Lively Wellness, LLC
Live Lively.
Jacqueline Ivey, LMHC

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This Notice describes how health information about you may be used and disclosed, how you may access this information, and how to file a complaint if you believe your privacy rights have been violated. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record.
- Ask us to correct your medical record.
- Request confidential communications.
- Ask us to limit the information we use or share.
- Get a list of certain disclosures of your information.
- Get a copy of this Notice.
- Choose someone to act for you when legally authorized.
- File a complaint if you believe your privacy rights have been violated.

Get a Copy of Your Medical Record

You may ask to inspect or receive an electronic or paper copy of your medical record and other health information that we maintain about you. Psychotherapy notes, as defined by HIPAA, are generally excluded from this right of access.

We will provide a copy or summary of your health information, usually within 30 days of your request. A reasonable, cost-based fee may apply.

Ask Us to Correct Your Medical Record

You may ask us to correct health information that you believe is incorrect or incomplete. We may deny your request in certain circumstances; if we do, we will provide a written explanation within 60 days.

Request Confidential Communications

You may ask us to contact you in a specific way, such as by phone, email, or mail, or to send information to a different address. We will accommodate all reasonable requests.

Ask Us to Limit What We Use or Share

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations. We are not required to agree to your request if doing so could affect your care.

If you pay for a service in full out of pocket, you may ask us not to disclose information about that service to your health plan for payment or health care operations. We will honor that request unless disclosure is otherwise required by law.

Get a List of Certain Disclosures

You may request an accounting of certain disclosures of your health information made during the six years before your request. This accounting does not include disclosures for treatment, payment, health care operations, or certain other disclosures permitted by law.

We will provide one accounting per 12-month period at no charge. A reasonable, cost-based fee may apply to additional requests.

Get a Copy of This Notice

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

Choose Someone to Act for You

If an individual has legal authority to act on your behalf, such as a legal guardian or person with valid medical power of attorney, that person may exercise your privacy rights. We will verify the person's authority before taking action.

File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with:

Jacqueline Ivey, LMHC
Lively Wellness, LLC
Phone: 904-469-6210
Email: livelywellnessllc@gmail.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting https://www.hhs.gov/hipaa/filing-a-complaint, calling 1-877-696-6775, or writing to:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201

You will not be retaliated against for filing a complaint.

Your Choices

For certain health information, you may tell us your preferences about what we share. If you have a clear preference, please let us know, and we will follow your instructions when legally permitted.

You may choose whether we share information with family members, close friends, or others involved in your care or payment for your care. If you are unable to communicate your preferences, such as during an emergency, we may use professional judgment to share information when we believe it is in your best interest or necessary to lessen a serious and imminent threat to health or safety.

We will not use or disclose your information for marketing purposes, sell your information, or disclose psychotherapy notes without your written authorization, except where such use or disclosure is otherwise permitted or required by law.

How We May Use and Disclose Your Information

We may use or disclose your health information without your written authorization for the following purposes, as permitted or required by law.

Treatment

We may use or share your health information to provide, coordinate, or manage your care. For example, with your permission or as otherwise permitted by law, we may coordinate with another health care provider involved in your treatment.

Health Care Operations

We may use or disclose your health information to operate and improve our practice, supervise care, consult with other professionals, maintain records, and ensure the quality of services. When consultation is needed, we make reasonable efforts to protect your privacy and disclose only the minimum information necessary.

Payment

We may use or disclose limited health information as needed to process payment for services, respond to payment-related questions, and prepare a superbill at your request. We do not bill insurance directly. Any insurance reimbursement is determined by your insurance plan.

Appointment Reminders and Services

We may contact you to remind you about appointments or to provide information about treatment alternatives or health-related services that may be relevant to your care.

Public Health and Safety

We may disclose health information when required or permitted by law to:

- Report suspected child abuse, abandonment, or neglect;
- Report suspected abuse, neglect, or exploitation of a vulnerable adult;
- Help prevent or reduce a serious and imminent threat to your health or safety or the health or safety of another person;
- Comply with public-health reporting requirements; or
- Report a crime occurring on our premises.

Health Oversight and Legal Requirements

We may disclose information to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, licensure, or disciplinary proceedings.

We may disclose information when required by federal or Florida law, including in response to a valid court or administrative order. If records are requested through legal proceedings, we will take reasonable steps to protect your confidentiality and may seek legal consultation as appropriate.

Other Permitted Disclosures

We may disclose health information, when permitted or required by law:

- To a coroner, medical examiner, or funeral director;
- For workers' compensation purposes;
- To law-enforcement officials under legally permitted circumstances;
- For certain government functions, including military, national-security, and protective-service activities; and
- For research, when all legal requirements have been met.

Additional Protections for Mental Health and Substance Use Disorder Records

Mental health records are confidential and protected by federal and Florida law. We will use or disclose your mental health information only as permitted or required by law, as described in this Notice, or with your written authorization.

To the extent we maintain substance use disorder patient records subject to 42 CFR Part 2, we will not use or disclose that information in civil, criminal, administrative, or legislative investigations or proceedings against you without: (1) your written consent, or (2) a court order and subpoena.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your protected health information;
- Provide you with this Notice of our legal duties and privacy practices;

- Follow the terms of this Notice currently in effect; and
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your unsecured protected health information.

We will not use or disclose your information in ways other than those described in this Notice unless you give us written permission. You may revoke that permission in writing at any time; however, revocation will not affect actions already taken in reliance on your authorization.

Changes to This Notice

We may change the terms of this Notice. Any changes will apply to all health information we maintain. A revised Notice will be available upon request, in our office, and on our website, if applicable.

Acknowledgment of Receipt of Notice of Privacy Practices

By electronically signing below, I acknowledge that I received the Lively Wellness, LLC Notice of Privacy Practices.

I understand that this acknowledgment confirms my receipt of the Notice only. It does not constitute consent to uses or disclosures of my protected health information beyond those permitted or required by law.