

**NOTICE OF PRIVACY PRACTICES**  
**Your Information. Your Rights. Our Responsibilities**

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**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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## **Your Rights**

When it comes to your health information, you have the right to:

### **Access Your Medical Record**

You may request an electronic or paper copy of your medical record and other health information we maintain. We will provide this within 30 days. A reasonable, cost-based fee may apply.

### **Request Corrections**

You may request corrections to your health information if you believe it is incorrect or incomplete. If we deny your request, we will provide a written explanation within 60 days.

### **Request Confidential Communications**

You may ask us to contact you in a specific way (e.g., home or office phone) or send mail to a different address. We will accommodate all reasonable requests.

### **Request Restrictions**

You may request limits on how we use or share your information. While we are not required to agree, we will comply when required by law, including when services are paid out-of-pocket in full.

## **Receive an Accounting of Disclosures**

You may request a list of disclosures made over the past six years. One request per year is free; additional requests may incur a fee.

## **Obtain a Copy of This Notice**

You may request a paper copy of this notice at any time.

## **Choose a Representative**

If someone has legal authority (e.g., medical power of attorney), they may exercise your rights on your behalf.

## **File a Complaint**

You may file a complaint with us or with the U.S. Department of Health and Human Services if you believe your rights have been violated. We will not retaliate against you.

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## **Your Choices**

You have the right to make decisions about how we share your health information.

### **You may choose to allow us to:**

- Share information with family, friends, or others involved in your care
- Share information during disaster relief situations
- Include your information in a facility directory

If you are unable to communicate your preferences, we may share information if it is in your best interest.

### **We will NOT share without your written permission:**

- Information for marketing purposes
- Sale of your information
- Most psychotherapy notes

## **Fundraising Communications**

We may contact you for fundraising efforts, but you may opt out at any time.

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## **Our Uses and Disclosures**

We typically use or share your health information in the following ways:

### **Treatment**

We may share your information with healthcare professionals involved in your care.

### **Payment**

We may use your information to bill and receive payment from health plans or other entities.

### **Healthcare Operations**

We may use your information to manage operations, improve care, and contact you when necessary.

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## **Additional Uses and Disclosures**

We may also use or share your information for:

- Public health and safety activities
  - Research (with required approvals)
  - Compliance with legal obligations
  - Law enforcement and government requests
  - Organ and tissue donation
  - Workers' compensation claims
  - Coroners, medical examiners, and funeral directors
  - National security and military purposes
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## Special Protections

Certain types of information (such as HIV-related data, genetic information, substance use treatment records, and mental health records) may receive additional protections under applicable law.

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## Your Health Information Rights (Detailed)

You have the right to:

- Access your records in paper or electronic format
  - Request amendments to your records
  - Request restrictions on disclosures
  - Request alternative communication methods
  - Receive notification of any data breach
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## Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your health information
- Notify you promptly of any breach
- Follow the practices described in this notice
- Provide you with a copy of this notice

We will not use or disclose your information without your written permission except as described here.

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## Changes to This Notice

This notice is effective **February 16, 2026**.

We reserve the right to update this notice at any time. Updated versions will be available upon request and at our office.

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## Questions or Complaints

If you have questions or concerns, or believe your rights have been violated, you may contact us directly or file a complaint with the U.S. Department of Health and Human Services.

We will not retaliate against you for filing a complaint.

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## Contact Information

**Privacy Official:** Deanna Brown

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## Important Notice

This document is for informational purposes only and does not constitute legal advice. Please consult legal counsel for guidance on HIPAA compliance and related regulations.

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