NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

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.

Sho Love Psychiatry & Health

Effective Date: October 17, 2026

Privacy Official: Privacy Officer, Sho Love Psychiatry & Health | Email: info@sholovepsychiatry.com | Phone: 727-654-7699

ABOUT THIS NOTICE

Sho Love Psychiatry & Health is committed to protecting the privacy and security of your health information.

This Notice of Privacy Practices explains how Sho Love Psychiatry & Health may use and disclose protected health information about you, your rights regarding that information, and our responsibilities for protecting your information under applicable federal and state law.

Protected health information, commonly referred to as PHI, generally includes individually identifiable information relating to your health, health care, treatment, or payment for health care.

This Notice applies to Sho Love Psychiatry & Health and members of its workforce who are permitted to access, use, or disclose protected health information in connection with your care or the operation of the practice.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you exercise them.

Get an electronic or paper copy of your medical record

You may ask to see or receive an electronic or paper copy of your medical record and other health information we maintain about you.

Ask us how to make this request.

We will generally provide a copy or summary of your health information within 30 days of your request, as required by applicable law.

We may charge a reasonable, cost-based fee when permitted by law.

Ask us to correct your medical record

You may ask us to correct health information about you that you believe is incorrect or incomplete.

Ask us how to make this request.

We may deny a request in certain circumstances. If we deny your request, we will provide an explanation in writing within the time required by law.

Request confidential communications

You may ask us to contact you in a particular way, such as by telephone, email, or mail, or to send communications to a different address or location.

We will accommodate reasonable requests.

Ask us to limit what we use or share

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations.

We are not required to agree to every request. If we agree to a restriction, we will follow the restriction except when disclosure is necessary for emergency treatment or is otherwise permitted or required by law.

If you pay for a health care service or item entirely out of pocket, you may ask us not to disclose information about that service or item to your health plan for purposes of payment or health care operations.

We will honor that request unless disclosure is required by law.

Get a list of certain disclosures

You may request an accounting of certain disclosures of your health information made during the six years before the date of your request.

The accounting will identify disclosures that are required to be included under applicable law.

Certain disclosures are not required to be included, including many disclosures made for treatment, payment, or health care operations and certain disclosures you specifically requested or authorized.

We will provide one accounting during any 12-month period without charge. We may charge a reasonable, cost-based fee for an additional accounting requested during the same 12-month period.

Get a copy of this Notice

You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

We will provide a copy promptly.

Choose someone to act for you

If another person has legal authority to act on your behalf, such as through a valid health care power of attorney, guardianship, or other applicable legal authority, that person may exercise your privacy rights and make choices regarding your health information when permitted by law.

We may verify the person's legal authority before taking action.

File a privacy complaint

You may file a complaint if you believe your privacy rights have been violated.

Sho Love Psychiatry & Health will not retaliate against you for filing a complaint, asking a privacy question, or exercising a privacy right.

YOUR CHOICES

For certain health information, you may tell us your preferences about what information we share.

You may tell us whether we may share relevant information with:

- Family members
- Close friends
- Caregivers
- Other individuals involved in your care
- Individuals involved in payment for your care

You may also tell us your preferences regarding sharing information during a disaster-relief situation.

If you are unable to communicate your preference, such as during an emergency or when you are unconscious, we may use professional judgment to disclose limited information when permitted by law and when we believe the disclosure is in your best interest.

We may also use or disclose information when permitted by law to prevent or lessen a serious and imminent threat to the health or safety of you or another person.

USES AND DISCLOSURES THAT GENERALLY REQUIRE WRITTEN AUTHORIZATION

Except when otherwise permitted or required by law, we will obtain your written authorization before using or disclosing your protected health information for purposes not described in this Notice.

Written authorization is generally required for:

- Most uses or disclosures of psychotherapy notes, when applicable
- Uses or disclosures of protected health information for marketing when authorization is required by law
- The sale of protected health information

Sho Love Psychiatry & Health does not sell protected health information.

If you provide written authorization, you may generally revoke that authorization in writing at any time.

Your revocation will apply to future uses and disclosures and will not affect actions already taken in reliance on a valid authorization.

HOW WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION

We typically use or share your health information in the following ways.

Treatment

We may use your health information and share it with other health care professionals who are involved in your treatment or care when permitted by law.

Example: We may share relevant health information with another health care professional who is treating you or helping coordinate your care.

Health Care Operations

We may use and disclose your health information to operate our practice, improve the quality of care, manage services, conduct compliance activities, perform administrative functions, contact you when necessary, and carry out other lawful health care operations.

Example: We may review health information as part of quality improvement, care coordination, compliance, or practice-management activities.

Payment

We may use and disclose your health information to bill for services and obtain payment from you, your health plan, or another responsible payer.

Example: When you use insurance, we may provide information regarding services you received to your health plan so that it can process or pay a claim.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

We may use or disclose health information without your written authorization when permitted or required by applicable law and when applicable legal requirements have been satisfied.

These circumstances may include:

Public Health and Safety

We may use or disclose health information for certain public-health or safety purposes, such as:

- Preventing or controlling disease
- Reporting certain communicable diseases when required or permitted by law
- Helping with product recalls
- Reporting adverse reactions to medications or products
- Reporting suspected abuse, neglect, or domestic violence when permitted or required by law
- Preventing or reducing a serious threat to health or safety

Research

We may use or disclose health information for certain research activities when the requirements of applicable law have been satisfied.

Complying With the Law

We may disclose health information when federal or state law requires us to do so.

This may include disclosures to the U.S. Department of Health and Human Services when necessary to demonstrate compliance with federal privacy requirements.

Organ and Tissue Donation

When applicable, we may disclose health information to organ-procurement organizations or other entities involved in organ, eye, or tissue donation and transplantation.

Coroners, Medical Examiners, and Funeral Directors

When permitted by law, we may disclose health information to a coroner, medical examiner, or funeral director following an individual's death.

Workers' Compensation, Law Enforcement, Health Oversight, and Government Requests

When permitted or required by law, we may use or disclose health information:

- For workers' compensation matters
- For certain law-enforcement purposes
- To health-oversight agencies for activities authorized by law
- For certain military or national-security activities
- For other governmental functions permitted by applicable law

Lawsuits and Legal Proceedings

We may use or disclose health information in response to a valid court or administrative order, subpoena, discovery request, or other lawful process when the requirements of applicable law have been satisfied.

MENTAL HEALTH AND OTHER SPECIALLY PROTECTED INFORMATION

Because Sho Love Psychiatry & Health provides psychiatric services, some information we maintain may be subject to federal or state laws that provide greater confidentiality protections than the general HIPAA Privacy Rule.

Florida law may provide additional confidentiality protections for certain mental-health clinical records and other specially protected health information.

When a federal or Florida law provides greater privacy protection than HIPAA, Sho Love Psychiatry & Health will follow the more protective law.

When applicable, we will not disclose specially protected mental-health information except with appropriate authorization or as otherwise permitted or required by applicable federal or Florida law.

SUBSTANCE USE DISORDER RECORDS SUBJECT TO 42 CFR PART 2

Sho Love Psychiatry & Health is not representing itself as a 42 CFR Part 2 substance use disorder program.

However, federal law requires HIPAA-covered providers to address any substance use disorder patient records they may possess that are separately protected by 42 CFR Part 2.

To the extent that Sho Love Psychiatry & Health has substance use disorder patient records that are subject to 42 CFR Part 2, we will not use or disclose information from those records in a civil, criminal, administrative, or legislative investigation or proceeding against you unless:

- You provide written consent as permitted by applicable law; or
- The disclosure is authorized by a court order and subpoena that satisfy applicable Part 2 requirements.

These additional protections apply only to records that are legally subject to 42 CFR Part 2.

MARKETING

Sho Love Psychiatry & Health will obtain written authorization before using or disclosing protected health information for marketing when authorization is required by law.

Certain communications regarding our own health-related services or treatment options may be permitted by HIPAA without a separate marketing authorization.

SALE OF PROTECTED HEALTH INFORMATION

Sho Love Psychiatry & Health does not sell protected health information.

We will obtain written authorization before any sale of protected health information if such an activity were ever contemplated and authorization were required by law.

FUNDRAISING

Sho Love Psychiatry & Health does not currently use protected health information for fundraising activities.

If our practices change, we will comply with applicable notice and opt-out requirements.

If we possess substance use disorder patient records that are subject to 42 CFR Part 2, we will provide any advance notice and choice required by law before using Part 2-protected information for fundraising communications.

ELECTRONIC COMMUNICATIONS

Sho Love Psychiatry & Health may communicate with patients through electronic systems, patient portals, email, telephone, text messaging, telehealth platforms, or other communication methods when permitted by law and consistent with our privacy and security practices.

Electronic communications may involve privacy risks.

We use reasonable safeguards appropriate to the nature of the information and comply with applicable privacy and security requirements when communicating protected health information electronically.

Patients may contact the practice to discuss available communication preferences or request reasonable confidential communication methods.

OUR RESPONSIBILITIES

Sho Love Psychiatry & Health is required by law to:

- Maintain the privacy and security of protected health information
- Provide you with notice of our legal duties and privacy practices
- Follow the duties and privacy practices described in the Notice currently in effect
- Provide you with a copy of this Notice
- Notify affected individuals when required by law following a breach of unsecured protected health information
- Obtain written authorization when authorization is required by law
- Apply additional protections to specially protected information when required by federal or state law

We will not use or disclose your health information other than as described in this Notice unless you authorize us in writing or the use or disclosure is otherwise permitted or required by law.

If you authorize a use or disclosure, you may generally revoke that authorization in writing at any time.

CHANGES TO THIS NOTICE

Sho Love Psychiatry & Health may change the terms of this Notice and our privacy practices as permitted by law.

Changes may apply to health information we already maintain as well as information we receive in the future.

If we make a material change to our privacy practices, we will revise this Notice as required by law.

The current Notice of Privacy Practices will be:

- Available on the Sho Love Psychiatry & Health website
- Available upon request from the practice
- Made available at any physical service-delivery location maintained by the practice, when applicable

QUESTIONS, PRIVACY REQUESTS, OR COMPLAINTS

If you have questions about this Notice, wish to exercise a privacy right, request a copy of this Notice, or believe your privacy rights have been violated, contact:

Practice: Sho Love Psychiatry & Health

Privacy Official: Privacy Officer, Sho Love Psychiatry & Health

Email: info@sholovepsychiatry.com

Phone: 727-654-7699

Sho Love Psychiatry & Health will not retaliate against you for filing a privacy complaint or exercising a privacy right.

You may also file a complaint with:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775

U.S. Department of Health and Human Services - Office for Civil Rights: File a Complaint

NEED A COPY?

You may request a paper or electronic copy of this Notice of Privacy Practices at any time.

Contact Sho Love Psychiatry & Health using the information above to request a copy.

EFFECTIVE DATE: OCTOBER 17, 2026

This Notice is effective beginning on the date above.