



EFFECTIVE DATE OF THIS NOTICE: May 18, 2025

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## NOTICE OF PRIVACY PRACTICES

Patterson Behavioral Health, LLC, herein referred to as “practice,” is committed to safeguarding protected health information (PHI). A record of treatment and correspondence is created to provide clients with quality care and to comply with legal requirements. This notice applies to all records and correspondence of client care. This notice will inform the client about the ways in which the practice may use and disclose health information; it also describes clients’ rights to their health information and obligations the practice has regarding the use and disclosure of health information.

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The practice is required by law to:

- make sure that protected health information (PHI) that identifies the client is kept private.
- provide this notice of the practice’s legal duties and privacy protocols with respect to health information.
- follow the terms of the notice that is currently in effect.

The practice can change the terms of this notice, and such changes will apply to all client information. In such cases, the new notice will be available upon request and on the practice website.

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### I. HOW THE PRACTICE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following categories describe different ways that the practice uses and discloses health information. Not every use or disclosure will be listed.

**For Treatment, Payment, or Health Care Operations:** Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship



with the client to use or disclose the client's personal health information without the client's written authorization to carry out the client's treatment, payment, or health care operations.

**Lawsuits and Disputes:** If the client is involved in a lawsuit, the practice may be legally required to disclose health information in response to a court order, subpoena, discovery request, or other lawful process. The practice will make efforts to inform the client and/or legal representative/guardian of any such requests and/or seek to obtain an order protecting the information requested.

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## II. CERTAIN USES AND DISCLOSURES REQUIRE AUTHORIZATION:

**Psychotherapy Notes.** The practice may keep "psychotherapy notes" as defined in 45 CFR § 164.501, and any use or disclosure of such notes requires authorization from the client or legal representative/guardian unless the use or disclosure is:

- a. For the practice's use in treating the client.
- b. For the practice's use in training or supervising mental health practitioners to help them improve their clinical skills. In such cases and where feasible, client information will be de-identified - in accordance with guidance from the U.S. Department of Health and Human Services ("[Health Information Privacy](#)").
- c. For the practice's use in legal proceedings instituted by the client and/or legal guardian/representative.
- d. For use by the Secretary of Health and Human Services to investigate the practice's compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities.
- h. Required or permitted to help avert a serious threat to the health and safety of others.



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III. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE AUTHORIZATION. Subject to certain limitations in the law, the practice can use and disclose PHI without authorization for the following reasons:

1. When disclosure is required or permitted by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order.
5. For research purposes, such as studying and comparing the mental health of clients who received one form of therapy versus those who received another form of therapy. In such cases, client information will be de-identified - in accordance with guidance from the U.S. Department of Health and Human Services (["Health Information Privacy"](#)).

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IV. CLIENTS HAVE THE FOLLOWING RIGHTS WITH RESPECT TO PHI:

1. **The right to request limits on uses and disclosures of PHI.** Clients have the right to ask the practice not to use or disclose certain PHI for treatment, payment, or health care operations purposes.
2. **The right to request disclosure restrictions for out-of-pocket expenses paid for in full.** Clients have the right to request restrictions on disclosures of PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that the client and/or their legal representative/guardian have paid for out-of-pocket in full.
3. **The right to choose how the practice sends PHI.** The client and/or legal guardian/representative have the right to ask the practice to contact them in a specific way (for example, home or office phone) or to send mail to a different address.



4. **The right to see and get copies of PHI.** Other than “psychotherapy notes,” clients and/or their legal guardian/representative have the right to get an electronic or paper copy of their medical record. The practice will provide a copy of the record or a summary of it (in accordance with Florida Rule 64B19-19.005), within 30 days of receiving the written request, and the practice may charge a reasonable fee for doing so.
5. **The right to correct or update PHI.** If the client and/or their legal guardian/representative believe there is a mistake in PHI or that important information is missing from client PHI, the client and/or their legal guardian/representative have the right to request that the practice corrects the existing information or add the missing information. Said requests may not be granted, but the practice will provide decision rationale within 30 days of receiving the request.
6. **The right to get a paper or electronic copy of this notice.** The client has the right to get a paper or e-mail copy of this notice.

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**Acknowledgement of Receipt of Privacy Notice:**

By signing below, the client or legal guardian/representative acknowledges that they have read, understood, and agree to the items in this notice. They also certify that they have received a copy of this notice (electronically or otherwise), such as by saving this notice, obtaining or requesting it through the client portal, or obtaining a copy by visiting the practice website.