

NOTICE OF PRIVACY PRACTICES

Journey Into Wellness Counseling Services, LLC

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Effective Date: September 28, 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.

This Notice applies to protected health information (PHI) maintained by Journey Into Wellness Counseling Services, LLC. It explains your rights, our legal duties, and how we may use or disclose your health information under HIPAA, applicable Florida law, and other applicable federal law.

YOUR RIGHTS

You have the right to:

- Get an electronic or paper copy of your medical record and other health information we maintain about you.
- Ask us to correct health information you believe is incorrect or incomplete.
- Request confidential communications, such as contacting you at a particular phone number or address.
- Ask us to limit certain uses or disclosures. If you pay in full out of pocket for a service, you may ask us not to disclose information about that service to your health plan for payment or health care operations, unless disclosure is required by law.
- Request an accounting of certain disclosures of your health information.
- Obtain a paper copy of this Notice at any time.
- Choose a legally authorized personal representative to exercise your rights.
- File a complaint if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Florida Psychotherapy Records

Florida law provides additional confidentiality protections for communications between a Chapter 491 psychotherapist and a client. We follow applicable Florida confidentiality and privilege requirements when they provide greater protection than HIPAA. Florida law may also permit a psychotherapist to provide a report of examination and treatment in lieu of copies of psychotherapeutic records in certain circumstances.

YOUR CHOICES

When permitted by law, you may tell us your preferences about sharing information with family members, close friends, or others involved in your care or payment for your care. If you cannot tell us your preference, we may share information when permitted by law and when necessary to protect your interests or prevent a serious and imminent threat.

We will obtain your written authorization for uses and disclosures that require it, including most uses and disclosures of separately maintained psychotherapy notes, most marketing uses, and any sale of PHI. You may revoke an authorization in writing, except to the extent we have already acted in reliance on it.

We do not sell your personal health information. We do not use PHI for fundraising communications.

HOW WE TYPICALLY USE OR SHARE YOUR INFORMATION

Treatment. We may use and disclose PHI to provide, coordinate, or manage your treatment and related services, as permitted by applicable law. Consultation or coordination involving information that requires your authorization under Florida law will be handled accordingly. For training or teaching purposes, identifiable PHI will be disclosed only with appropriate authorization.

Payment. With the permissions required by applicable law, we may use and disclose PHI to bill and obtain payment from health plans or other payors, determine eligibility or coverage, process claims, establish medical necessity, or conduct utilization review. If collection activity becomes necessary, we disclose only information permitted by law and reasonably necessary for that purpose.

Health Care Operations. We may use and disclose PHI as permitted by law to operate the practice, including quality assessment, licensing, compliance, and business activities. Business associates that handle PHI for us must agree to safeguard it as required by HIPAA.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

We may use or disclose PHI when applicable law permits or requires it, subject to any more protective Florida confidentiality rule. Examples include public health and safety activities; reporting abuse, neglect, or exploitation as required by law; health oversight; certain judicial or administrative proceedings; certain law-enforcement or government functions; research that satisfies applicable legal requirements; workers' compensation; and disclosures to coroners, medical examiners, or funeral directors when legally permitted.

Serious threats. Florida law provides specific rules when a client communicates a specific threat of serious bodily injury or death to an identified or readily available person and the clinician determines that the client has the apparent intent and ability to imminently or immediately carry out the threat. We will make disclosures required or permitted by Florida law in those circumstances.

Required by law and HHS oversight. We will disclose information when federal or state law requires us to do so, including to the U.S. Department of Health and Human Services when necessary to determine our compliance with federal privacy law.

SUBSTANCE USE DISORDER (SUD) RECORDS / 42 CFR PART 2

Journey Into Wellness Counseling Services does not operate as a specialized substance use disorder treatment program. However, to the extent we create, maintain, receive, or redisclose SUD patient records that are protected by 42 CFR Part 2, those records receive the additional protections required by federal law.

Part 2 records may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a court order and subpoena that satisfy Part 2. When Part 2 requires consent for a use or disclosure, we will obtain the required consent. If Part 2 information were ever used for fundraising, you would receive clear advance notice and a choice whether to receive those communications; this practice does not use PHI for fundraising.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI.
- We will notify you as required by law if a breach of unsecured PHI compromises the privacy or security of your information.
- We must follow the duties and privacy practices described in the Notice currently in effect and provide you a copy upon request.
- We will not use or share your information other than as described in this Notice unless you authorize us in writing or the law permits or requires the use or disclosure.
- We may change the terms of this Notice. Changes may apply to all PHI we maintain. A revised Notice will be available upon request, at the office, and on our website.

COMPLAINTS AND PRIVACY CONTACT

Questions, requests to exercise your privacy rights, or complaints may be directed to:

Julie Wells, LCSW, CP, TEP — Privacy Contact

PO Box 464, Crystal Beach, FL 34681

727-688-5800 | journeywellness@aol.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Information about filing a HIPAA complaint is available at [HHS.gov/hipaa/filing-a-complaint](https://www.hhs.gov/hipaa/filing-a-complaint). We will not retaliate against you for filing a complaint.

CONTINUITY OF CARE / RECORDS

If Julie Wells, as primary therapist, is unable to perform her duties because of injury, disability, or death, the practice's established professional-continuity arrangements will be used to address client notification and records in accordance with applicable law and professional obligations.