



NOTICE OF PRIVACY PRACTICES

Effective Date: October 26, 2026 • Addiction & Psychiatric Care

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

1. Our Commitment to Your Privacy

We understand that your medical information is personal, and we are committed to protecting it. We create a record of the care and services you receive to provide quality care and comply with legal requirements. This Notice applies to all records of your care generated by our workforce, including employees, medical staff, and trainees.

2. Special Protections for Substance Use Disorder Records

- **Substance Use Disorder (SUD) Records:** Records protected under 42 C.F.R. Part 2 receive heightened security. We will not share these records for civil, criminal, or administrative proceedings without your specific written consent or a court order.
- **Redisclosure Warning:** Once we disclose your information to a third party at your request, it may no longer be protected by federal privacy laws and could be subject to further redisclosure by the recipient.

3. Routine Uses and Disclosures (No Authorization Required)

We may use and share your health information for the following purposes:

- **Treatment:** We use your PHI to coordinate care between doctors, nurses, technicians, and students involved in your treatment.
- **Payment:** We disclose your PHI to bill and collect payment from you, your insurance company, or third parties.
- **Health Care Operations:** We use your info to run our practice, improve patient care, and evaluate staff performance.
- **Business Associates:** We may share PHI with third-party vendors (e.g., billing services) who have signed contracts promising to protect your data.

Important — Substance Use Disorder (SUD) Records: The categories above do not apply the same way to records protected under 42 C.F.R. Part 2. We cannot use or disclose your Part 2-protected SUD records for treatment, payment, or health care operations purposes unless you first give written consent — a single consent can cover all future TPO disclosures, or you may give a more limited consent. You may revoke this consent in writing at any time, except to the extent we have already relied on it.

4. Special Situations and Required Disclosures

We may share your information without your permission in these circumstances:

- **Public Health & Safety:** To prevent serious threats to your health or safety, report disease outbreaks, or assist with product recalls.
- **Law Enforcement & Legal Disputes:** In response to court orders, subpoenas, or to help identify a suspect or missing person.
- **Health Oversight:** For audits and investigations by government agencies overseeing the healthcare system.

- **Organ Donation & Research:** To facilitate organ transplantation or for approved research projects with strict privacy protocols.
- **Worker's Compensation:** As required by programs providing benefits for work-related injuries.

5. Uses and Disclosures That Require Your Written Authorization

Uses and disclosures of your health information not described in this Notice will be made only with your written authorization. We will obtain your written authorization before any of the following:

- **Psychotherapy Notes:** Any use or disclosure of psychotherapy notes, except in the limited circumstances permitted by law, such as for our own training programs or to defend ourselves in a legal action you bring against us.
- **Marketing:** Any use or disclosure of your PHI for marketing purposes where we receive financial remuneration from a third party in connection with the communication.
- **Sale of Information:** Any disclosure of your PHI that constitutes a sale of protected health information.

You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

6. Your Rights Regarding Your Health Information

- **Right to Access & Copy:** You have the right to inspect and obtain electronic or paper copies of your medical and billing records. We will ordinarily respond within 30 days.
- **Right to Request Restrictions:** You can ask us not to use or share certain PHI for treatment or payment. We must honor your request if you pay out-of-pocket in full and ask us not to share it with your health plan.
- **Right to Amend:** If you believe your record is inaccurate, you may request a written amendment or addendum.
- **Right to an Accounting:** You may request a list of certain disclosures we have made of your PHI over the past six years.
- **Right to Confidential Communications:** You can request that we contact you in a specific way or at a specific address.
- **Right to Be Notified of a Breach:** You have the right to be notified if we discover a breach of your unsecured protected health information.
- **Right to a Paper Copy of This Notice:** You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

7. Our Legal Duties

We are required by law to maintain the privacy and security of your protected health information, to provide you with this Notice describing our legal duties and privacy practices, and to notify you following a breach of your unsecured protected health information.

We are required to abide by the terms of the Notice currently in effect.

We reserve the right to change the terms of this Notice and to make the revised Notice effective for all health information we maintain. If we make a material change, we will post the revised Notice in our office and on our website at aandpcare.com, and paper copies will be available upon request.

8. Complaints and Contact Information

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Complaints Regarding SUD (Part 2) Records: You may also file a complaint specifically about your substance use disorder (Part 2) records with HHS Office for Civil Rights — by mail at 200 Independence Avenue, S.W., Washington, D.C. 20201, by phone at 1-877-696-6775, or through the OCR complaint portal at www.hhs.gov/ocr/complaints.

Privacy Officer: Ejaz Mazhar

Email: hipaa@aandpcare.net

Address: 6580 72nd Ave N, Pinellas Park, FL 33781

Phone: 727-440-5612