

HIPAA Compliance Form

Notice of Privacy Practices: Whole Body and Mind Health, LLC

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

I. Our Pledge Regarding Health Information

At **Whole Body and Mind Health**, we understand that health information about you and your care is personal. We are committed to protecting your Protected Health Information (PHI). We create a record of the care and services you receive to provide quality care and comply with legal requirements.

We are required by law to:

- Ensure that PHI that identifies you is kept private.
- Provide you with this notice of our legal duties and privacy practices.
- Follow the terms of the notice currently in effect as of **March 1, 2026**.
- Notify you following a breach of your unsecured PHI.

II. 2026 Special Protections: Substance Use Disorder (SUD) Records

In accordance with the **2026 federal alignment of 42 CFR Part 2 with HIPAA**, if we create or maintain records regarding substance use disorder treatment, the following protections apply:

- **Legal Proceedings:** We are strictly prohibited from using or disclosing your SUD records or testimony in any civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a unique court order.
- **TPO Consent:** Your general consent for Treatment, Payment, and Health Care Operations (TPO) allows us to share these records for standard care coordination unless you specifically request a restriction.

III. How We May Use and Disclose Your Information

Federal rules allow **Whole Body and Mind Health** to use or disclose your PHI without your written authorization for:

- **Treatment:** To provide, coordinate, or manage your care. This includes consultations with other licensed providers, collaborating physician (Eleanor Tedesco), pharmacies, and specialists (e.g., sharing info with your PCP to ensure integrative supplements do not interfere with medications).
- **Payment & Business Associates:** To bill and collect payment for services. We may share PHI with third-party **Business Associates**, such as **Headway**, who perform billing and insurance electronic processing on our behalf and **Spruce Health** for secure, HIPAA-compliant telecommunications (phone, text, and video). These partners are contractually bound to protect your privacy.
- **Healthcare Operations:** To support practice functions such as quality improvement, training, and supervision. These services may include AI-assisted documentation tools provided by HIPAA-compliant vendors under Business Associate Agreements. While AI assists in documentation, the Business Associate Agreements (BAAs) prohibit these vendors from using your de-identified data to "train" their public AI models.
- **Telemedicine:** PHI may be shared electronically to provide remote care. The same privacy protections apply to telehealth as in-person care.
- **Lawsuits and Disputes:** If you are involved in a lawsuit, we may disclose PHI in response to a court order or a lawful subpoena (subject to efforts to notify you).

IV. Mandatory Disclosures & Safety (Duty to Notify)

Subject to legal limitations and **Florida law**, we may disclose your PHI without authorization for:

- **Duty to Warn & Protect:** If you communicate a specific threat of serious bodily injury or death against an identifiable person, we may be required by Florida law to notify law enforcement.
- **Public Health & Safety:** Reporting suspected child, elder, or dependent adult abuse, or preventing a serious threat to anyone's health or safety.

- **Law Enforcement:** Reporting crimes occurring on our premises or complying with a warrant.
- **Involuntary Examination (Baker Act):** In accordance with **Florida's Baker Act**, if there is reason to believe that an individual has a mental illness and, because of that illness, has refused voluntary examination or is unable to determine for themselves that an examination is necessary, and without care they are likely to suffer from neglect or pose a real and present threat of substantial harm to themselves or others, we are legally mandated to initiate a referral for involuntary clinical evaluation.

V. Uses and Disclosures Requiring Your Specific Authorization

- **Psychotherapy Notes:** Most uses and disclosures of psychotherapy notes require your specific authorization.
- **Marketing & Sale of PHI:** We will never sell your PHI or use it for marketing purposes.

VI. Your Rights Regarding Your PHI

- **Right to Inspect and Copy:** You may request an electronic and/or paper copy of your medical record (excluding psychotherapy notes) within 30 days. We may charge a reasonable fee.
- **Right to Notification of Breach:** In compliance with the **Florida Information Protection Act (FIPA)**, we will notify you of any breach of your unsecured PHI within **30 days** of discovery.
- **Right to Request Restrictions:** You may ask us not to share certain PHI for treatment or payment. We are not required to agree unless you pay for a service **out-of-pocket in full** and request we not share that info with your health insurer.
- **Right to Confidential Communications:** You can ask us to contact you in a specific way (e.g., cell phone only).
- **Right to an Accounting:** You can ask for a list of times we've shared your PHI for the six years prior to your request (excluding TPO).
- **Right to Request an Amendment:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason that supports your request. We may deny your request under certain circumstances.

VII. Changes and Complaints

Changes: We reserve the right to change this Notice. Updated versions will be available on our website and upon request. **Complaints:** If you believe your privacy rights have been violated, you may file a complaint with us or the U.S. Department of Health and Human Services. You will not be retaliated against.

For questions or further information, please contact our Privacy Officer: Jessie Cirolia at (321) 472-3200 or connect@wholebodyandmindhealth.com

Acknowledgment of Receipt

By signing below, I acknowledge that I have received, read, and understood the **Whole Body and Mind Health Notice of Privacy Practices**.

