Notice of Privacy Practices

Effective Date: October 16, 2025
Evolve Therapy Services, LLC
Website: https://evolvemke.com
Email: chelsie@evolvemke.com
Phone: 414-207-4799

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

- Communicate with your family, friends, or support system
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information (We never sell your information.)
- Raise funds (We do not engage in fundraising.)

Our Uses and Disclosures

- Treat you: Share information with other healthcare providers involved in your care (with consent when required).
- Run our practice: Improve your care, manage business operations, and comply with clinical standards.
- Bill for your services: Share information with your health insurer to obtain payment, when applicable.
- Help with public health and safety issues: Report abuse, neglect, or threats as required by law.
- Comply with the law: Share information when required by federal or state law.
- Respond to legal actions: Comply with a court order or subpoena.
- Prevent serious threats to health or safety: When necessary to prevent a serious and imminent threat.

Telehealth & Digital Communication Notice

- Evolve Therapy Services operates as a fully virtual practice using HIPAA-compliant telehealth platforms.
- All digital communications follow best practices to protect your privacy.
- No form of electronic communication is 100% secure.
- If you choose to communicate via email or text, you do so at your own discretion.
- We will never share protected health information via insecure channels unless authorized.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs that may have compromised your information.
- We must follow the duties and practices described in this notice.
- We will not use or share your information other than as described here unless you authorize it in writing.
- You may revoke permission at any time.

Changes to the Terms of This Notice

- We may change this notice and the changes will apply to all information we have about you.
- The updated notice will be posted on our website: https://evolvemke.com

Complaints

- If you believe your privacy rights have been violated, contact us at:
- Evolve Therapy Services, LLC
- Phone: 414-207-4799
- Email: chelsie@evolvemke.com
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights:
- https://www.hhs.gov/hipaa/filing-a-complaint
- We will not retaliate against you for filing a complaint.

No Surprise Billing Act Disclosure

- If you are paying out-of-pocket or are uninsured, you are entitled to a Good Faith Estimate of expected charges under the No Surprises Act.
- This will be provided prior to your first session upon request or as required.