

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW THIS NOTICE CAREFULLY This notice of Privacy Practices describes how we may use and disclose your PROTECTED HEALTH INFORMATION (PHI) to carry out treatment, payment, and health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PROTECTED HEALTH INFORMATION is information that may identify you and that relates to your past, present, or future physical or mental health or condition, and related health care services. We need this information in order to provide treatment to you. You have to agree to let us collect the information and to use it and share it as necessary to treat you properly. Therefore you must sign a consent form before we begin to treat you. If you do not agree and sign the consent we will not be able to treat you. We are required by law to maintain the privacy of PHI and to follow the terms of this Notice of Privacy Practices. The terms of the Notice may be revised as needed to reflect changes in the law. Any new Notice of Privacy Practices will apply to all PHI that we maintain at that time. We will provide you with a copy of the revised notice by posting a copy, mailing one to you upon request, or you may ask for one at your next appointment.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**Treatment:** We use your medical information to provide you with psychological treatment. We may share or disclose your PHI for the purpose of coordinating or managing your health care treatment. This may include consultation with clinical supervisors or other treatment team members. For example, when your clinician is unavailable another clinician may provide services to you. We may disclose PHI to any other consultant only with your authorization.

**Payment:** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities include verifying eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

**Health Care Operations:** We may use or disclose your PHI in order to identify where we can make improvements in the care and service we provide. We may use or disclose your PHI, as needed, in order to support our business activities including, but not limited to, employee review activities, licensing, or conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g. billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

**Required by Law:** Under the law we must make

disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the Privacy Rule. Use and Disclosures of PHI Not Requiring Consent or Authorization: There are a limited number of situations in which the law and ethical standards permit us to disclose information about you without consent or authorization. The types and usages are as follows: ω Suspected child abuse or neglect must be reported ω A serious threat of physical violence against oneself or a reasonably identifiable victim or victims must be reported to law enforcement and/or the threatened person(s). ω A court order ω Mandatory government agency audits or investigations, such as the board that licenses those providing treatment

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION** You have the following rights regarding PHI we maintain about you. To exercise any of these rights please submit your request in writing to the Privacy Officer: Jodi Kneer 51 S. Main Ave Suite 304, Clearwater FL 33765 email [jkneer13@yahoo.com](mailto:jkneer13@yahoo.com) . You have the right to inspect and to copy your PHI. You may review and obtain a copy of your health information. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause harm to you. We may charge a reasonable, cost-based fee for the copies. You have the right to amend. If you believe that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. In certain cases we may deny your request. You have the right to request a restriction of your protected health information. You may ask us not to use or disclose any part of your PHI for treatment, payment, or health care operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request. You the right to an accounting of disclosures of your PHI. You have the right to request an accounting of certain of the disclosures that we make of your PHI. No accounting is made for release of PHI disclosed by authorization. We may charge a reasonable fee if you request more than one accounting in any 12 month period. You have the right to obtain a copy of this notice. Upon your request a copy of this notice will be provided to you.

**COMPLAINTS** You have the right to file a complaint if you believe you privacy rights have been violated. You can file a complaint with the Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the treatment we provide you in any way. If you have any questions regarding this notice or our health information privacy policies, please contact the Privacy Officer who is Jodi Kneer and can be reached at (727)784-8244. The effective date of this notice is Jan. 1 2026