Blue Couch Therapy
SPEAK YOUR MIND & FIND PEACE
954-993-1646
hello@BlueCouchTherapy.co
BlueCouchTherapy.co

Exhibit B

Your Rights, Your Choices

You have the right to:

- **Get a copy of your medical record**
  You can ask to see or get an electronic or paper copy of your mental health records. We will provide a copy or summary, usually within 30 days of your request.
- **Ask us to correct your record**
  You can ask us to correct health information you believe is incorrect or incomplete. We may deny the request, but we'll tell you why in writing.
- **Request confidential communications**
  You can ask us to contact you in a specific way (e.g., home phone, email) or send mail to a different address.
- **Ask us to limit what we use or share**
  You can request that we not use or share certain information for treatment, payment, or operations. We are not required to agree, but if we do, we'll comply—unless there is an emergency or legal requirement.
- **Get a list of those with whom we've shared your information**
  You can request an accounting of disclosures made in the past six years, excluding those made for treatment, payment, and healthcare operations.
- **Get a copy of this privacy notice**
  You can ask for a paper copy at any time, even if you agreed to receive it electronically.
- **Choose someone to act for you**
  If you have given someone legal authority (such as a health care proxy or legal guardian), that person can exercise your rights and make choices about your information.
- **File a complaint**
  If you believe your privacy rights have been violated, you can file a complaint with us or with the U.S. Department of Health and Human Services (HHS). We will not retaliate.

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Your Choices

In certain situations, you have the right to make choices about how we use and share your information. These include:

- Sharing with your family, friends, or others involved in your care
- Sharing in a disaster relief situation
- Including you in a client directory (if applicable)
- Marketing or fundraising efforts (we will obtain your written permission first)

If you are unable to tell us your preferences, such as if you are unconscious, we may go ahead and share your information with your emergency contact if we believe it is in your best interest.

Our Uses & Disclosures

We typically use or share your health information to:

- **Treat you**
  We can use your information to provide you with mental health services and coordinate your care with other professionals.
- **Run our practice**
  We use your health information to manage and improve our operations, train staff, and monitor service quality.
- **Bill for your services**
  We use your information to bill and get payment from health plans or other entities.

We may also share your information without your written permission in certain situations, such as:

- When required by law (e.g., court orders, subpoenas)
- To report abuse, neglect, or domestic violence (as required by Florida law)
- For public health and safety (e.g., to prevent or reduce serious threats to health or safety)
- With health oversight agencies for activities authorized by law
- With law enforcement when required
- To comply with workers' compensation laws

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