Notice of Privacy Practices

Open Heart and Mind Counseling Services
11582 SW Village Pkwy, #1232
Port St. Lucie, FL 34987
(772) 200-4619

NOTICE OF PRIVACY PRACTICES

Effective Date: September 25, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request and on my website.

Definition of Protected Health Information (PHI):
PHI includes any information about your health status, health care, or payment for health care that can be linked to you. This includes your name, address, birth date, Social Security number, and other identifying information.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures, I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

1. **For Treatment, Payment, or Health Care Operations:**
   Federal privacy rules allow health care providers with a direct treatment relationship to use or disclose your personal health information without written authorization for treatment, payment, or health care operations.
   - **For Treatment Purposes:** For example, I may consult with another licensed health care provider about your condition to assist in diagnosis or treatment. Disclosures for treatment purposes are not limited to the minimum necessary standard, as providers need full access to records to provide quality care.
   - **For Insurance Purposes:** If you use health insurance for payment, I will share your PHI, including a diagnosis and treatment plan, with your insurance company to process claims, determine coverage, and approve reimbursement. **Some insurance companies may also request copies of therapy notes to determine medical necessity or approve continued treatment. If they do, I am required to provide them as part of the claims process.**
2. **Lawsuits and Disputes:**
   If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information in response to a subpoena or discovery request, provided I

have made efforts to inform you about the request.

3. **Applicable Florida Laws:**
   Florida law may provide additional rights and protections for your health information. For example, under Florida Statutes § 456.057, certain disclosures regarding mental health records require patient consent.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes:** I keep "psychotherapy notes" as defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is:
   - For my use in treating you.
   - For my use in training or supervising mental health practitioners.
   - For my use in defending myself in legal proceedings instituted by you.
   - For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
   - Required by law, limited to the requirements of such law.
   - Required for certain health oversight activities pertaining to the originator of the psychotherapy notes.
   - Required by a coroner performing duties authorized by law.
   - Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes:** As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI:** As a psychotherapist, I will not sell your PHI in the regular course of my business.
4. **Substance Use Disorder Records:** To the extent that I create or maintain substance use disorder patient records that are subject to 42 CFR Part 2, I will not use or disclose those records in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a court order and subpoena as required by law.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

Subject to certain limitations in the law, I can use and disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order. My preference is to obtain an authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus another for the same condition.
8. Specialized government functions, including ensuring the proper execution of military missions, protecting the President of the United States, conducting intelligence or counter-intelligence operations, or ensuring the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an authorization from you, I may provide your PHI to comply with workers' compensation laws.

Appointment Reminders and Health-Related Benefits or Services: I may use and disclose your PHI to contact you to remind you of an appointment or to inform you about treatment alternatives or other health care services or benefits I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

1. **Disclosures to Family, Friends, or Others:** I may provide your PHI to a family member, friend, or other

person you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request and may say "no" if I believe it would affect your health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid in Full:** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or service you have paid for out-of-pocket in full.
3. **The Right to Choose How I Send PHI to You:** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI:** Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information I have about you. I will provide you with a copy of your record or a summary of it within 30 days of receiving your written request, and I may charge a reasonable cost-based fee for doing so.
5. **The Right to Get a List of the Disclosures I Have Made:** You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge a reasonable cost-based fee for each additional request.
6. **The Right to Correct or Update Your PHI:** If you believe there is a mistake in your PHI or that important information is missing, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request but will inform you why in writing within 60 days.
7. **The Right to Get a Paper or Electronic Copy of this Notice:** You have the right to obtain a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
8. **The Right to File a Complaint:** If you believe your privacy rights have been violated, you have the right to file a complaint with me or with the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services. I will not retaliate against you for filing a complaint.

Questions or Complaints:
If you have questions about this Notice or wish to make a privacy complaint directly to the practice, contact:
Jaime McKenzie, LMHC
Open Heart and Mind Counseling Services
(772) 200-4619
jaime@openheartandmindcounseling.com

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding your Protected Health Information (PHI). I will provide a copy of this notice to you upon your request.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.