



"Achieving & Maintaining the healthiest you!"

NOTICE OF PRIVACY PRACTICES

Stay Healthy! LLC

Effective Date: 3/03/2026

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.

Stay Healthy! LLC is required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with this Notice of our legal duties and privacy practices.

"Protected Health Information" (PHI) means information about you that may identify you and relates to your past, present, or future physical or mental health condition and related healthcare services.

We are required to follow the terms of this Notice currently in effect.

We are required by law to:

- Maintain the privacy of your Protected Health Information
- Provide you with notice of our legal duties and privacy practices
- Abide by the terms of this Notice currently in effect
- Notify you following a breach of unsecured Protected Health Information

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We may use and disclose your PHI without your written authorization for the following purposes:

1. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your healthcare and related services.

Example:

- Sharing information with another provider involved in your care
- Coordinating care with a pharmacy or laboratory

2. Payment

We may use and disclose your PHI to obtain payment for services provided to you.



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Example:

- Submitting claims to your insurance company
- Obtaining prior authorization
- Responding to insurance inquiries

Submission of insurance claims may require disclosure of:

- Diagnosis codes
- Procedure codes
- Treatment information

3. Healthcare Operations

We may use your PHI for practice operations, including:

- Quality assessment
- Staff training
- Licensing activities
- Business planning
- Audits and compliance reviews

We may contact you regarding appointments, billing matters, or office updates.

ADDITIONAL PERMITTED DISCLOSURES

We may disclose PHI without your authorization when required by law, including:

- Public health reporting
- Communicable disease reporting
- Abuse or neglect reporting
- Court orders or legal proceedings
- Law enforcement requests
- Workers' compensation claims
- Health oversight activities

We will disclose only the minimum necessary information required.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS



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If you receive treatment related to substance use disorder, your records may be protected under federal law (42 CFR Part 2).

Substance use disorder treatment records will not be disclosed without your specific written authorization except as expressly permitted under federal law (42 CFR Part 2).

TELEHEALTH SERVICES

If you receive services via telehealth, we use secure technology platforms to protect your privacy. However, no electronic transmission is completely secure. By participating in telehealth, you acknowledge these risks.

BUSINESS ASSOCIATES

We may share your PHI with vendors or service providers ("Business Associates") who assist us in operating our practice. These entities are contractually required to safeguard your information in compliance with HIPAA.

YOUR RIGHTS

You have the right to:

Inspect and Copy

Request access to your PHI (excluding psychotherapy notes and certain legally restricted records). Psychotherapy notes are maintained separately and are afforded additional protections under HIPAA.

Request Amendment

Request correction of your medical record if you believe it is inaccurate.

Request Restrictions

Request limits on how we use or disclose your PHI. We are not required to agree to all requests.

Request Confidential Communications

Request communication by alternative means (e.g., different phone number or address).

Receive an Accounting of Disclosures

Request a list of certain disclosures made of your PHI.

Receive a Paper Copy

Obtain a paper copy of this Notice upon request.



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COMPLAINTS

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

Stay Healthy! LLC
325 John Knox Rd D101, Tallahassee, FL 32303
850-329-2932
Compliance@stayhealthymed.com

Or with:

U.S. Department of Health & Human Services
Office for Civil Rights
<https://www.hhs.gov/ocr>

We will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to revise this Notice. Any revised Notice will apply to all PHI we maintain and will be posted in our office and on our website.