

Hope Center for Behavior Change Inc

Notice of Privacy Practices

RECIPIENT CHOICE AND RIGHTS · HIPAA PRIVACY AND SECURITY STANDARDS

Policies and Practices to Protect the Privacy of Your Health Information (HIPAA Policy)

750 S Military Trail Ste D-E, West Palm Beach, FL 33415 · Phone: 561-337-8865 · Fax: 561-299-4492

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.

This notice describes how all medical information about the clients we serve may be used and disclosed.
THIS SHOULD REMAIN WITH THE INDIVIDUAL OR CAREGIVERS.

EFFECTIVE DATE January 1, 2026	PRIVACY CONTACT Aisha Albright-Jourdan, Clinical Director	PRIVACY PHONE 1-888-611-1178
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I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Hope Center for Behavior Change Inc (HCBC) may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent as stated on the online referral form.

To help clarify these terms, here are some definitions:

- **PHI** refers to information in your health record that could identify you.
- **Treatment** is when a health care professional provides, coordinates, or manages your health care and other services related to your health care.
- **Payment** is when HCBC obtains information about your healthcare benefits and eligibility and/or attempts to obtain and/or obtains reimbursement for your healthcare. Examples of payment are when HCBC discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- **Health Care Operations** is when HCBC discloses your PHI to your health care service plan (for example, your health insurer), or to other health care providers contracting with your plan, for administration of the plan, such as case management and care coordination.
- **Use** applies to activities within the HCBC office such as sharing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** applies to activities outside of the HCBC office such as releasing, transferring, or providing access to information about you to other parties.
- **Authorization** means written permission for specific uses or disclosures.

II. Uses and Disclosures Requiring Authorization

HCBC may use or disclose PHI for purposes outside of treatment, payment, and health care operations when an appropriate authorization is obtained. In those instances when HCBC is asked for information for purposes outside of treatment and payment operations, HCBC will obtain an authorization from you before releasing this information.

HCBC will also need to obtain an authorization before releasing your therapy progress notes. Therapy progress notes are notes your therapist has made about your conversation, actions, observations, etc., during an individual, group, joint, or family treatment session, which are kept separate from the rest of your medical records. These notes are given a greater degree of protection of PHI.

You may revoke all such authorizations of PHI at any time; however, the revocation or modification is not effective until received by HCBC in writing.

Marketing and Sale of Your Health Information

HCBC will not use or disclose your PHI for marketing purposes without your written authorization. HCBC will never sell your PHI without your written authorization. If you give us an authorization for marketing or for the sale of PHI, you may revoke it in writing at any time, as described above.

Other uses and disclosures of your PHI that are not described in this notice will be made only with your written authorization.

III. Uses and Disclosures with Neither Consent nor Authorization

HCBC may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If any HCBC Team Member knows or suspects that a child has been or is being abused, abandoned, or neglected, the law requires that they report such knowledge or suspicion to the proper authorities according to the county and state you reside in.
- **Adult and Domestic Abuse:** If any HCBC Team Member knows or suspects that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, they are required by law to immediately report such knowledge or suspicion to the local number located in the Rights of Our Clients section.
- **Health Oversight:** If a complaint is filed and later is open for investigation, a subpoena for confidential health information from certain parties may be requested and therefore shared.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information regarding your diagnosis or treatment and the records thereof, such information is privileged under state law, and HCBC will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform HCBC that you are opposing the subpoena or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** When you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, HCBC must communicate relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.

IV. Patients' Rights and Therapist's Rights

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, HCBC is not required to agree to a restriction you request, except as described in the next item.
- **Right to Restrict Disclosures to Your Health Plan:** If you (or someone on your behalf, other than a health plan) pay for a service or item in full, out of pocket, you have the right to ask HCBC not to share PHI about that service or item with your health plan (for example, your health

insurer) for purposes of payment or health care operations. HCBC is required to agree to this request, unless a law requires us to share that information.

- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and alternative locations. For example, you may not want a family member to know you are in treatment. Upon request, HCBC will send your bills to another address.
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI of HCBC's treatment and billing records used to make decisions about you for as long as the PHI is maintained in the record. Upon your request, HCBC will discuss the details of the request process.
- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record; however, HCBC may deny your request. On your request, HCBC will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI. On your request, HCBC will discuss with you the details of the accounting process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of this notice from HCBC upon request, even if you have agreed to receive this notice electronically.
- **Right to Be Notified of a Breach:** You have the right to be notified if a breach of your unsecured PHI occurs, as described in Section VI below.
- **Right to File a Complaint:** You have the right to file a complaint with HCBC and with the U.S. Department of Health and Human Services, as described in Section VII below.

V. HCBC's Duties and Changes to This Notice

- HCBC is required by law to maintain the privacy of PHI and to provide you with a notice of HCBC's legal duties and privacy practices with respect to PHI.
- HCBC reserves the right to change the privacy policies and practices described in these notices. Unless you are notified of such changes, however, we are required to abide by the terms currently in effect.
- If HCBC revises privacy policies and practices, they will make their best effort to contact you with this information in person, by telephone, by email, or by mail. For this reason, it is important that you notify HCBC immediately of any address, telephone, or email changes.

VI. Notification in the Event of a Breach

HCBC is required by law to notify you if there is a breach of your unsecured protected health information. A breach generally means that your PHI was used or shared in a way that is not allowed under HIPAA and that puts the privacy or security of your information at risk.

If a breach occurs, HCBC will notify you in accordance with the HIPAA Breach Notification Rule. The notice will be sent without unreasonable delay, and no later than 60 days after the breach is discovered. It will explain what happened, what information was involved, the steps you can take to protect yourself, what HCBC is doing in response, and how to contact us for more information.

VII. Complaints

If you have questions about this notice, disagree with a decision HCBC makes about access to your records, or have other concerns about your privacy rights, you may contact HCBC's privacy contact, Aisha Albright-Jourdan, Clinical Director, at 1-888-611-1178. You have specific rights under the privacy rule.

Filing a Complaint with the U.S. Department of Health and Human Services

If you believe your privacy rights have been violated, you also have the right to file a complaint with the U.S. Department of Health and Human Services (HHS), Office for Civil Rights. You may file a complaint with HCBC, with HHS, or with both.

U.S. Department of Health and Human Services, Office for Civil Rights

Website: <https://www.hhs.gov/hipaa>

Phone: 1-800-368-1019

Mail: 200 Independence Avenue, S.W., Washington, D.C. 20201

HCBC will not retaliate against you for exercising your right to file a complaint.

VIII. Privacy Contact Information

For questions about this notice, to exercise any of the rights described above, or to file a privacy complaint with HCBC, please contact:

Aisha Albright-Jourdan, Clinical Director

Privacy Contact, Hope Center for Behavior Change Inc

Phone: 1-888-611-1178

Office: 750 S Military Trail Ste D-E, West Palm Beach, FL 33415

This notice is effective January 1, 2026.

Acknowledgment of Receipt

I hereby acknowledge that I have reviewed the HIPAA Notice of Privacy Practices document of Hope Center for Behavior Change Inc, effective January 1, 2026.

**PARENT/GUARDIAN
NAME:**

**PARENT/GUARDIAN
SIGNATURE:**

DATE:
