



P: 813-945-9821

drdj@legacywomenswellness.com

www.legacywomenswellness.com

3212 Cove Bend Dr Tampa, FL 33613

LEGACY WOMEN'S WELLNESS

Notice of Privacy Practices

Effective Date: July 2026

Your Information. Your Rights. Our Responsibilities.

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

This Notice of Privacy Practices ("Notice") describes how Legacy Women's Wellness may use and disclose your protected health information ("PHI"), your rights regarding that information, and our responsibilities for protecting it.

Your Rights

When it comes to your health information, you have certain rights. This section explains those rights and some of our responsibilities to help you exercise them.

Get an electronic or paper copy of your medical record

You may ask to see or receive an electronic or paper copy of your medical record and other health information we maintain about you.

We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee as permitted by law.

Ask us to correct your medical record

You may ask us to correct health information about you that you believe is incorrect or incomplete.

We may deny your request in certain circumstances, but if we do, we will explain the reason in writing, generally within 60 days.



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Request confidential communications

You may ask us to contact you in a specific way, such as at a particular telephone number, or to send communications to a different address.

We will accommodate reasonable requests.

Ask us to limit what we use or share

You may ask us not to use or share certain health information for treatment, payment, or healthcare operations.

We are generally not required to agree to your request, but we will consider reasonable requests and comply when required by law.

If you pay for a healthcare service or item completely out of pocket, you may ask us not to disclose information about that service or item to your health plan for payment or healthcare operations. We will honor that request unless disclosure is required by law.

Get a list of certain disclosures

You may request a list, called an **accounting of disclosures**, of certain disclosures of your health information made during the six years prior to your request.

We will provide one accounting during any 12-month period at no charge. We may charge a reasonable, cost-based fee for additional requests during the same 12-month period.

Get a copy of this Notice

You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

A current copy is also available on the Legacy Women's Wellness website.



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Choose someone to act for you

If you have given someone medical power of attorney, or if someone is your legal guardian or is otherwise legally authorized to act for you, that person may exercise your rights and make choices about your health information as permitted by law.

We may verify that the individual has appropriate legal authority before taking action.

File a complaint if you believe your rights have been violated

If you believe your privacy rights have been violated, you may contact Legacy Women's Wellness using the contact information at the end of this Notice.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

Legacy Women's Wellness will not retaliate against you for filing a complaint or exercising your privacy rights.

These patient rights track the current HHS provider model.

Your Choices

For certain health information, you may tell us your preferences regarding what we share.

Family, friends, and others involved in your care

You may tell us whether we may share relevant information with family members, close friends, or other individuals involved in your care or payment for your care.

If you are unable to communicate your preference, we may share information when we determine that doing so is in your best interest and is permitted by law.



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We may also share information when necessary to lessen a serious and imminent threat to health or safety.

Disaster relief

We may share relevant information with disaster-relief organizations when appropriate to help notify family members or others responsible for your care about your location, general condition, or status.

Mental health information

Certain mental health information, including psychotherapy notes, may receive additional protection under federal or Florida law.

When your written authorization is required for a particular use or disclosure, we will obtain it before using or disclosing the information.

Marketing

For uses and disclosures of PHI for marketing that require your authorization, we will obtain your written authorization before using or sharing your information.

Sale of health information

We will not sell your protected health information without your written authorization when authorization is required by law.

Fundraising

Legacy Women's Wellness does not currently use patient health information for fundraising activities.



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Our Uses and Disclosures

We may use and disclose your health information without your written authorization when permitted or required by federal or Florida law.

When Florida law provides greater privacy protection or imposes greater restrictions on disclosure than federal law, we will follow the applicable more protective requirement.

Treat you

We may use your health information and share it with other healthcare professionals involved in your care.

Example: We may share relevant medical information with a specialist to whom you are referred for additional evaluation or treatment.

Run our practice

We may use and share health information to operate Legacy Women's Wellness, coordinate your care, improve our services, and perform healthcare operations permitted by law.

Example: We may review patient records as part of quality improvement, care coordination, administrative activities, or practice operations.

Payment for services

Legacy Women's Wellness is a direct-pay practice and does not rely on health insurance reimbursement for its professional services.

We may nevertheless use or disclose health information when necessary for payment-related activities permitted by law.



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Example: We may use information necessary to process payment for your services or provide documentation regarding services you received when requested or legally appropriate.

Other Permitted or Required Uses and Disclosures

Federal or Florida law may permit or require us to use or disclose your health information in other circumstances.

These may include:

- Public health and safety activities
- Reporting certain diseases or health conditions as required by law
- Reporting suspected abuse, neglect, or other circumstances when required by law
- Responding to health oversight activities authorized by law
- Responding to organ and tissue donation requests
- Working with medical examiners, coroners, or funeral directors as permitted by law
- Addressing workers' compensation matters
- Responding to certain law-enforcement or governmental requests when legally permitted or required
- Responding to judicial or administrative proceedings, court orders, subpoenas, or other lawful processes as permitted or required by applicable law
- Conducting or participating in research when applicable legal requirements have been satisfied
- Complying with other federal, state, or local laws

We will comply with applicable legal requirements and limitations before making these disclosures.

Additional Protections Under Florida Law

Florida law may provide additional privacy protections for certain health information and may place greater restrictions on the use or disclosure of patient records than federal law.

Legacy Women's Wellness will comply with applicable Florida and federal privacy laws. When Florida law provides greater privacy protection or places greater limits on disclosure than federal law, we will follow the applicable Florida requirement.

Certain categories of health information may receive additional protections under federal or Florida law, including, when applicable, information related to mental health treatment, substance use disorder records, HIV testing or treatment, sexually transmitted infections, genetic information, and other specially protected health information.

Florida law may also require or permit disclosure of health information in certain circumstances, including specified public-health, safety, abuse, neglect, and legally mandated reporting situations.

Legacy Women's Wellness will make such disclosures only as permitted or required by applicable law.

Florida separately regulates the confidentiality, ownership, access and disclosure of patient records by healthcare practitioners under Fla. Stat. §456.057.

Specially Protected Substance Use Disorder Records

Legacy Women's Wellness is **not a substance use disorder treatment program** and does not provide substance use disorder treatment as a practice service.



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However, to the extent that Legacy Women's Wellness receives or maintains substance use disorder patient records that are subject to **Florida 42 CFR Part 2**, we will comply with the additional protections applicable to those records.

Such Part 2 information will not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a court order and subpoena meeting applicable legal requirements.

This limited provision reflects HHS's 2026 model requirement for HIPAA providers **to the extent they possess Part 2 records**; it does not characterize Legacy as a Part 2 program.

Electronic Health Record and Patient Portal

Legacy Women's Wellness uses a separate electronic health record system and secure patient portal to maintain patient health information and facilitate clinical communications.

The electronic health record and patient portal are separate from the Legacy Women's Wellness public website.

Patients may use the secure patient portal to access available health information, communicate with the practice, complete forms, and use other available patient functions.

Patients should use the secure communication methods provided by Legacy Women's Wellness when communicating sensitive medical or health information.

Our Responsibilities

Legacy Women's Wellness is required by law to maintain the privacy and security of your protected health information.



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We will notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in the Notice currently in effect and make a copy of the Notice available to you.

We will not use or disclose your health information other than as described in this Notice unless you provide written authorization or the use or disclosure is otherwise permitted or required by law.

If you provide written authorization, you may revoke that authorization in writing at any time, subject to applicable legal limitations.

These responsibilities are part of the current HHS model NPP.

Changes to This Notice

Legacy Women's Wellness may change the terms of this Notice.

Changes may apply to all protected health information we maintain, including information created or received before the revised Notice becomes effective.

When this Notice is revised, the current version will be available upon request, at our office, and on our website as required by law. HHS requires covered providers that maintain a website describing their services to prominently make the current NPP available there.



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Questions, Privacy Requests, or Complaints

If you have questions about this Notice, wish to exercise your privacy rights, or believe your privacy rights have been violated, please contact:

Privacy Officer: Stania DeJesus, DO

Legacy Women's Wellness

19410 Whispering Brook Dr

Tampa, Florida 33647

Phone: 813-945-9821

Email: drdj@legacywomenswellness.com

You may also file a privacy complaint with the: **U.S. Department of Health and Human Services Office for Civil Rights** @ [HHS Office for Civil Rights Complaint Portal](https://www.hhs.gov/oc/privacy/complaint/)

Legacy Women's Wellness will not retaliate against you for filing a complaint or exercising your privacy rights.

Acknowledgment of Receipt

I acknowledge that I have received or been provided access to the Legacy Women's Wellness Notice of Privacy Practices.

Patient Name: _____

Signature: _____



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Date: _____

If signed by a personal representative:

Name: _____

Relationship/Legal Authority: _____