AUGUSTIN & AUGUSTIN PSYCHOLOGY

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical and mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date: August 9, 2026

Why this notice matters

Protected health information (PHI) includes individually identifiable information about your past, present, or future physical or mental health, the health care provided to you, or payment for that care.

Your Rights

When it comes to your health information, you have certain rights. We are responsible for helping you exercise those rights.

- Get an electronic or paper copy of your medical record and other health information we maintain about you.
- Ask us to correct health information you believe is incorrect or incomplete.
- Request confidential communications, such as contacting you at a particular phone number or address.
- Ask us to limit certain uses or disclosures of your health information.
- Request an accounting of certain disclosures of your health information.
- Get a paper copy of this notice at any time.
- Choose someone who is legally authorized to act for you.
- File a complaint if you believe your privacy rights have been violated.

Access your health information

You may ask to inspect or receive an electronic or paper copy of your medical record and other health information we maintain about you. We will respond within the time required by applicable law and may charge a reasonable, cost-based fee when permitted.

Request a correction

You may ask us to correct health information you believe is incorrect or incomplete. We may deny a request when permitted by law. If we do, we will explain the denial in writing as required.

Request confidential communications

You may ask us to contact you in a specific way or at a specific location. We will accommodate reasonable requests as required by law.

Request restrictions

You may ask us not to use or share certain health information for treatment, payment, or health care operations. We are not generally required to agree to every request. If you pay for a service completely out-of-pocket, you may ask us not to disclose information about that service to your health plan for payment or health care operations, and we will honor the request when required by law.

Accounting of certain disclosures

You may request a list of certain disclosures of your health information made during the period allowed by law. Some disclosures, including many for treatment, payment, health care operations, and disclosures you authorized, may not be included.

Someone acting on your behalf

If another person has legal authority to act as your personal representative, such as a legal guardian or a person with appropriate health care authority, that person may exercise applicable privacy rights on your behalf. We may verify that authority before taking action.

Your Choices

For certain health information, you may tell us your preferences about what we share. Depending on the circumstances and applicable law, this may include sharing information with family members, close friends, caregivers, or others involved in your care or payment for your care.

If you are unable to communicate your preference, we may use professional judgment and applicable law to determine whether a limited disclosure is in your best interest or is necessary to address a serious and imminent threat to health or safety.

Uses that generally require your written permission

- We do not sell your protected health information.
- We do not use your protected health information for marketing when authorization is legally required.
- Most uses and disclosures of psychotherapy notes require written authorization, subject to applicable exceptions.

When you provide written authorization, you may revoke it in writing as permitted by law. Revocation generally does not affect actions already taken in reliance on a valid authorization.

How We Typically Use or Share Your Information

Treatment

We may use your health information and share it with other health care professionals who are treating you or helping coordinate your care.

Health care operations

We may use and disclose health information to operate our practice, manage services, support quality and administrative activities, coordinate care, and perform other health care operations permitted by law.

Payment

We may use and disclose health information to bill for services, obtain payment, verify coverage, process claims, or communicate with health plans and others involved in payment for your care.

Other Uses and Disclosures Permitted or Required by Law

HIPAA and other laws permit or require health information to be used or disclosed in certain circumstances without your written authorization. Applicable conditions and limitations must be satisfied before such disclosures are made.

- Public health and safety activities.
- Reporting suspected abuse, neglect, or domestic violence when authorized or required by law.
- Preventing or reducing a serious threat to health or safety.
- Health oversight activities.
- Research when applicable legal requirements are met.
- Compliance with federal or state law.
- Workers' compensation matters.
- Certain law-enforcement or government requests.
- Judicial or administrative proceedings and valid legal process.
- Activities involving coroners, medical examiners, or funeral directors.
- Other circumstances authorized or required by applicable law.

Mental health information may receive additional protection under Florida law and other applicable laws. When another applicable law provides greater privacy protection than HIPAA, we will follow the more protective requirement when it applies.

Substance Use Disorder Records

To the extent Augustin & Augustin Psychology creates or maintains records protected by the federal confidentiality requirements for substance use disorder records under 42 CFR Part 2, those records receive the additional protections required by federal law.

When Part 2 applies, records generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you based solely on a general authorization. Any use or disclosure must satisfy the additional requirements imposed by federal law, which may include your specific written consent or an appropriate court order and subpoena. Additional restrictions may apply to redisclosure.

Our Responsibilities

- Maintain the privacy and security of your protected health information.
- Follow the duties and privacy practices described in the Notice of Privacy Practices currently in effect.
- Provide you with a copy of this notice.
- Notify affected individuals as required by law if a breach occurs that may have compromised the privacy or security of protected health information.
- Use or disclose health information only as permitted or required by law or as authorized by you.
- Honor applicable privacy rights and properly submitted requests as required by law.

If You Believe Your Privacy Rights Were Violated

You may submit a privacy complaint directly to Augustin & Augustin Psychology using the contact information below. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

We will not retaliate against you for filing a privacy complaint.

Federal complaint information is available at: https://www.hhs.gov/hipaa/filing-a-complaint/index.html

Changes to This Notice

We may change the terms of this Notice of Privacy Practices. Changes may apply to health information we already have as well as information we receive in the future. When this notice is materially revised, the current notice will be made available as required by law, including through our office and our website.

Privacy Contact

Augustin & Augustin Psychology
499 NW 70th Avenue #105
Plantation, FL 33317
Phone: 954-947-1343
Email: info@augustinpsychology.com
Website: augustinpsychology.com

If you have questions about this notice, would like a paper copy, want to exercise a privacy right, or wish to submit a privacy complaint, please contact the practice using the information above.