

I CARE PSYCH

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: 11/11/2025

OUR COMMITMENT TO YOUR PRIVACY

Comprehensive Addiction and Recovery Epicenter, LLC and I Care Psych, LLC each follow this Notice of Privacy Practices and are collectively referred to herein as “I Care Psych,” “we,” or “us.” We are dedicated to maintaining the privacy of your medical information. We are required by law to maintain the confidentiality of your medical information, provide you with this Notice of our legal duties and the privacy practices that we maintain concerning your medical information, and to notify you of a breach of your unsecured health information. We are required to follow the terms of this Notice that are in effect at the time.

Applicability and Changes to this Notice. The terms of this Notice apply to all records containing your medical information that are created or retained by us. This Notice will be followed by all health care professionals, employees, medical staff, and other individuals providing services at I Care Psych. We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective for all of your medical records that we have created or maintained in the past, and for any of your records that we may create or maintain in the future. We will post a current copy of this Notice on our website. You may also request a copy of the current Notice at any time by reaching out to us at the contact information provided below.

YOUR RIGHTS

When it comes to your medical information, you have certain rights. This section explains your rights and some of our responsibilities to help you exercise those rights.

Right to Inspection and Copies. You have the right to get an electronic or paper copy of your medical record. This right does not include psychotherapy notes or health information that is not part of your designated record set (“psychotherapy notes” are the notes recorded by a mental health professional to document or analyze the contents of a conversation during a counseling session and are separated from the rest of the patient’s health record). To obtain copies or request inspection of your medical information, you must submit your request in writing to our Privacy Officer, whose contact information is included at the end of this Notice. We may charge a reasonable fee that will be in compliance with applicable law. We may deny your request in limited circumstances. If your request is denied, you may request a review of our denial.

Right to Request an Amendment. You can ask us to correct the medical information we maintain about you if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. Please provide us with a reason for your request and identify the records you would like amended. If we agree to your request, we will notify you and amend your medical information. In certain circumstances, we may deny your request. If your request is denied, we will inform you in writing and explain your rights. Please note that we cannot completely delete information contained in your record and the change requested by you will appear as an addendum to the existing record.

Right to an Accounting. You can ask for a list (an accounting) of the times we shared your medical information for six years prior to the date of your request, who we shared it with, and why. Please note the accounting will not include disclosures made for treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months. To request an accounting, submit your request in writing to our Privacy Officer.

Right to Request Restrictions. You can ask us not to use or share certain medical information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If we agree to your request, our agreement will be in writing, and we will comply with the restriction unless (i) the information is needed to provide you with emergency care or (ii) we are required or permitted by law to disclose it. If you pay in full for a service or health care item out-of-pocket, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree to this request unless a law requires us to share that information.

Right to Confidential Communications. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will agree to all reasonable requests. To request or update your confidential communications, please submit a written request to our Privacy Officer specifying the requested method of contact for billing purposes, or the location where you wish to be contacted. You do not need to give a reason for your request.

Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of this Notice at any time, even if you agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Privacy Officer. All complaints must be submitted in writing to the Privacy Officer at the contact information provided at the end of this Notice. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Right to a Personal Representative. If you have given someone the legal authority to exercise your rights and choices covered by this Notice, we will honor such requests once we verify their authority. This Notice also applies to minors, disabled adults, or others that are not

able to make health care decisions for themselves or who choose to designate someone to act on their behalf. Personal Representatives (including parents and legal guardians) can exercise the rights described in this Notice. There are, however, some situations under State Law where prior authorization of a minor patient is required before certain actions can be taken. We comply with applicable State Laws in this regard.

YOUR CHOICES

In some cases, you can decide what medical information we share, and who we share it with. For example, you may choose to involve family members or friends in your medical care and allow us to share medical information with those individuals.

SUBSTANCE USE DISORDER TREATMENT RECORDS

If you obtain substance use disorder treatment from us, applicable federal and state laws apply and provide additional protection to the confidentiality of substance use disorder treatment records (“SUD Records”). Generally, we will not disclose that you are a patient of our practice or disclose information identifying you as having or having had a substance use disorder unless (1) we have your written consent/authorization; or (2) there is an exception that applies under applicable law. You can sign a single consent for all future uses or disclosures of SUD Records for treatment, payment, and health care operations purposes. You should note that disclosure of SUD Records for treatment, payment, or health care operations as described in this Notice may result in redisclosure of the records without consent as permitted under HIPAA, except for any use and disclosure of substance use disorder information for civil, criminal, administrative, and legislative proceedings against you.

We may disclose SUD Records without prior consent or authorization in response to a court order, to report abuse or neglect in accordance with state law, or to medical personnel in a medical emergency. In most instances, certain conditions must be met prior to making such disclosures. We will limit any disclosures of SUD Records made in accordance with applicable law to

the information necessary to carry out the purpose of the disclosure. Additionally, SUD Records:

- Or testimony relating the content of SUD Records, will not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against the patient unless based on specific written consent or a court order;
- Will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record, where required by 42 U.S.C. 290dd-2; and
- Any court order authorizing use or disclosure of SUD Records must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the SUD Record is used or disclosed.

You also have a right to an accounting of disclosures of electronic SUD Records and a list of disclosures by an intermediary for the past 3 years.

PERMISSIBLE USES & DISCLOSURES

Some uses and disclosures of your medical information may be permitted or required under applicable law, while other uses and disclosures require your prior authorization. We may use or disclose your medical information in the following ways.

Treatment. We may use your medical information as needed for us to provide treatment to you. For example, our staff may use your medical information to provide treatment to you or inform you about various treatment options.

Payment. We may use and disclose your medical information to bill and collect payment for the services and items provided by us. For example, we may share your medical information with your health insurance plan so it will pay for the services provided to you.

Health Care Operations. We may use and disclose your medical information to operate our practice and improve your care. For example, we may use or disclose

your medical information to evaluate the quality of care you received from us.

Research. In certain circumstances, we can use or share your medical information for research purposes. However, we must meet many conditions in the law before we can share your information for research purposes. Any use of medical information for research will also comply with applicable state laws.

Business Associates. We may use and disclose your medical information with business associates that assist us in providing services to you. We require business associates to agree in writing to protect the confidentiality of your information in accordance with applicable law. However, business associates cannot use SUD Records in legal proceedings against you (if applicable) without specific consent or a court order.

Audit and Evaluation Activities. If certain restrictions and conditions are met, medical information (including substance use disorder treatment records) may be disclosed in the course of certain audit or review activities to the extent permitted by law.

OTHER USES & DISCLOSURES

Unless otherwise specified, the categories of permissible uses and disclosures below apply to medical information other than psychotherapy notes and substance use disorder counseling notes, substance use treatment records, or confidential communications.

Public Health & Safety. Subject to certain conditions and applicable state laws, we can share your medical information for the following purposes:

- Reporting suspected abuse or neglect (including psychotherapy notes, substance use disorder records, and confidential communications if required by applicable law)
- We may disclose your medical information to medical personnel if necessary to treat you in the event of an emergency (including substance use disorder treatment records).

Compliance with Law. We will share your medical information (including psychotherapy notes, SUD

Records, and confidential communications) if state or federal laws require it, including with the Department of Health and Human Services for the purpose of confirming our compliance with federal privacy laws.

Deceased Patients. We may share medical information (including psychotherapy notes, substance use disorder information, and confidential communications) relating to the cause of death in accordance with laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death of patient.

Court Orders. We may disclose medical information (including substance use treatment records, confidential communications, and psychotherapy notes) pursuant to a court order if certain conditions are met.

DISCLOSURES REQUIRING YOUR AUTHORIZATION

Other uses and disclosures that are not identified by this Notice will be made only with your written authorization. For example, we will never sell or use your medical information for marketing purposes without your authorization. Most uses and disclosures of psychotherapy notes, SUD counseling notes, and substance use disorder records require your prior authorization. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time by notifying us in writing. After you revoke your authorization, we will no longer use or disclose your medical information based on the authorization. However, uses and disclosures made before we received your withdrawal will not be affected as we cannot take back any disclosures that have already been made based on your authorization.

RISKS RELATED TO ELECTRONIC COMMUNICATIONS

Using any unsecure electronic communication (such as regular email) to communicate with us can present risks to the security of information. These risks include possible interception of the information by unauthorized parties, misdirected emails, shared accounts, message forwarding, or storage of the information on unsecured platforms and/or devices.

We do not advise communicating with us via unsecured email or text message. By choosing to correspond with us via unsecure electronic communication platforms, you are acknowledging and accepting these risks. Messages may be sent via auto-dialer, and you should note that you are responsible for any costs incurred by your telecommunications provider. You may opt-out at any time by contacting the Privacy Officer whose information is included at the end of this Notice or by following the opt-out instructions in the message. Please note that systems may take time to update. We will not share mobile opt-in information for text messaging with third parties for marketing purposes, nor will we sell or use your opt-in contact information for any other purposes.

Health Information Exchanges. We may participate in one or more Health Information Exchanges (“HIE”). HIEs allow health care entities participating in the same HIE to quickly share medical information as necessary to support timely care coordination and quality health care. For example, your medical information related to a recent hospital visit may be shared via a HIE with us so that we can promptly coordinate necessary follow-up treatment with you. If we participate in a HIE, we will only share or access your information in a HIE if we have your consent.

QUESTIONS & CONCERNS

If you have any questions about this Notice or would like to notify us of a privacy concern, please contact:

Attn: Privacy Officer
I Care Psych
3632 Land O Lakes Blvd. Suite 101
Land O Lakes, FL 34639
Phone- 813-606-5668
Fax- 813-729-8669
Email: privacy@care-mgmt.com