

NOTICE OF PRIVACY PRACTICES (NPP)

DuVAL Mental Health and Wellness LLC

Effective Date: June 4th, 2026

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

SECTION 1: OUR LEGAL DUTIES

DuVAL Mental Health and Wellness LLC (“the Practice”) is required by federal law to:

- Maintain the privacy and security of your Protected Health Information (PHI)
- Provide you with this Notice of Privacy Practices
- Follow the terms of this Notice currently in effect
- Notify you without unreasonable delay if a breach of unsecured PHI occurs that may compromise your information

We reserve the right to change this Notice at any time. Any revised Notice will apply to all PHI we maintain and will be made available:

- Upon request
- At our office location
- On our website: www.duvalmhw.com

SECTION 2: WHAT IS PROTECTED HEALTH INFORMATION (PHI)

Protected Health Information (PHI) includes individually identifiable information that relates to:

- Your past, present, or future physical or mental health
- The provision of healthcare services to you
- Payment for healthcare services

PHI may exist in written, electronic, or oral form.

SECTION 3: HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We may use and disclose your PHI without your written authorization for the following purposes:

A. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your healthcare.

Examples include:

- Communication with other healthcare providers involved in your care
- Consultation with specialists
- Prescribing medications and communicating with pharmacies

B. Payment

We may use your PHI to obtain payment for services.

Examples include:

- Billing insurance companies
- Verifying insurance eligibility and coverage
- Collecting outstanding balances

C. Healthcare Operations

We may use your PHI for operational purposes, including:

- Quality improvement and clinical review
- Staff training and supervision
- Compliance, auditing, and accreditation
- Administrative and business functions

D. Appointment Reminders and Health-Related Communications

We may contact you using:

- Phone
- Text message
- Email

For purposes including:

- Appointment reminders
- Follow-up instructions
- Information about treatment alternatives or health-related services

E. Individuals Involved in Your Care

We may disclose relevant PHI to individuals involved in your care or payment for your care if:

- You agree
- You do not object when given the opportunity
- It is in your best interest based on professional judgment

SECTION 4: USES AND DISCLOSURES REQUIRING AUTHORIZATION

We will obtain your written authorization before:

- Using or disclosing psychotherapy notes (except in limited circumstances permitted by law)
- Using your information for marketing that requires authorization
- Selling your PHI
- Any use or disclosure not described in this Notice

You may revoke your authorization at any time in writing. Revocation will not apply to actions already taken.

SECTION 5: SPECIAL CONSIDERATIONS FOR PSYCHIATRIC PRACTICES

Psychotherapy Notes (Important Correction)

- Psychotherapy notes are maintained separately from the medical record
- They are given **special protection under HIPAA**
- They are **not included in the standard right of access**
- Release generally requires specific written authorization

Sensitive Information

Additional protections may apply depending on federal and state law for:

- Substance use treatment records (42 CFR Part 2, when applicable)
- HIV/AIDS-related information
- Genetic information

SECTION 6: DISCLOSURES WITHOUT YOUR AUTHORIZATION

We may disclose your PHI without authorization when permitted or required by law:

A. Required by Law

To comply with federal, state, or local laws

B. Public Health Activities

- Preventing or controlling disease
- Reporting adverse events or reactions

C. Abuse or Neglect Reporting

- Suspected child abuse or neglect
- Elder or vulnerable adult abuse

D. Serious Threat to Health or Safety

To prevent or lessen a serious and imminent threat to you or others

E. Health Oversight Activities

For audits, investigations, inspections, and licensure

F. Legal Proceedings

In response to court orders, subpoenas, or lawful processes

G. Law Enforcement

As required by law or in response to legal requests

H. Workers' Compensation

As authorized by law

SECTION 7: YOUR RIGHTS REGARDING YOUR PHI

You have the following rights:

1. Right of Access

You may inspect or obtain a copy of your PHI.

- Requests must be submitted in writing
- We will respond within **30 days** (or sooner if required by state law)
- Reasonable, cost-based fees may apply

2. Right to Request Amendment

You may request correction of inaccurate or incomplete information.

3. Right to Request Restrictions

You may request limits on certain uses or disclosures.

Note: We are not required to agree to all requests.

4. Right to Confidential Communications

You may request communication by alternative means or locations.

5. Right to an Accounting of Disclosures

You may request a list of certain disclosures made outside treatment, payment, and operations.

6. Right to a Copy of This Notice

You may request a copy at any time.

7. Right to File a Complaint

You may file a complaint without fear of retaliation.

Contact:

Privacy Officer: Valencia Dulcio

Phone: 407-988-1500

Email: support@duvalmhw.com

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

SECTION 8: SECURITY OF YOUR INFORMATION

We implement safeguards to protect your PHI, including:

- Administrative safeguards (policies, staff training)
- Physical safeguards (secure facilities)
- Technical safeguards (encryption, access controls)

However, no system is completely secure.

SECTION 9: ELECTRONIC COMMUNICATION RISKS

Electronic communication (email, text, portal messaging) carries risks including:

- Unauthorized access
- Misdelivery
- Data interception

By choosing to communicate electronically, you acknowledge these risks.

SECTION 10: CHANGES TO THIS NOTICE

We reserve the right to modify this Notice. Changes will be:

- Posted in the office
- Available upon request

- Posted on our website

SECTION 11: CONTACT INFORMATION

Privacy Officer: **Valencia Dulcio**

Phone: **407-988-1500**

Email: **support@duvalmhw.com**

Address: **3275 S JOHN YOUNG PARKWAY ste 904 Kissimmee, FL 34746**

PATIENT ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received or have been given the opportunity to receive a copy of the Notice of Privacy Practices from **DuVAL Mental Health and Wellness LLC**.

Patient Name: _____

Signature: _____

Date: _____

If Patient Declines to Sign

Staff Name: _____

Signature: _____

Date: _____

Reason (if provided): _____