

3600 NW 43<sup>rd</sup> Street A2  
Gainesville, FL 32606  
Phone: 352.448.1134  
Fax: 352.389.1097



This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This version reflects updates to privacy laws and practices as of December 2025. Please review this notice carefully.

## **Your Protected Health Information (PHI)**

Your health record contains personal information about you and your health. This information, referred to as Protected Health Information (PHI), includes details that may identify you and relate to your past, present, or future physical or mental health, condition, or related healthcare services.

This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA) and any amendments effective as of 2025. It also outlines your rights regarding access to and control of your PHI.

We are required by law to:

- Maintain the privacy of your PHI.
- Provide you with this notice of our legal duties and privacy practices.
- Abide by the terms of this notice.

We reserve the right to update this notice at any time. Any revised notice will apply to all PHI we maintain. You will be provided with a copy of the updated notice via email (if consented), mail, or at your next appointment.

## **How We May Use and Disclose Health Information About You**

### *For Treatment*

Your PHI may be used and disclosed by those involved in your care to provide, coordinate, or manage your healthcare treatment and related services. This includes consultations with clinical supervisors or other treatment team members.

- Authorization for External Discussions: We will seek written authorization to discuss your case with external parties, including your attorney, family members, or professionals to whom we refer you.

Note: If you are separated or divorced, the non-custodial parent may have specific rights to certain information as permitted by law or court order.

### *For Payment*

We may use and disclose PHI to receive payment for services provided to you, but only with your written authorization. Examples include:

- Determining eligibility or coverage for insurance benefits.
- Processing claims with your insurance company.
- Reviewing services for medical necessity or utilization review.
- If you do not authorize disclosure for payment purposes, services will be provided on a cash-payment basis only.

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### *For Healthcare Operations*

We may use or disclose your PHI to support business activities, such as:

- Quality assessment and improvement.
- Licensing or accreditation activities.
- Business associate agreements: We may share PHI with third-party vendors (e.g., billing or transcription services) only if they sign a Business Associate Agreement (BAA) compliant with 2025 HIPAA updates, requiring them to safeguard your PHI.
- Training/Teaching: PHI will only be disclosed for these purposes with your written authorization.
- Appointment Reminders: We may use PHI to contact you for appointment reminders or clinical follow-ups via your preferred method (e.g., phone, email, or text, as consented by you).

### *Required by Law*

We must disclose your PHI:

- To you, upon your request.
- To the U.S. Department of Health and Human Services (HHS) for compliance investigations.
- To the Florida regulatory licensing board for audits or investigations.
- As mandated by new 2025 state or federal laws, such as public health reporting or law enforcement requests.

### *Without Authorization*

We may disclose your PHI without your authorization in the following limited circumstances:

- Mandatory Reporting: Child abuse/neglect, elder abuse/neglect, or government agency audits (e.g., licensing board, health department).
- Court Order: If required by a valid court order or subpoena.
- Emergency Situations: If you are involved in a life-threatening emergency and we cannot obtain your permission, we may share information if we believe it is in your best interest or necessary to assist you.
- Serious Threat to Health/Safety: To prevent or lessen a serious and imminent threat to a person or the public. Disclosures will be made to individuals reasonably able to prevent or mitigate the threat.
- Custody Situations: In cases of separation or divorce, parents with shared custody or non-custodial parents may have a right to access their child's treatment records as permitted by the court order or Florida law.
- Verbal Permission: We may disclose information to family members directly involved in your treatment with your verbal permission, but we will document this in your record.

### *With Authorization*

- All other uses and disclosures of your PHI not permitted by law require your written authorization. You may revoke this authorization at any time in writing.
- Family/Couples Therapy: All adult participants in family or couples therapy must provide written authorization for any disclosure of PHI.
- Other uses and disclosures of information not covered by this notice or by the laws that apply to us will be made only with your written permission.

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

You have the following rights regarding Personal Health Information we maintain about you. To exercise any of these rights, please submit your request in writing to us.

### *Right to Access and Copy*

- Under HIPAA and 2025 updates, you have the right to inspect and copy PHI used to make decisions about your care.
- Request Process: Submit a written request. We may charge a reasonable, cost-based fee for copying and mailing.
- Denial of Access: We may deny access to:
  - Psychotherapy notes (if applicable).
  - Information compiled for legal proceedings.
  - If denied, we will provide a written explanation and your right to request a review of the denial.

### *Right to a Treatment Summary*

- Upon your written request, we will provide a narrative report of your treatment, including PHI and clinical information, to your attorney, other healthcare providers, or legal entities.
- Fees: We will charge for the time required to compile this summary, as outlined in a separate fee agreement.

### *Right to Amend*

- If you believe your PHI is inaccurate or incomplete, you may request an amendment in writing.
- Requirements: Your request must include a reason supporting the amendment.
- Denial Reasons: We may deny your request if the information:
  - Was not created by your therapist (we will add your statement to the record).
  - Is not part of the medical information we maintain.
  - Is not accessible to you (e.g., psychotherapy notes or legal documents).
  - Is already accurate and complete.

### *Right to an Accounting of Disclosures*

- You have the right to request an accounting of certain disclosures of your PHI.
- Fees: We may charge a reasonable fee for more than one accounting request in a 12-month period.

### *Right to Request Restrictions*

- You may request restrictions on how we use or disclose your PHI.
- Process: Submit a written request specifying:
  - The information you want to limit.
  - Whether you want to limit use, disclosure, or both.
  - To whom the restrictions apply.

Note: We are not required to agree to your request but will consider it in good faith.

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***Right to Request Confidential Communications***

- You may request that we communicate with you via a specific method or at a specific location (e.g., only at a work phone number or via encrypted email).
- We will accommodate reasonable requests.

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

You may request a paper or electronic copy of this notice at any time.

***Changes to This Notice***

Play and Wellness Center of Gainesville, LLC reserves the right to update this notice. Any changes will be effective for all PHI we maintain, including information received in the future.

- The revised notice will include the effective date.
- A copy will be emailed (if consented), mailed to you, or provided at your next appointment.

Copies will also be available upon request.

***Receipt and Acknowledgement of Notice***

I hereby acknowledge that I have received and had the opportunity to read a copy of Play and Wellness Center of Gainesville, LLC's Notice of Privacy Practices (2026 Update). I understand that if I have questions about the Notice or my privacy rights, I may contact the Center for clarification.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Printed Name of Signee, if not client

\_\_\_\_\_  
Relationship to Client, if not self

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date