruct an investigation or prosecution, and intentionally destroying or damaging them to obstruct an investigation or prosecution.
- **Other treatment-record rules.** Mental-health and substance-use treatment records may also be governed by Wis. Stat. § 51.30, which has separate confidentiality and access rules.

Via Therapy's Responsibilities

- Via Therapy is required by law to maintain the privacy and security of protected health information and applicable Part 2 records.
- Via Therapy must give you this Notice, explain its legal duties and privacy practices, and follow the Notice currently in effect.
- Via Therapy will notify affected individuals following a breach of unsecured protected health information or unsecured Part 2 records as required by law.
- Via Therapy will not use or disclose your information other than as described in this Notice unless you give written permission or another law permits or requires the use or disclosure.

Changes to This Notice

Via Therapy reserves the right, when legally permitted, to change its privacy practices and the terms of this Notice. Revised terms may apply to protected health information and applicable Part 2 records that Via Therapy already maintains, as well as information created or received after the revised Notice becomes effective.

Except when law requires otherwise, a material change will be reflected in a revised Notice before the changed practice is implemented.

The revised Notice will be available upon request, at the Via Therapy office, and on Via Therapy's website as required by law.

Questions and Complaints

For questions about this Notice, your privacy rights, or Via Therapy's privacy practices—or to file a complaint—contact:

Privacy Official / Privacy Contact: Michael Weidman, MSW, LCSW, SAC
Practice: Via Therapy, LLC
Address: 136 N. Main St, Suite 302, Thiensville, WI 53092
Phone: (262) 686-4478
Email: mike@viatherapywi.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201; 1-877-696-6775; or through the HHS Office for Civil Rights complaint process at hhs.gov/hipaa/filing-a-complaint. Via Therapy will not retaliate against you for filing a complaint.

Effective Date: September 19, 2026

Acknowledgment of Receipt

I acknowledge that I received Via Therapy, LLC's Notice of Privacy Practices (HIPAA and 42 CFR Part 2). My acknowledgment confirms receipt of the Notice only; it does not mean that I consent to or agree with the privacy practices described in the Notice. I understand that I may request a paper copy of the Notice and may contact Via Therapy with questions about the Notice or my privacy rights.