# 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.

Effective Date: **2026-07-27**

**Living Water Women's Counseling LLC**, located in Florida ("we," "us," or "our"), is committed to protecting the privacy of your protected health information ("PHI"). This Notice describes how we may use and disclose your PHI and your rights regarding that information. We are required by law to maintain the privacy of your PHI, to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and to notify you following a breach of unsecured PHI. We must follow the terms of the Notice currently in effect.

## 1. How We May Use and Disclose Your Health Information

The following describes the ways we may use and disclose your PHI without your written authorization for treatment, payment, and health care operations.

(a) For Treatment. We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes sharing your PHI with doctors, nurses, technicians, and other personnel who are involved in your care.

(b) For Payment. We may use and disclose your PHI so that we can bill and receive payment for the treatment and services you receive. This may include verifying coverage, obtaining prior authorization, and billing your health plan.

(c) For Health Care Operations. We may use and disclose your PHI for our health care operations, such as quality assessment and improvement, training, credentialing, licensing, care coordination, and general administrative and business activities.

## 2. Other Uses and Disclosures Permitted Without Your Authorization

(a) As Required by Law. We will disclose your PHI when required to do so by federal, state, or local law.

(b) Public Health Activities. We may disclose your PHI for public health activities, such as preventing or controlling disease, reporting births and deaths, and reporting adverse reactions to medications or products.

(c) Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure.

(d) Judicial and Administrative Proceedings. We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

(e) Law Enforcement. We may disclose your PHI to a law enforcement official for purposes such as identifying or locating a suspect, or reporting a crime, in accordance with applicable law.

(f) To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person.

(g) Workers' Compensation. We may disclose your PHI as authorized to comply with workers' compensation laws and other similar programs.

(h) Coroners, Medical Examiners, and Funeral Directors. We may disclose PHI as necessary to allow these parties to carry out their duties.

(i) Research. We may use or disclose your PHI for research purposes when the research has been approved by an institutional review board or privacy board and appropriate privacy protections are in place.

(j) Military, National Security, and Government Functions. We may disclose your PHI as required for military, national security, and certain other specialized government functions.

(k) Individuals Involved in Your Care. Unless you object, we may disclose to a family member, relative, or friend PHI directly relevant to that person's involvement in your care or payment for your care.

(l) Appointment Reminders and Treatment Information. We may use and disclose your PHI to contact you with appointment reminders or information about treatment.

(m) Treatment Alternatives and Health-Related Benefits. We may use and disclose your PHI to tell you about treatment options, alternatives, or health-related benefits and services that may be of interest to you.

## 3. Uses and Disclosures That Require Your Written Authorization

Other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization. In particular, the following require your authorization: most uses and disclosures of psychotherapy notes; uses and disclosures for marketing purposes; and disclosures that constitute a sale of PHI.

If you provide us with an authorization, you may revoke it in writing at any time. Your revocation will be effective for all future uses and disclosures except to the extent we have already relied on your authorization.

## 4. Your Rights Regarding Your Health Information

You have the following rights with respect to your PHI:

(a) Right to Inspect and Copy. You have the right to inspect and obtain a copy of the PHI we maintain about you in a designated record set, in accordance with 45 CFR 164.524. We may charge a reasonable, cost-based fee.

(b) Right to Amend. If you believe PHI we have about you is incorrect or incomplete, you have the right to request that we amend it, in accordance with 45 CFR 164.526.

(c) Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of your PHI, in accordance with 45 CFR 164.528.

(d) Right to Request Restrictions. You have the right to request a restriction on the PHI we use or disclose for treatment, payment, or health care operations. We are not required to agree to your request except where the disclosure is to a health plan for payment or operations and you have paid for the item or service in full out of pocket.

(e) Right to Request Confidential Communications. You have the right to request that we communicate with you about your PHI by alternative means or at an alternative location.

(f) Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

(g) Right to Be Notified of a Breach. You have the right to be notified in the event of a breach of your unsecured PHI.

To exercise any of these rights, please contact our Privacy Officer using the contact information below.

## 5. Our Duties

We are required by law to maintain the privacy of your PHI, to provide you with this Notice of our legal duties and privacy practices, to abide by the terms of the Notice currently in effect, and to notify you following a breach of unsecured PHI.

We reserve the right to change this Notice and to make the revised Notice effective for PHI we already have as well as any information we receive in the future. We will post a copy of the current Notice and make it available upon request.

## 6. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Privacy Officer, **Crystal Hicks**, at **(904) 580-8600** or **privacy@livingwaterwomenscounseling.com**.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201.

You will not be penalized or retaliated against in any way for filing a complaint.

## 7. Contact Information

If you have any questions about this Notice or would like more information about our privacy practices, please contact:

Privacy Officer: **Crystal Hicks**

**Living Water Women's Counseling LLC**

Phone: **(904) 580-8600** Email: **privacy@livingwaterwomenscounseling.com**

This Notice is also intended to comply with applicable privacy laws of the State of **Florida**.