

## **NOTICE OF PRIVACY PRACTICES**

**Effective April 25, 2026**

**Collaborative Psychiatric Care & Wellness**

**600 S. Main Ave, Unit 100**

**Minneola, FL 34715**

---

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this Notice, please contact our office.

---

### **Our Legal Duties**

We are required by law to:

- Maintain the privacy of your protected health information (PHI)
  - Provide you with notice of our legal duties and privacy practices
  - Abide by the terms of this Notice currently in effect
  - Notify you following a breach of unsecured protected health information
- 

### **How We May Use and Disclose Your Health Information**

The following describes the ways we may use and disclose your health information. Except as described below, we will use and disclose your information only with your written authorization, which you may revoke at any time in writing.

---

### **Treatment**

We may use and disclose your health information to provide, coordinate, or manage your care.

For example, we may share information with your primary care provider, therapist, pharmacy, or other healthcare professionals involved in your treatment.

---

## **Payment**

We may use and disclose your information to obtain payment for services. For example, we may submit information to you, a health plan, or a third party for billing purposes for treatment and services you receive.

---

## **Healthcare Operations**

We may use and disclose your information for practice operations, including quality improvement, training, and administrative activities necessary to run our practice. We may also share information with our entities that have a relationship with you (for example, your health plan) for their health care operation activities and quality improvement.

---

## **Appointment Reminders & Health-Related Communications**

We may use and disclose health information to you and contact you to:

- Remind you of appointments
  - Provide information about treatment options and alternatives
  - Share health-related services that may be relevant to your care
- 

## **Individuals Involved in Your Care**

We may disclose relevant information to family members, friends, or others involved in your care or payment for care when appropriate, unless you object.

---

## **Business Associates**

We may disclose your information to third-party service providers (business associates) who perform services on our behalf, such as billing or IT support. These parties are required to safeguard your information.

---

## **Special Situations**

We may disclose your health information without your authorization in the following circumstances:

- **As Required by Law**
  - **To Prevent a Serious Threat to Health or Safety**
  - **Abuse, Neglect, or Exploitation Reporting (Florida law)**
  - **Public Health Risks**
  - **Health Oversight Activities**
  - **Legal Proceedings (court orders, subpoenas)**
  - **Law Enforcement Purposes**
  - **Medical Emergencies**
  - **Coroners, Medical Examiners, Funeral Directors**
  - **National Security and Protective Services**
  - **Correctional Institutions (if applicable)**
  - **Workers' Compensation Programs**
- 

### **Additional Protections for Mental Health Information**

Mental health records may receive additional protections under Florida law. Certain disclosures may require your specific written authorization unless otherwise permitted or required by law.

---

### **Your Rights Regarding Your Health Information**

#### **Right to Access**

You have the right to inspect and obtain a copy of your health information in a designated record set (with limited exceptions, such as psychotherapy notes). Requests must be made in writing.

---

#### **Right to Amend**

You have the right to request corrections to your health information if you believe it is inaccurate or incomplete. Requests must be made in writing.

---

### **Right to an Accounting of Disclosures**

You may request a list of certain disclosures made of your information for up to six (6) years prior to your request, excluding disclosures for treatment, payment, and healthcare operations. Requests must be made in writing.

---

### **Right to Request Restrictions**

You may request restrictions on certain uses or disclosures of your information. We are not required to agree, but if we do, we will comply except in emergencies.

---

### **Right to Request Confidential Communications**

You may request that we contact you in a specific way or at a specific location. Requests must be made in writing and must specify how or where you wish to be contacted. We will accommodate reasonable requests.

---

### **Right to a Copy of This Notice**

You may request a paper or electronic copy of this Notice at any time by contacting our office.

---

### **Breach Notification**

You will be notified if there is a breach involving your unsecured protected health information, as required by law.

---

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation.

### **Contact:**

Collaborative Psychiatric Care & Wellness

600 S. Main Ave, Unit 100  
Minneola, FL 34715

Phone: 352-703-6341 ; Fax: 352-743-1153

You may also file a complaint with:

U.S. Department of Health and Human Services (HHS), Office for Civil Rights

---

### **Changes to This Notice**

We reserve the right to change this Notice at any time. Updated versions will be posted with a new effective date.