

Notice of Privacy Practices

Daniela De Medeiros, Psy.D., PLLC

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.

Daniela De Medeiros, Psy.D., PLLC is committed to protecting your privacy. I am required by federal law to maintain the privacy of Protected Health Information, also called PHI. PHI is health information that identifies you or could reasonably be used to identify you.

This Notice explains how I may use and disclose your PHI, your rights regarding your PHI, and my responsibilities to protect your information.

Your rights

Your rights regarding PHI are explained below. To exercise these rights, please contact me in writing using the contact information listed below.

To inspect and copy your records.

- You may request an electronic or paper copy of your health record. I may charge a reasonable fee for the cost of copying or sending records, as allowed by law.
- In some limited circumstances, I may deny a request for access. If that happens, you may have a right to have the decision reviewed.

To request an amendment.

- You may ask me to correct information in your record that you believe is incorrect or incomplete. I may ask you to make the request in writing and explain the reason for the request.
- I may deny the request. If I deny it, I will provide an explanation in writing, and you may submit a written statement of disagreement.

To request confidential communications.

- You may ask me to contact you in a specific way or at a specific location. I will agree to reasonable requests.

To request limits on what is used or shared.

- You may ask me not to use or share certain PHI for treatment, payment, or health care operations. I am not required to agree to the request if it would affect your care or if the law allows or requires the use or disclosure.
- If you pay for a service out of pocket in full, you may ask me not to share information about that service with your health insurance company for payment or health care operations purposes, unless the law requires me to share it.
- You may also ask me not to share your PHI with specific family members, friends, or others involved in your care.

To receive a list of certain disclosures.

- You may ask for a list, called an accounting, of certain times your PHI has been shared. You may receive one accounting every 12 months at no charge.
- I may charge a reasonable fee if you request another accounting within the same 12-month period.

To receive a copy of this Notice.

- You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

To choose someone to act for you.

- If you have given someone medical power of attorney, or if someone is your legal guardian or otherwise legally authorized to act for you, that person may be able to exercise your rights and make choices about your PHI.

To file a complaint.

- If you believe your privacy rights have been violated, you may file a complaint with me.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- I will not retaliate against you for filing a complaint.

Contact information

To ask questions about this Notice, exercise your privacy rights, or file a privacy complaint with me, please contact:

Daniela De Medeiros, Psy.D. Daniela De Medeiros, Psy.D., PLLC Ph: (305) 853-9049 Fax: (786) 936-5616
Email: daniela@drdemedeiros.com Privacy Contact: Daniela De Medeiros, Psy.D.

Our uses and disclosures

I may use and disclose your PHI without your written authorization for treatment, payment, and health care operations.

To treat you.

- I may use and share your PHI with other professionals who are treating you or involved in your care.
- Example: I may share relevant information with another health care provider involved in your treatment, such as a psychiatrist, primary care physician, or another therapist, when appropriate and allowed by law.

To bill for your services.

- I may use and share your PHI to bill and receive payment for services.
- Example: If you use insurance, information may be shared with the platform or service that processes billing and payment for your care, with your insurance company, or with another entity involved in processing payment for your care.

To run health care operations.

- I may use and share your PHI for activities needed to run my practice and provide quality care.
- Example: I may use information to schedule appointments, maintain records, review the quality of services, communicate with business associates, or comply with legal and professional requirements.

Uses and disclosures that may be made without your authorization or opportunity to object

I may use or disclose your PHI without your authorization or an opportunity for you to object in certain situations.

To help with public health and safety issues.

- I may disclose PHI to prevent or reduce a serious and imminent threat to your safety or the safety of another person.
- I may disclose PHI to report suspected abuse, neglect, abandonment, or exploitation of a child or vulnerable adult.
- I may disclose PHI to respond to certain public health requirements, such as preventing the spread of disease or reporting adverse events when legally required.
- I may disclose PHI to the U.S. Department of Health and Human Services if required to investigate or determine compliance with federal privacy rules.
- I may disclose PHI for health oversight activities, such as audits, investigations, inspections, or licensing board matters.

To comply with law, law enforcement, or government requests.

- I may disclose PHI when required by federal, state, or local law.
- I may disclose PHI in response to a court order.
- I may disclose PHI for certain law enforcement or government requests, when required or permitted by law.
- I may disclose PHI for specialized government functions, such as military, national security, intelligence, protective services, or security clearance purposes, when required or permitted by law.
- I may disclose PHI for workers' compensation claims, when applicable.

To comply with other requests.

- I may disclose PHI to medical examiners, coroners, or funeral directors when legally authorized.
- I may disclose PHI for organ, tissue, or donation purposes, if applicable.
- I may disclose PHI for research only if the research has been approved and privacy protections are in place.
- I may disclose PHI if you are an inmate or in custody and the disclosure is necessary for your health, safety, or the health and safety of others, when permitted by law.
- I may disclose PHI to business associates who perform services on my behalf and are required to protect your information.

Uses and disclosures that may be made with your authorization or opportunity to object

- Unless you object, I may disclose PHI in certain situations.
- I may share relevant PHI with a family member, friend, or other person involved in your care or payment for your care.
- If you are unable to tell me your preference, I may share information if I believe it is in your best interest and the disclosure is allowed by law.

Uses and disclosures based upon your written authorization

- I will obtain your written authorization before using or disclosing your PHI for certain purposes.
- I will obtain your written authorization for most uses and disclosures of psychotherapy notes, if applicable.

- I will obtain your written authorization for marketing purposes, except as allowed by law.
- I will obtain your written authorization for the sale of your PHI.
- I will obtain your written authorization for other uses and disclosures not described in this Notice, unless otherwise permitted or required by law.
- You may revoke an authorization in writing at any time. If you revoke an authorization, I will stop using or disclosing your PHI for that purpose, except to the extent I already relied on your authorization.

Substance use disorder records, if applicable

- If I receive or maintain substance use disorder records that are protected under 42 CFR Part 2, those records may have additional confidentiality protections under federal law.
- When Part 2 applies, substance use disorder records generally may not be used or disclosed in a civil, criminal, administrative, or legislative proceeding against you unless you provide written consent or there is a court order that meets Part 2 requirements.
- Part 2 records may be disclosed without your written consent only in limited circumstances, such as medical emergencies, reporting suspected child abuse or neglect, certain crimes on program premises or against program personnel, audits, evaluations, or other legally permitted oversight activities.
- If you provide written consent for use or disclosure of Part 2-protected records, you may revoke that consent in writing unless I have already acted in reliance on it.
- If Part 2-protected records are disclosed for treatment, payment, or health care operations under a valid consent, they may be further used or disclosed as permitted by HIPAA, unless a stricter law applies.

My responsibilities

- I am required by law to protect your PHI.
- I am required to maintain the privacy and security of your PHI.
- I am required to provide you with this Notice.
- I am required to follow the terms of the Notice currently in effect.
- I am required to notify you if there is a breach of your unsecured PHI.
- I am required to follow any federal or state law that provides stronger privacy protections than HIPAA.
- I may change the terms of this Notice. Any changes will apply to PHI I already have and to PHI I receive in the future.
- You may request a current copy of this Notice at any time.

Effective date: June 28, 2026.