



NOTICE OF PRIVACY PRACTICES

Effective Date: 05/01/2026

This Notice of Privacy Practices describes how your protected health information (PHI), including mental health information, may be used and disclosed, and how you can access this information. Please read it carefully.

1. Our Legal Duties

We are required by the Health Insurance Portability and Accountability Act (HIPAA) to:

- Maintain the privacy and security of your PHI.
- Provide you with this notice of our legal duties and privacy practices.
- Notify you promptly if a breach occurs that may compromise your information.
- Follow the terms of this notice currently in effect.

2. How We May Use and Disclose Your Information

Treatment

We may use and disclose your information to provide, coordinate, or manage your mental health care. This may include communication with other healthcare providers involved in your care.

Payment

We may use your information to bill and collect payments from health plans or other entities.

Healthcare Operations

We may use your information for administrative purposes, quality improvement, staff training, licensing, and accreditation.

3. Special Protections for Mental Health Information

Certain types of mental health information receive additional protections under HIPAA and applicable state law:

Psychotherapy Notes

- Psychotherapy notes are kept separate from your general medical record.
- We will not use or disclose psychotherapy notes without your written authorization, except in limited circumstances permitted by law (e.g., for training, legal defense, or as required by law).

Substance Use Disorder Records (if applicable)

- Records related to substance use disorder treatment may be protected under federal law (42 CFR Part 2) and generally require your written consent for disclosure.

4. Uses and Disclosures Without Your Authorization

We may disclose your information without your written authorization in the following situations:

- **As Required by Law**
- **Duty to Warn and Protect:** If there is a serious and imminent threat to your health or safety or that of others.
- **Abuse or Neglect Reporting:** Including child, elder, or vulnerable adult abuse.
- **Health Oversight Activities:** Such as audits, investigations, or licensure actions.
- **Judicial or Administrative Proceedings**
- **Law Enforcement Purposes**
- **Public Health Activities**

5. Uses and Disclosures Requiring Your Authorization

We will obtain your written authorization before:

- Disclosing psychotherapy notes (except as permitted by law)
- Using or disclosing your information for marketing purposes
- Selling your information
- Sharing information with family members or others involved in your care, if not otherwise permitted

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

6. Your Rights

You have the following rights regarding your PHI:

- **Right to Access:** Request a copy of your records (excluding psychotherapy notes in most cases).
- **Right to Amend:** Request corrections to your records.
- **Right to Restrict Disclosure:** Request limits on how your information is used or shared.
- **Right to Confidential Communications:** Request that we contact you in a specific way or at a specific location.
- **Right to an Accounting of Disclosures**
- **Right to a Copy of This Notice**

7. Minors and Guardians (if applicable)

In many cases, parents or legal guardians may have access to a minor's records. However, certain mental health services may allow minors to consent to treatment and control related information, depending on state law.

8. Changes to This Notice

We reserve the right to change this notice at any time. Any revised notice will apply to all information we maintain and will be made available upon request and posted in our office and/or website.

9. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

U.S. Department of Health and Human Services

Office for Civil Rights

Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

10. Contact Information

Whole Path Healing and Wellness LLC

Dalida Delgado -Owner

813-431-4577

dalida.delgado@wholepathhealingwellnessllc.org

11. Acknowledgment of Receipt

I acknowledge that I have received a copy of this Notice of Privacy Practices.

Client Name: _____

Signature: _____

Date: _____