

*** HIPAA Notice of Privacy Practices- Breezy Mental Health, LLC 1-20-2026 Update**

Effective Date: January 20, 2026

Breezy Mental Health, LLC

HIPAA Notice of Privacy Practices

HIPAA (Health Insurance Portability and Accountability Act) of 1996 mandates data privacy and security for safeguarding patient's medical information.

Please review this notice carefully. It describes how medical information about you may be used and disclosed and how to get access to this information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The providers of this clinic keep a record of the healthcare services we provide. You may ask to see and copy that record (copy charges may apply).

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your healthcare bills, to support the operation of the physician's practice, and other uses required by law.

TREATMENT: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. As another example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

PAYMENT: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

HEALTHCARE OPERATIONS: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as needed, to contact you to remind you of your appointment. We may use secure, HIPAA-compliant generative artificial intelligence (AI) tools to enhance the quality and efficiency of your care. These tools assist our team with administrative tasks (such as formatting clinical notes) and provide clinical support by assisting with research, brainstorming treatment ideas, or analyzing healthcare data. These tools are used as a supplement to professional judgment; all clinical insights, diagnoses, and final documentation are reviewed, verified, and authorized by a human provider. You have the right to opt out of receiving any fundraising communications from Breezy Mental Health, LLC. We will not use or disclose your information for fundraising purposes without providing you with a clear opportunity to elect not to receive such communications.

SUBSTANCE USE DISORDER (SUD) RECORDS: Records protected under 42 CFR Part 2 (SUD records) receive heightened protections. We will not use or disclose such records in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order. If we obtain your consent for a disclosure for treatment, payment, or healthcare operations, that information may be rediscovered in accordance with HIPAA, but it remains protected from use in legal proceedings against you.

USE REQUIRED BY LAW: We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health Issues as required by law, Communicable Diseases: Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners; Funeral Directors; and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Worker's Compensation; Inmates. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the federal privacy regulations.

POTENTIAL FOR REDISCLOSURE: Information disclosed pursuant to this notice may be subject to redisclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule.

YOUR RIGHTS

The following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information (fees may apply). Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

You have a right to receive an accounting of certain disclosures we have made, if any, of your protected health information. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

You may have the right to have your physician amend your protected health information.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our office of your complaint. We will not retaliate against you for filing a complaint.

We are required by law to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. We are also required by law to notify you following a breach of your unsecured protected health information. Additionally, please be aware that information disclosed pursuant to this notice may be subject to redisclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule. If you have any objections to this form, please let us know

CONTACT INFORMATION: If you have questions about this notice, would like to exercise your rights, or wish to file a complaint, please contact our Privacy Officer: Name/Title: David Newby, APRN Phone: (727) 308-3338
Email/Address: customercare@breezymentalhealth.com

E-Signature

Please electronically sign below acknowledging receipt of the Notice of Privacy Practices.

By electronically signing below, you consent to conduct business electronically and agree that your signature below is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility. You may withdraw your consent for continuing to conduct business electronically in the future by contacting Breezy Mental Health, LLC in writing.

DATE: *

PATIENT SIGNATURE (or Guardian

Signature): *

PRINTED NAME (if Guardian/Not

Patient):
