



High Tide Behavioral Health

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Health Information Portability and Accountability Act (HIPAA)

Notice of Privacy Policies

This document contains important information about federal law, the Health Information Portability and Accountability Act (HIPAA), which provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) used for treatment, payment, and health care operations.

HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for the use and disclosure of PHI for treatment, payment, and healthcare operations. The Notice explains HIPAA and its application to your PHI in greater detail.

In addition, certain records related to Substance Use Disorder (SUD) diagnosis, treatment, or referral may be protected under federal regulation 42 C.F.R. Part 2. These records receive additional confidentiality protections beyond standard HIPAA protections.

The law requires that we make a good faith effort to obtain your written acknowledgment that you have received this Notice. Your signature does not constitute agreement to any specific use or disclosure of your PHI.

Use and Disclosure of Protected Health Information:

- **For Treatment** – We use and disclose your health information internally in the course of your treatment. If we wish to provide information outside of our practice for your treatment by another healthcare provider, we will have you sign an authorization for the release of information. Furthermore, authorization is required for most uses and disclosures of psychotherapy notes.

If we receive or maintain Substance Use Disorder (SUD) treatment records protected under 42 C.F.R. Part 2, those records may be used or disclosed for treatment purposes in accordance with federal law. Certain disclosures may require your specific written consent.

- **For Payment** – We may use and disclose your health information to obtain payment for services provided to you.

If you pay for a service or healthcare item out-of-pocket in full, you may request that we not disclose that information to your health insurer for payment or healthcare operations purposes. We will agree to such request unless disclosure is otherwise required by law.

- **For Operations** – We may use and disclose your health information as part of our internal operations. For example, this may include review of records to assure quality of care, staff training, licensing, accreditation, auditing, and business management activities.

We may also use your information to tell you about services, educational activities, and programs that we feel might be of interest to you.

For HIV Disclosure Under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule,

public health authorities are authorized to collect and receive private health information "for the purpose of preventing or controlling disease" and in the "conduct of public health surveillance..." without patient or provider consent or authorization other than state or local public health law. *This clause authorizes providers to report HIV/AIDS cases to the HIV Epidemiology Program without obtaining patient consent and it authorizes health department personnel to review medical records and any other source of information needed to report the case.*

Any other disclosure of HIV-related information must be made on the "*HIPAA- Compliant Authorization for Release of Medical Information and Confidential HIV-Related Information*". Disclosure must comply with applicable federal and state law, which prohibits any further disclosure of HIV-related private health information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

Special Protections for Substance Use Disorder (SUD) Treatment Records:

Certain Substance Use Disorder treatment records may be protected under 42 C.F.R. Part 2 -

If we receive or maintain such records:

- These records are confidential and may not be used or disclosed without your written consent unless otherwise permitted by federal law.
- You have the right to revoke your written consent at any time, except to the extent that action has already been taken in reliance on that consent.
- SUD treatment records disclosed with your consent may be additionally disclosed for treatment, payment, and healthcare operations as permitted by applicable federal law.
- Federal law generally prohibits the use or disclosure of SUD treatment records in criminal investigations or prosecutions against you without a specific court order.
- Unauthorized disclosures of these records may result in civil and criminal penalties.
- Complaints regarding SUD record violations may also be filed with HHS.

Client Rights:

- ***Right to Treatment*** – You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.
- ***Right to Confidentiality*** – You have the right to have your healthcare information protected in accordance with federal and state law.
- ***Right to Request Restrictions*** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to all requested restrictions except where required by law.
- ***Right to Receive Confidential Communications by Alternative Means and at Alternative Locations*** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.
- ***Right to Inspect and Copy*** – You have the right to inspect or obtain a copy (or both) of PHI. Records must be requested in writing. Furthermore, there may be a copying fee (see Practice Fee Schedule for cost). Please make your request well in advance and allow 2 weeks to receive the copies. If we deny access, you have the right to request a review of that denial.
- ***Right to Amend*** – If you believe the information in your records is incorrect and/or missing important information, you can ask us to make certain changes, also known as amending, to your health

information. You have to make this request in writing. You must tell us the reasons you want to make these changes, and we will decide if it is and if we refuse to do so, we will tell you why within 60 days.

- **Right to a Copy of This Notice** – If you received the paperwork electronically, you have a copy in your email. If you completed this paperwork in the office at your first session, a copy will be provided to you per your request or at any time.
- **Right to an Accounting** – You generally have the right to receive an accounting of certain disclosures of PHI made outside of treatment, payment, and healthcare operations. At your request, we will discuss with you the details of the accounting process.
- **Right to Choose Someone to Act for You** – If someone is your legal guardian or personal representative, that person can exercise your rights and make choices about your health information; we will make sure the person has this authority and can act for you before we take any action.
- **Right to Terminate** – You have the right to terminate services with us at any time without any legal or financial obligations other than those already accrued. We ask that you discuss your decision with us in session before terminating, or at least contact must be made by phone, letting us know you are terminating services.
- **Right to Release Information with Written Consent** – With your written consent, any part of your record can be released to any person or agency you designate.
- **Right to File a Complaint** - If you believe your privacy rights have been violated.

You may file a complaint with our Privacy Officer at:

Privacy Officer / Provider: Tara Kidd

Address: 116 Fourth St SE Unit C, Fort Walton Beach, FL 32548

Phone: (850) 779-0881

Email: info@hightidebh.sprucecare.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

Clinician Duties:

- We are required by law to maintain the privacy of PHI and to notify you following a breach of unsecured PHI. We will provide you with a notice of our legal duties and privacy practices concerning PHI. We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect. If we revise our policies and procedures, we will provide you with an updated Notice.

Updated 3/1/2026

Client's Printed Name: _____

Client's Legal Representatives Name: _____

If the client is a minor / has a guardian:

Parent / Guardian Printed Name: _____

The CLIENT MUST sign the consent if they are able to do so. The only exceptions are if the client is a minor, or has a legal document giving permission for someone else to sign on their behalf.

Client / Clients LEGAL Representative / Parent or
Guardian Signature

Date