SRG INTEGRATIVE

COUNSELING LLC

NOTICE OF PRIVACY PRACTICES

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.

Effective date: August 26, 2026

Our Commitment and Legal Duties

SRG Integrative Counseling LLC ("SRG," "we," or "the Practice") understands that information about your health and health care is personal. We create and maintain records of the care and services you receive. This Notice applies to protected health information (PHI) created, received, maintained, or transmitted by SRG in connection with your care.

We are required by law to maintain the privacy and security of your PHI, provide you with this Notice of our legal duties and privacy practices, follow the Notice currently in effect, and notify affected individuals following a breach of unsecured PHI. When Florida law or another applicable law provides greater privacy protection than HIPAA, we will follow the more protective law.

How We May Use and Disclose Your PHI

The following sections explain common ways we may use or disclose PHI. We use or disclose only the information reasonably necessary for the purpose, except where the law permits or requires broader access, such as certain treatment disclosures.

Treatment, Payment, and Health Care Operations

Treatment. We may use and disclose PHI to provide, coordinate, or manage your care. For example, with appropriate safeguards, we may consult with another licensed provider involved in your care or send information to a provider to whom you are referred. Florida confidentiality and privilege rules may limit disclosures beyond what HIPAA alone permits.

Payment. We may use and disclose PHI to bill and collect payment for services, determine eligibility or coverage, obtain authorization, or support utilization review. For example, we may submit a diagnosis, service date, and billing code to your health plan or EAP administrator.

Health care operations. We may use and disclose PHI for activities needed to operate the Practice, such as quality assessment, compliance, audits, credentialing, supervision, business planning, and secure administrative services. Business associates that handle PHI for us must protect it as required by law and contract.

Other Uses and Disclosures Permitted or Required Without Authorization

Required by law. We may disclose PHI when federal or Florida law requires it, limited to what the law requires.

Abuse, neglect, or exploitation. We must make reports required by Florida law concerning suspected child abuse, abandonment, or neglect and suspected abuse, neglect, or exploitation of a vulnerable adult.

Serious and imminent threats. Consistent with HIPAA and Florida law, we may disclose information needed to prevent or lessen a serious and imminent threat. Florida law requires disclosure to law enforcement when a client communicates a specific threat of serious bodily injury or death to an identified or readily available person and, in our clinical judgment, has the apparent intent and ability to imminently or immediately carry it out. The law also permits communication to the potential victim in those circumstances.

Health oversight. We may disclose PHI to authorized agencies for lawful audits, investigations, inspections, licensure, or disciplinary activities.

Judicial and administrative proceedings. We may disclose PHI in response to a valid court or administrative order or other lawful process, but only after applicable federal and Florida confidentiality, privilege, notice, authorization, and protective-order requirements are satisfied. A subpoena alone does not automatically eliminate all protections for mental-health records.

Law enforcement. We may disclose PHI for limited law-enforcement purposes permitted by law, including a crime on Practice premises, identification or location in specified circumstances, or compliance with qualifying legal process.

Coroners, medical examiners, and funeral directors. We may disclose PHI as authorized by law for identification, cause-of-death, or related duties.

Workers' compensation. We may disclose PHI as authorized or required for workers' compensation or similar programs.

Public health and safety. We may disclose PHI for authorized public-health activities, including preventing or controlling disease and reporting adverse events when applicable.

Research. We may use or disclose PHI for research only when a valid authorization is obtained or when an institutional review board, privacy board, or another HIPAA-permitted pathway applies. SRG does not routinely use identifiable client information for research.

Specialized government functions. Where applicable and legally permitted, disclosures may be made for military and veterans activities, national security, protective services, correctional institutions, or lawful government benefit programs.

Business associates. We may disclose PHI to vendors that perform services for SRG, such as electronic record, telehealth, billing, or secure communication services. They must safeguard PHI under written agreements when HIPAA requires.

Appointment reminders and care information. We may contact you about appointments, treatment alternatives, or health-related services that may be of interest. Messages may reveal limited information depending on your communication preferences.

Disclosures to Family, Friends, and Others Involved in Care

With your agreement, when you do not object, or when professional judgment permits in an emergency or incapacity, we may share PHI directly relevant to a family member, close friend, emergency contact, personal representative, or other person involved in your care or payment. We will honor any lawful restriction and share only what is relevant. Naming someone as an emergency contact does not give that person unrestricted access to your records.

Uses and Disclosures Requiring Written Authorization

Uses or disclosures not described in this Notice will generally be made only with your valid written authorization. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it or as otherwise provided by law.

Psychotherapy Notes

If SRG creates or maintains psychotherapy notes as HIPAA defines that term, most uses and disclosures require your written authorization. Authorization is not required for limited purposes allowed by law, including use by the note originator for treatment; certain supervised training; defense of a legal action or proceeding brought by you; HHS compliance review; uses or disclosures required by law; certain oversight of the note originator; coroners or medical examiners; or prevention of a serious and imminent threat. Psychotherapy notes are different from the clinical record used for treatment, payment, and health care operations.

Marketing, Sale of PHI, and Fundraising

- We will obtain written authorization before using PHI for marketing when HIPAA requires authorization.
- We will not sell PHI without written authorization that states remuneration is involved, except where the law provides an exception.
- SRG does not currently use PHI for fundraising. If that practice changes, any required notice and a clear opportunity to opt out will be provided.

Special Protection for Certain Substance Use Disorder Records

If SRG receives or maintains substance use disorder treatment records protected by 42 CFR Part 2, those records receive additional federal protection. Such records, or testimony describing them, may not be used or disclosed in a civil, criminal, administrative, or legislative proceeding against you unless you provide specific written consent or a court issues an order after notice and an opportunity to be heard as required by Part 2. A qualifying court order must be accompanied by a subpoena or other legal requirement compelling disclosure before the records are used or disclosed. Other Part 2 restrictions may also apply.

Your Rights Regarding Your PHI

1. **Inspect and obtain a copy.** You may ask to inspect or receive an electronic or paper copy of PHI in the designated record set, usually within 30 days. Psychotherapy notes and limited categories of information may be excluded. We may charge a reasonable, cost-based fee allowed by law and will tell you in advance when applicable.
2. **Request an amendment.** If you believe PHI is incorrect or incomplete, you may request an amendment in writing and explain why. We may deny the request for reasons allowed by law, but will provide a written explanation, generally within 60 days.
3. **Receive an accounting of disclosures.** You may request a list of certain disclosures made during the six years before your request. The accounting generally excludes disclosures for treatment, payment, and health care operations and other disclosures excluded by law. One accounting in a 12-month period is free; a reasonable cost-based fee may apply to additional requests after advance notice.
4. **Request restrictions.** You may ask us not to use or disclose certain PHI for treatment, payment, or health care operations or to persons involved in your care. We are generally not required to agree. We must agree to restrict disclosure to a health plan for payment or health care operations when the disclosure is not required by law and the PHI relates solely to an item or service paid in full out of pocket by you or another person on your behalf.
5. **Request confidential communications.** You may ask us to contact you in a particular way or at a particular location. We will accommodate reasonable requests. Please tell us whether voicemail, text, email, portal messages, or mail may be used and what details may be included.
6. **Receive this Notice.** You may request a paper copy at any time, even if you agreed to receive it electronically. An electronic copy is also available on request.
7. **Choose a personal representative.** If a person has legal authority to act for you in health-care matters, that person may exercise your HIPAA rights to the extent of that authority, subject to exceptions permitted by law.

Our Privacy Practices and Changes to This Notice

We reserve the right to change the terms of this Notice and to make a revised Notice effective for all PHI we maintain, including PHI created or received before the revision. When we make a material change, we will promptly revise the Notice and make it available upon request and through our electronic practice platform or website, if applicable. The effective date appears at the top of the Notice.

Questions or Complaints

You will not be retaliated against or denied services for asking a question, exercising a privacy right, or filing a complaint.

Contact SRG	Nakei Powell, LMHC - Privacy Officer SRG Integrative Counseling LLC Phone: 352-585-7051 Email: srgcounseling@outlook.com
Contact HHS Office for Civil Rights	File online: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf Mail: U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201 Phone: 1-877-696-6775

Florida Confidentiality Statement

Communications between a Florida licensed mental health counselor and a client are confidential and may also be privileged under Florida law. Waiver and disclosure are limited by applicable law, including Florida Statutes sections 491.0147, 90.503, and 456.057. Nothing in this Notice expands SRG's authority to disclose information beyond what federal and Florida law permit or require.

ACKNOWLEDGMENT OF RECEIPT

Notice of Privacy Practices

By signing below, I acknowledge that I received or was offered a copy of SRG Integrative Counseling LLC's Notice of Privacy Practices, effective August 26, 2026. I understand that the Notice explains how my health information may be used or disclosed and describes my privacy rights.

IMPORTANT: Signing this acknowledgment confirms receipt only. It does not authorize any use or disclosure beyond what the law permits, waive confidentiality or privilege, or mean that I agree with every practice described in the Notice.

Client name (print):

_____

Client or personal representative signature:

_____

Date:

_____

If signed by a personal representative, print name and describe legal authority:

_____

For Practice Use Only

If acknowledgment is not obtained, document the good-faith effort and reason below:

_____

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Privacy Officer signature/initials: _____ Date: _____