



NOTICE OF PRIVACY PRACTICES

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

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Protected health information includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number, Social Security number and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person.

Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearinghouse. Thrive Therapeutic Services, LLC. can act as each of the above business types. This medical information is used by Thrive Therapeutic Services, LLC. in many ways while performing normal business activities.

Your protected health information may be used or disclosed by Thrive Therapeutic Services, LLC. (the "Practice") for purposes of treatment, payment, and health care operations. Health care professionals use medical information in the clinics or hospital to take care of you. Your protected health information may be shared, with or without your consent, with another health care provider for purposes of your treatment. The Practice may use or disclose your health information for case management and services. The Practice may send the medical information to insurance companies, Medicaid, or community agencies to pay for the services provided to you.

Your information may be used by certain Practice personnel to improve the Practice's health care operations. The Practice also may send you appointment reminders, information about treatment options or other health-related benefits and services.

Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include:

- Reporting abuse of children, adults, or disabled persons.
- Investigations related to a missing child.
- Internal investigations and audits by the Practice's offices.
- Investigations and audits by the state's Inspector General and Auditor General, and the Florida Legislature's Office of Program Policy Analysis and Government Accountability.
- Public health purposes, including vital statistics, disease reporting, public health surveillance, investigations, interventions, and regulation of health professionals.
- District medical examiner investigations.
- Research approved by the Practice.
- Court orders, warrants, or subpoenas.
- Law enforcement purposes, administrative investigations, and judicial and administrative proceedings.

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Other uses and disclosures of your protected health information by the Practice will require your written authorization. These uses and disclosures may be for marketing or research purposes, certain uses and disclosure of psychotherapist notes, and the sale of protected health information resulting in compensation to the Practice, this authorization will have an expiration date that can be revoked by you in writing.

INDIVIDUAL RIGHTS

You have the right to request that the Practice restrict the use and disclosure of your protected health information to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. The Practice is not required to agree to any restriction.

You have the right to be assured that your information will be kept confidential. The Practice will contact you in the manner and at the address or phone number you select. You may be asked to put your request in writing. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where the Practice may contact you.

You have the right to inspect and receive a copy of your protected health information that is maintained by the Practice within 30 days of the Practice's receipt of your request to obtain a copy of your protected health information. You must complete the Practice's Authorization to Disclose Confidential Information form and submit the request to the local county health Practice or Children's Medical Services office. If there are delays in the Practice's ability to provide the information to you within 30 days, you will be told the reason for the delay and the anticipated date your request can be fulfilled.

Your inspection of the information will be supervised at an appointed time and place. You may be denied access to some records as specified by federal or state law.

If you choose to receive a copy of your protected health information, you have the right to receive the information in the form or format you request. If the Practice cannot produce it in that form or format, you will be given the information in a readable hard copy form or another form or format that you and the Practice agree to.

The Practice cannot give you access to psychotherapy notes or certain information being used in a legal proceeding. Records are maintained for specified periods of time in accordance with the law. If your request covers information beyond that time, the Practice is not required to keep the record and the information may no longer be available.

If access is denied, you have the right to request a review by a licensed health care professional who was not involved in the decision to deny access. This licensed health care professional will be designated by the Practice.

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You have the right to correct your protected health information. A request to correct your protected health information must be in writing and provide a reason to support your requested correction.

The Practice may deny your request, in whole or part, if the protected health information:

- Was not created by the Practice.
- Is not protected health information.
- Is, by law, not available for your inspection.
- Is accurate and complete.

If your correction is accepted, the Practice will make the correction and inform you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason, you disagree with the decision. The Practice may respond to your letter in writing. You also may file a complaint, as described below in the section titled Complaints. You have the right to receive a summary of certain disclosures the Practice may have made of your protected health information.

This summary does not include:

- Disclosures made to you.
- Disclosures to individuals involved with your care.
- Disclosures authorized by you.
- Disclosures made to carry out treatment, payment, and health care operations.
- Disclosures for public health.
- Disclosures to health professional regulatory purposes.
- Disclosures to report abuse of children, adults, or disabled persons.

This summary does include disclosures made for:

- Purposes of research, other than those you authorized in writing.
- Responses to court orders, subpoenas, or warrants.

You may request a summary for not more than a 6-year period from the date of your request. If you received this Notice of Privacy Practices electronically, you have the right to a paper copy upon request.

The Practice may send health care appointment reminders to you by postal mail, or by a telephone text or call.

PRACTICE OF HEALTH DUTIES

The Practice is required by law to maintain the privacy of your protected health information. This Notice of Privacy Practices tells you how your protected health information may be used and how the Practice keeps your information private and confidential. This notice explains the legal duties and practices relating to your protected health information. The Practice has the responsibility to notify you following a breach of your unsecured protected health information.



NOTICE OF PRIVACY PRACTICES

As part of the Practice's legal duties, this Notice of Privacy Practices must be given to you. The Practice is required to follow the terms of the Notice of Privacy Practices currently in effect.

The Practice may change the terms of its notice. The change, if made, will be effective for all protected health information maintained by the Practice. New or revised Notices of Privacy Practices and all forms referenced in this Notice of Privacy Practices may be accessed on the practice's website at **www.thrivetherapeuticservicesfl.com** and will be available by email and at all Practice of Health locations. Also available are additional documents that further explain your rights to inspect, copy, or amend your protected health information.

COMPLAINTS

If you believe your privacy health rights have been violated, you may file a complaint with:

Thrive Therapeutic Services
201 Commonwealth Blvd
STE F P.O. Box 238098
Port Orange, FL 32127

AND/OR

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. The Practice will not retaliate against you for filing a complaint.

More information can be found at: <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process>

FOR FURTHER INFORMATION

Requests for further information about the matters covered by this notice may be directed to the person who gave you the notice, to the owner or manager of the Thrive Therapeutic Services, where you received the notice, or the website of the Practice: www.thrivetherapeuticservicesfl.com

*This Notice of Privacy Practices is effective beginning November 08, 2023, and shall remain in effect until a new Notice of Privacy Practices is approved and posted.