

PATH TO POSITIVE CHANGE, INC.  
10 Fairway Drive, Suite 112  
Deerfield Beach, FL 33441  
(954) 803-0960

EFFECTIVE DATE OF THIS NOTICE: This Notice went into effect on June 6, 2026

## NOTICE OF PRIVACY PRACTICES

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. OUR PLEDGE REGARDING HEALTH INFORMATION:** We understand that health information about you and your health care is personal, and we are committed to protecting health information about you. A record of the care and services you receive is created to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this mental health care practice. This notice will tell you about the ways in which health information about you may be used and disclosed. Your rights to the health information maintained about you and certain obligations regarding the use and disclosure of your health information are described below. By law, we are required to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Provide you with adequate notice of your rights and our legal duties if we create or maintain records protected by 42 C.F.R. Part 2.
- We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.

**II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:** The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we explain the meaning and attempt to provide examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment Payment, or Health Care Operations:** Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with a client to use or disclose the client’s personal health information without the client’s written authorization to carry out the health care provider’s own treatment, payment or health care operations. We may also disclose your protected health information for treatment activities by any health care provider, without your written authorization. For example, if a clinician consults with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, to assist the clinician in diagnosing and treating you.

If your records are protected under 42 C.F.R. Part 2, certain uses and disclosures permitted by HIPAA for treatment, payment, and health care operations are materially limited by the stricter standards of those regulations. Furthermore, information disclosed pursuant to these rules may be subject to redisclosure by the recipient and may no longer be protected by federal privacy standards

Disclosures for treatment purposes are not limited to the minimum necessary standard because health care providers need access to the full and complete information to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party,

consultations between health care providers and referrals of a patient for health care from one health care provider to another.

In addition, when using insurance to cover the cost of treatment, your health plan or government agencies may conduct risk adjustment activities and audits to ensure accurate coding and billing of your health conditions. We may disclose your medical records to these entities for the purpose of these audits as required by law. In this instance, the “minimum necessary” standard applies, and only information relevant to the audit will be shared.

**Lawsuits and Disputes:** If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. However, for records protected by 42 C.F.R. Part 2, such records or testimony relaying their content shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide specific written consent or a court order is issued in accordance with 42 C.F.R. Part 2

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** We may keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: a) For our use in treating you. b) For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c) For our use in defending against legal proceedings instituted by you. d) For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA. e) Required by law and the use or disclosure is limited to the requirements of such law. f) Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g) Required by a coroner who is performing duties authorized by law. h) Required to help avert a serious threat to the health and safety of others.
2. **Substance Use Disorder (SUD) Counseling Notes.** We may also maintain “SUD counseling notes,” which are notes recorded by a substance use disorder provider documenting the contents of a counseling session. Any use or disclosure of these notes requires your separate written authorization, which cannot be combined with a consent for other types of records. You can revoke your consent at any time except to the extent that we have already acted upon it to disclose these notes in accordance with your initial authorization.
3. **Marketing Purposes.** As psychotherapists, we will not use or disclose your PHI for marketing purposes.
4. **Sale of PHI.** As psychotherapists, we will not sell your PHI in the regular course of business.

**IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.** Subject to certain limitations in the law, we 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, although our preference is to obtain an Authorization from you before doing so.

5. For law enforcement purposes, including reporting crimes occurring on our premises.
6. To coroners or medical examiners, when such individuals are 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 those who received another form of therapy 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 helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with me. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

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

1. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that 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.
2. Fundraising. If we intend to use or disclose your records protected by 42 C.F.R. Part 2 for fundraising for our benefit, we will provide you with a clear and conspicuous opportunity to opt-out before any such use or disclosure occurs.

#### VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI. To exercise any of these rights, please submit your request in writing to our Privacy Officer, Audrey Anspach, 10 Fairway Drive, Suite 112, Deerfield Beach, FL 33441.

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say “no” if we believe it will affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for 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 a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes” and “SUD counseling notes”, you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost-based fee for doing so.
5. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a

reasonable cost-based fee for each additional request. You also have the right to request an accounting of disclosures specifically for your substance use disorder records protected under 42 C.F.R. Part 2.

6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request but will tell you why in writing within 60 days of receiving your request.

7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

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Client Signature

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Date

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Client Printed Name