

Meloria Behavioral Health
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NOTICE OF PRIVACY PRACTICES

This notice describes how health information may be used or disclosed and how to get access to this information. Please review it carefully. Additional state or local rights may apply. Legal counsel from a licensed attorney is recommended for questions regarding rights to health care information.

Effective Date

This notice went into effect on May 14, 2026.

Acknowledgement of Receipt of Privacy Policy

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), individuals have certain rights regarding the use and disclosure of protected health information (hereafter, "PHI").

Pledge Regarding Health Information

This practice and all associates are committed to protecting health information. A record of contact and services will be maintained by applicable providers to offer quality care and to comply with certain legal requirements.

This notice applies to all records of care generated by this behavioral health care practice. This notice describes the ways in which health information may be used or disclosed. It also describes your rights regarding the health information maintained and certain obligations regarding the use and disclosure of health information.

This practice and all associates are required by law to:

- Make sure that PHI is kept private.
- Provide this notice of legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

USE AND DISCLOSURE OF HEALTH INFORMATION



The following categories outline ways in which the practice may use or disclose health information.

For Treatment, Payment, or Health Care Operations

Federal privacy regulations allow health care providers with a direct treatment relationship to use or disclose a patient's PHI without written authorization to carry out treatment, payment, or health care operations.

For example:

- Coordinating care with another health care provider
- Consulting with another licensed clinician regarding your treatment
- Submitting claims to insurance companies
- Sending appointment reminders, billing invoices, or related documentation

Disclosures for treatment purposes are not limited to the minimum necessary standard because providers may need access to the full record to provide quality care.

Lawsuits and Disputes

In the event of a lawsuit or legal proceeding, health information may be disclosed in response to a court or administrative order.

Health information may be disclosed in response to a subpoena, discovery request, or lawful process if appropriate legal safeguards have been met.

USES AND DISCLOSURE OF HEALTH INFORMATION REQUIRING AUTHORIZATION

Psychotherapy Notes

Psychotherapy notes as defined in 45 CFR § 164.501.

Any use or disclosure of psychotherapy notes requires written authorization except when:

- Used for supervision of mental health practitioners
- Used in defense in legal proceedings brought by the client
- Required for HHS investigations of HIPAA compliance
- Required by law
- Necessary to prevent a serious threat to health or safety

Marketing Purposes

This practice will not use or disclose PHI for marketing purposes without prior written consent.

A HIPPA authorization form must be completed by the client prior to a testimonial or review being posted publicly by this practice. Consent for public posting may be revoked in writing at anytime. If consent is revoked, this practice will make all reasonable efforts to remove the information from the website or other locations where such disclosure may have been posted.

Sale of PHI

PHI will not be sold by this practice.

USE AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

Subject to legal limitations, PHI may be used or disclosed without authorization for the following purposes:

- When disclosure is required by federal or state law
- Public health activities, including reporting suspected abuse, neglect, or threats to safety
- Health oversight activities such as audits or investigations
- Judicial and administrative proceedings
- Law enforcement purposes as authorized by law
- Coroners or medical examiners performing authorized duties
- Workers' compensation purposes

USES AND DISCLOSURES WITH THE OPPORTUNITY TO OBJECT

Disclosures to Family, Friends, or Others

Individuals reserve the right to determine whether PHI may be shared with a family member, friend, or another person involved in their care or payment for care.

In emergency situations, consent may be obtained retroactively if necessary to reduce a serious and immediate threat to health or safety.

RIGHTS REGARDING PHI



Right to Request Limits on Uses and Disclosures

Individuals reserve the right to request limits on certain uses and disclosures of your PHI. Not all requests are required to be obliged.

Right to Request Restrictions for Out-of-Pocket Payments

Information regarding services paid entirely out-of-pocket may not be disclosed to an individuals health plan for payment or health care operations purposes upon request.

Right to Choose Means of Contact

Individuals may request that this practice communicate with them in a specific way or at a specific location.

Right to Access and Obtain Copies of Your Records

The right to inspect or obtain a paper or electronic copy of records is afforded in most circumstances. A response will be received within 30 days of the written request and may charge a reasonable cost-based fee.

Right to Receive an Accounting of Disclosures

A list of disclosures made regarding payment and health care operations may be requested. A response will be received within 60 days of request.

Right to Request Corrections

Corrections or updates to PHI may be requested if information is believed to be inaccurate or incomplete.

Right to Receive a Copy of This Notice

Individuals may request a paper or electronic copy of this Notice at any time.

Right for Another Person to Act

A person granted medical power of attorney or a legal guardian may exercise rights regarding your a persons health information, given the appropriate documentation is provided.



Right to Revoke Authorization

Individuals have the right to revoke an authorization previously provided any time in writing.

Right to Opt Out of Fundraising Communications

Individuals may opt out of receiving fundraising or promotional communications from this practice.

Right to File a Complaint

A complaint may be filed if an individual believes their privacy rights have been violated.

Complaints may be submitted to:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: (877) 696-6775
Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints>

Federal laws prohibit retaliation against an individual who files a complaint.

CHANGES TO THIS NOTICE

Terms of this Notice are subject to change, and the revised Notice will apply to all information maintained by the practice. The revised notice will be made available upon request and posted on the practice webpage.