HIPAA NOTICE OF PRIVACY PRACTICES

Learning Alternative Behaviors Youth and Family Services, LLC

Orlando, Florida | Virtual Counseling Throughout Florida

Privacy Officer: LaToya Boyd, LMHC | **Phone:** 888-341-5860

Email: lab@learningbehaviors.com | **Website:** www.learningalternativebehaviors.com

Effective Date: November 11, 2026

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

1. Our Commitment to Your Privacy

Learning Alternative Behaviors Youth and Family Services, LLC is committed to protecting the privacy and confidentiality of your personal health information. We are required, when applicable, by HIPAA and relevant Florida laws to:

• Maintain the privacy and security of your protected health information (PHI).

• Provide you with this Notice of Privacy Practices and follow its current terms.

• Notify you following a breach of unsecured PHI when required by law.

• Respect applicable state and federal confidentiality protections.

Florida mental health confidentiality requirements, including Florida Statutes §§ 491.0147, 456.057, and 394.4615 where applicable, may provide additional protections. When state law provides greater privacy protections than HIPAA and is not preempted, we follow applicable state law.

2. How We May Use and Disclose Your Information

We may use or disclose PHI for treatment, payment, and health care operations as permitted by applicable law.

Treatment: We use information to provide counseling, develop treatment plans, document services, and coordinate appropriate care. External disclosures of confidential counseling information occur only as permitted by Florida and federal law, including obtaining authorization when required.

Payment: We may use or disclose necessary information to process insurance claims, verify benefits, collect payments, or complete billing activities, subject to applicable confidentiality requirements.

Health Care Operations: We may use information for practice administration, quality improvement, compliance activities, and other permitted operations.

Appointment Reminders and Telehealth Services: We may use your contact information for scheduling, appointment reminders, telehealth access, and care-related communications. We take reasonable precautions to protect information during electronic communications.

3. Disclosures Required or Permitted by Law

Certain circumstances may permit or require disclosure without your written authorization, including:

• Reporting suspected child abuse, neglect, or abandonment as required by Florida law.

• Reporting suspected abuse, neglect, or exploitation of vulnerable adults when required.

• Responding to serious threats to health or safety when legally permitted.

• Complying with applicable court orders or other legally authorized processes.

• Responding to authorized health oversight or professional licensing investigations.

• Other disclosures specifically required or permitted by applicable federal or Florida law.

Mental health records and communications receive additional confidentiality protections under Florida law. A subpoena or request for records does not automatically authorize disclosure. We evaluate requests under applicable law and disclose only information permitted or required.

4. Uses and Disclosures Requiring Written Authorization

We obtain written authorization when required by law before using or disclosing your PHI.

Psychotherapy Notes: Separately maintained psychotherapy notes receive special protection. Most uses and disclosures require written authorization, subject to limited HIPAA exceptions.

Marketing: Uses or disclosures of PHI for marketing require authorization when HIPAA requires it. Our practice may also request separate permission for optional promotional communications.

Sale of PHI: We do not sell your PHI. HIPAA generally requires authorization for disclosures constituting a sale of PHI, subject to regulatory exceptions.

Other Disclosures: When a proposed disclosure is not otherwise permitted by applicable law, we obtain your authorization.

You may revoke a written authorization at any time in writing, except to the extent actions have already been taken in reliance on it.

5. Substance Use Disorder Information

Certain substance use disorder treatment records may receive additional confidentiality protections under 42 CFR Part 2 and Florida law. When we receive or maintain Part 2-protected records, we use and disclose them only as permitted by applicable requirements.

Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against a patient without the specific consent or qualifying legal authorization required by Part 2. Additional consent requirements may apply to separately maintained substance use disorder counseling notes. If we use or disclose Part 2 records for fundraising as permitted by law, you will have an opportunity to opt out of fundraising communications.

6. Your Rights Regarding Your Health Information

Access Your Records: Request to inspect or receive an electronic or paper copy of health information in a designated record set, subject to legal exceptions. We generally respond within 30 days, with extensions permitted by law.

Request Corrections: Request an amendment to information you believe is inaccurate or incomplete. We may deny certain requests as permitted by law and will explain why.

Request Restrictions: Ask us to limit certain uses or disclosures. We need not agree to every request. If you pay in full out of pocket and request that information about that service not be disclosed to your health plan for payment or operations, we generally must honor the restriction unless disclosure is required by law.

Request Confidential Communications: Ask us to contact you through a specific method or location. We accommodate reasonable requests.

Request an Accounting of Disclosures: Obtain an accounting of certain disclosures, generally for the preceding six years, subject to applicable exclusions.

Receive a Copy of This Notice: Request a paper or electronic copy at any time.

Choose a Personal Representative: Exercise rights through someone legally authorized to act for you, subject to law.

File a Complaint: Raise concerns about privacy practices without retaliation.

Additional rights and limitations may apply to minors, personal representatives, and specially protected records.

7. Telehealth Privacy and Electronic Communication

Our practice provides telehealth counseling to eligible clients located throughout Florida. We use appropriate administrative, technical, and physical safeguards for electronic PHI. Electronic communication carries potential privacy and security risks. Clients are encouraged to participate from a private location and use secure internet connections when possible. Separate telehealth informed consent is addressed through our intake process.

8. Changes to This Notice

We reserve the right to change our privacy practices and this Notice as permitted by law. A revised Notice may apply to information already maintained and received in the future. The current Notice will be available through our practice and on our website.

9. Questions or Privacy Complaints

Learning Alternative Behaviors Youth and Family Services, LLC
Privacy Officer: LaToya Boyd, LMHC
Email: lab@learningbehaviors.com
Telephone: 888-341-5860
Location: Orlando, Florida — Telehealth Services Throughout Florida

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights** at www.hhs.gov/ocr/privacy/hipaa/complaints or 1-877-696-6775. You will not be retaliated against for filing a privacy complaint.

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This Notice applies to PHI maintained by Learning Alternative Behaviors Youth and Family Services, LLC, subject to applicable federal and Florida law.