In Via Behavioral Health, LLC

Effective Date: 09/01/2026

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 REVIEW IT CAREFULLY.

YOUR INFORMATION. YOUR RIGHTS. MY RESPONSIBILITIES.

Your health information is personal and private. I create and maintain records about the psychotherapy and related services you receive from this practice.

This Notice explains:

- How I may use and disclose your protected health information ("PHI").
- Your rights regarding your health information.
- My responsibilities for protecting your information.
- How you can ask questions or file a privacy complaint.

This Notice applies to health information created or maintained by this practice.

MY RESPONSIBILITIES

I am required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice explaining my legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify affected individuals as required by law if a breach occurs that may have compromised the privacy or security of their unsecured protected health information.
- Provide additional protections when state or federal law requires greater confidentiality than HIPAA.

If I create or maintain records that are protected by **42 C.F.R. Part 2**, which provides additional confidentiality protections for certain substance use disorder records, I will follow those additional requirements.

I reserve the right to change the terms of this Notice and make the revised Notice effective for all PHI that I maintain, including information created before the change. If this Notice is materially

revised, the current version will be available upon request and through the methods used by the practice to make the Notice available to clients.

HOW I MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

Treatment -

I may use your health information to provide, coordinate, or manage your treatment.

For example, when legally permitted and clinically appropriate, I may communicate with another health care professional involved in your treatment.

Mental health information may be subject to confidentiality protections that are more restrictive than the general HIPAA rules. When additional authorization is required by applicable law, I will obtain that authorization before making the disclosure.

Payment -

I may use and disclose health information as necessary to obtain payment for services.

For example, if you use insurance, information such as your identifying information, diagnosis, dates of service, type of service, and other information required by your health plan may be submitted to the insurer for claims processing, authorization, or review.

Health Care Operations -

I may use or disclose health information as reasonably necessary to operate the practice and provide services.

Examples may include:

- Maintaining clinical and billing records.
- Conducting quality improvement activities.
- Managing scheduling and administrative functions.
- Reviewing professional or legal compliance.
- Using qualified business associates that provide services to the practice.

When a business associate receives access to PHI on behalf of the practice, appropriate privacy and security obligations apply.

FLORIDA MENTAL HEALTH CONFIDENTIALITY

Florida law provides confidentiality and privilege protections for communications between certain licensed mental health professionals and their clients.

When Florida law provides greater protection to your psychotherapy communications or records than HIPAA, I will follow the more protective requirement.

Your mental health information will not be disclosed merely because HIPAA would otherwise permit a disclosure when another applicable law prohibits or limits that disclosure.

Applicable confidentiality and privilege protections will be considered before responding to subpoenas, legal demands, requests from third parties, or other requests for treatment information.

USES AND DISCLOSURES THAT GENERALLY REQUIRE YOUR WRITTEN AUTHORIZATION

For uses and disclosures not otherwise described or permitted by applicable law, I will obtain your written authorization.

You may revoke an authorization in writing at any time, except to the extent that I have already relied on the authorization and taken action based upon it.

Psychotherapy Notes -

If I maintain **psychotherapy notes as that term is specifically defined under HIPAA**, most uses or disclosures of those notes require your separate written authorization.

Psychotherapy notes receive greater protection than the ordinary clinical record or progress notes.

Certain limited uses or disclosures may occur without your authorization when specifically permitted or required by law, such as my own use of the notes for your treatment or other circumstances specifically permitted under HIPAA.

Substance Use Disorder Counseling Notes and Part 2 Records -

If I create or maintain substance use disorder records protected by **42 C.F.R. Part 2**, additional confidentiality requirements may apply.

If I maintain **SUD counseling notes** that receive special protection under applicable federal regulations, use or disclosure of those notes may require a separate written authorization.

Part 2 records, or testimony describing their contents, generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless the applicable requirements of Part 2 are satisfied, such as your specific written consent or an appropriate court order accompanied by the required legal process.

Marketing -

I do not use or disclose your protected health information for marketing purposes without authorization when authorization is required by law.

Sale of Protected Health Information -

I do not sell your protected health information in the regular course of this practice.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

Subject to applicable federal and Florida confidentiality protections, I may use or disclose PHI without your written authorization in circumstances permitted or required by law.

These may include:

Required by Law -

I may disclose information when a federal or state law requires disclosure, but the disclosure will be limited to what the law requires.

Public Health and Safety -

When permitted or required by law, information may be disclosed for certain public health and safety purposes.

Examples may include legally required reports concerning abuse, neglect, or exploitation and disclosures necessary under applicable law to address specified threats to health or safety.

Health Oversight -

Information may be disclosed to an authorized health oversight agency for legally authorized activities such as audits, investigations, inspections, licensure proceedings, or other oversight functions.

Judicial and Administrative Proceedings -

Health information may sometimes be disclosed in connection with a judicial or administrative proceeding when permitted or required by applicable law.

Because psychotherapy communications and records may be protected by Florida confidentiality law and psychotherapist-patient privilege, receipt of a subpoena or legal request does **not automatically mean that your psychotherapy information will be released**.

Applicable privilege, confidentiality, notice, authorization, and court-order requirements will be considered before disclosure.

Law Enforcement -

Information may be disclosed for law-enforcement purposes only when permitted or required by applicable law and subject to any additional protections that apply to mental health or substance use disorder records.

Coroners, Medical Examiners, and Funeral Directors -

When permitted by applicable law, health information may be disclosed to a coroner, medical examiner, or funeral director for authorized duties.

Workers' Compensation -

Health information may be used or disclosed as authorized by and to the extent necessary to comply with applicable workers' compensation laws.

Research -

Health information may be used or disclosed for research only when the applicable legal requirements for that research are satisfied.

Specialized Government Functions -

Certain disclosures may be permitted for legally authorized government functions, including specified military, national-security, protective-service, or correctional-institution activities.

FAMILY MEMBERS, FRIENDS, AND OTHERS INVOLVED IN YOUR CARE

You may tell me whether you want relevant information shared with a family member, friend, caregiver, or another person involved in your care or payment for your care.

When permitted by law, I may share information relevant to that person's involvement unless you object.

Because psychotherapy information may receive additional confidentiality protection, I may request your written authorization before communicating with another person even when HIPAA might otherwise permit a disclosure.

If you are unable to express your wishes during an emergency, information may be disclosed only when permitted by applicable law and appropriate under the circumstances.

APPOINTMENT REMINDERS AND COMMUNICATIONS

I may use your contact information to communicate with you regarding appointments, scheduling, billing, treatment-related matters, or other health-related services provided by the practice.

You may request reasonable alternative methods or locations for confidential communications.

The practice's policies regarding email, text messaging, Client Portal communication, and other electronic communication are described in the Practice Policies.

YOUR RIGHTS

You have important rights regarding your health information.

Right to Inspect and Obtain a Copy -

You may ask to inspect or receive an electronic or paper copy of health information maintained about you when that information is subject to the HIPAA right of access.

Certain information, including psychotherapy notes as specifically defined by HIPAA, may be excluded from the HIPAA right of access.

I generally will respond within the time required by applicable law. A reasonable, cost-based fee may be charged when permitted.

Right to Request an Amendment -

If you believe health information in your record is incorrect or incomplete, you may ask me to amend it.

I may deny the request in circumstances permitted by law. If the request is denied, you will be provided with information regarding the denial and applicable rights.

Right to Request Confidential Communications -

You may ask me to communicate with you in a particular way or at a particular location.

For example, you may request that I contact you at a particular telephone number rather than another number.

Reasonable requests will be accommodated.

Right to Request Restrictions -

You may ask me not to use or disclose certain information for treatment, payment, or health care operations.

In many circumstances I am not required to agree to the request.

If I agree to a restriction, I will comply with it except when disclosure is otherwise permitted or required under applicable circumstances.

Special Right When You Pay in Full Out of Pocket -

If you pay for a health care service **in full out of pocket**, you may ask me not to disclose information about that service to your health plan for payment or health care operations.

When the legal requirements for this restriction are satisfied, I am required to honor the request unless disclosure is otherwise required by law.

Right to an Accounting of Certain Disclosures -

You may request a list, or “accounting,” of certain disclosures of your health information made during the period covered by applicable law.

The accounting generally does not include disclosures for treatment, payment, or health care operations and certain other disclosures excluded by law.

One accounting within a 12-month period will generally be provided without charge. A reasonable, cost-based fee may apply to additional requests when permitted.

Additional accounting rights may apply if I maintain records protected by 42 C.F.R. Part 2.

Right to a Paper Copy of This Notice -

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

Right to Choose a Personal Representative -

If another person has legal authority to act on your behalf regarding health care information, that person may exercise applicable privacy rights for you.

I may request documentation necessary to verify that person's authority.

Right to File a Complaint -

If you believe your privacy rights have been violated, you may file a complaint directly with this practice.

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

I will **not retaliate against you** for filing a privacy complaint or exercising your privacy rights.

PRIVACY CONTACT

For questions about this Notice of Privacy Practices contact:

Privacy Officer -

In Via Behavioral Health, LLC

sam@ivbh.org

(385) 232-1869

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By electronically signing, I acknowledge that I have received or been provided access to this Notice of Privacy Practices.

My signature acknowledges **receipt of the Notice**. It does not mean that I am giving authorization for uses or disclosures that otherwise require my written authorization.