

Notice of Privacy Practices

Anchor Psychiatry and Wellness PLLC

Chipley, Florida

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NOTICE OF PRIVACY PRACTICES

Effective Date: 08/10/2026

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. OUR COMMITMENT TO YOUR PRIVACY

At Anchor Psychiatry and Wellness PLLC, we understand that information about your health and healthcare is personal and private. We are committed to protecting the privacy and security of your protected health information (“PHI”).

We create and maintain records of the care and services you receive from us. These records allow us to provide quality care and comply with applicable legal and regulatory requirements.

This Notice of Privacy Practices (“Notice”) describes how we may use and disclose your PHI, the rights you have regarding your PHI, and our legal responsibilities concerning the privacy and security of your information.

We are required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice describing our legal duties and privacy practices concerning your PHI.
- Follow the terms of the Notice currently in effect.
- Notify you as required by law if a breach occurs that compromises the privacy or security of your PHI.

- Provide additional protections and notices when your records are subject to the federal confidentiality requirements for substance use disorder (“SUD”) records under 42 C.F.R. Part 2.

We reserve the right to change the terms of this Notice. Any revised Notice will apply to all PHI we maintain about you. The most current version will be available upon request, at our office, and on our website.

II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use or disclose your PHI without your written authorization as permitted or required by law. The following describes the primary circumstances in which we may use or disclose your PHI.

Treatment

We may use or disclose your PHI to provide, coordinate, or manage your healthcare and related services. This may include consulting with other healthcare professionals involved in your care or referring you to another healthcare provider.

For example, we may disclose relevant information to another licensed healthcare provider who is participating in your treatment when necessary to assist with diagnosis, treatment, or coordination of care.

Payment

We may use or disclose your PHI to obtain payment for services provided to you. This may include communicating with your health insurance plan regarding eligibility, coverage, claims, or other payment-related matters.

Healthcare Operations

We may use or disclose your PHI for healthcare operations, including activities necessary to operate our practice, improve the quality of care, review treatment outcomes, conduct audits, coordinate services, and maintain appropriate records.

For certain treatment-related disclosures, the HIPAA “minimum necessary” standard does not apply because healthcare providers may need access to the information necessary to provide and coordinate appropriate care.

Substance Use Disorder Records

If your records are protected by 42 C.F.R. Part 2, additional federal confidentiality requirements may apply. Certain uses and disclosures of Part 2 records that would otherwise be permitted under HIPAA may be subject to additional restrictions.

Part 2 provides specific protections for records maintained by a Part 2 program concerning the diagnosis, treatment, or referral for treatment of a substance use disorder. Additional patient rights and requirements may apply to these records.

Required by Law

We may use or disclose your PHI when required to do so by federal, state, or local law, provided that the use or disclosure complies with the applicable legal requirements.

Public Health Activities

We may disclose PHI for permitted public health activities, including activities related to disease prevention, reporting certain conditions, and reporting suspected abuse or neglect when required or permitted by law.

Health Oversight Activities

We may disclose PHI to authorized government agencies for health oversight activities, including audits, investigations, inspections, and other activities necessary for oversight of the healthcare system.

Judicial and Administrative Proceedings

We may disclose PHI in response to a court or administrative order or other lawful process when permitted or required by law.

We may disclose PHI in response to a subpoena, discovery request, or other lawful process when the applicable legal requirements have been satisfied.

Law Enforcement

We may disclose PHI to law enforcement officials when permitted or required by law, including under circumstances involving certain court orders, subpoenas, warrants, or other lawful processes.

Coroners and Medical Examiners

We may disclose PHI to coroners and medical examiners when necessary for them to perform duties authorized by law.

Workers' Compensation

We may disclose PHI as authorized by and to the extent necessary to comply with workers' compensation laws and other similar programs established by law.

Research

We may use or disclose PHI for research purposes when permitted by applicable law and when appropriate safeguards are in place.

Specialized Government Functions

We may disclose PHI for certain specialized government functions, including authorized military, national security, intelligence, protective services, and correctional institution activities.

Appointment Reminders and Health-Related Services

We may use and disclose PHI to contact you regarding appointments, treatment, medication management, or other healthcare services. We may also provide information about treatment alternatives or other health-related services or benefits that may be of interest to you.

Lawsuits and Disputes

If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order or other lawful process, as permitted by law.

If your records are protected under 42 C.F.R. Part 2, additional restrictions may apply to the use or disclosure of those records in legal proceedings.

III. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Some uses and disclosures of your PHI require your written authorization unless otherwise permitted or required by law.

Psychotherapy Notes

We may maintain psychotherapy notes as defined under HIPAA. Psychotherapy notes are subject to additional privacy protections and generally require your written authorization for use or disclosure, except in circumstances specifically permitted by law.

SUD Counseling Notes

If we maintain SUD counseling notes as defined under 42 C.F.R. Part 2, these notes receive additional protection. A separate written authorization may be required for their use or disclosure. An authorization for SUD counseling notes cannot be combined with an authorization for other records when prohibited by applicable law.

Marketing

We will obtain your written authorization before using or disclosing your PHI for marketing purposes when such authorization is required by law.

Sale of PHI

We will obtain your written authorization before selling your PHI when such authorization is required by law.

You may revoke an authorization in writing at any time, except to the extent that we have already relied on the authorization and taken action based on it.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to applicable limitations and requirements, we may use or disclose your PHI without your written authorization for purposes permitted by federal and state law, including:

- When required by law.
- For public health activities.
- For health oversight activities.
- For judicial and administrative proceedings.
- For certain law enforcement purposes.
- To coroners and medical examiners.
- For workers' compensation purposes.
- For certain research activities.
- For certain specialized government functions.
- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public, when permitted by law.
- For appointment reminders and communications regarding treatment alternatives, healthcare services, or benefits.

V. DISCLOSURES TO FAMILY MEMBERS, FRIENDS, AND OTHERS INVOLVED IN YOUR CARE

We may disclose relevant PHI to a family member, close personal friend, or another person you identify as being involved in your healthcare or payment for healthcare when permitted by law.

When appropriate, we will provide you with an opportunity to agree or object to such disclosures. In emergency circumstances, we may make such disclosures when permitted by law based on professional judgment and the circumstances.

VI. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your PHI:

Right to Request Restrictions

You have the right to request that we restrict the use or disclosure of your PHI for treatment, payment, or healthcare operations. We are not required to agree to every requested restriction, except where applicable law requires us to do so.

Right to Request Restrictions When You Pay Out-of-Pocket in Full

You have the right to request that we not disclose PHI to your health plan for payment or healthcare operations purposes when the PHI relates solely to a healthcare item or service that you have paid for completely out-of-pocket, unless disclosure is otherwise required by law.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your healthcare in a particular way or at a particular location. We will accommodate reasonable requests as required by law.

For example, you may request that we contact you by a particular telephone number or send correspondence to an alternate address.

Right to Inspect and Obtain a Copy of Your PHI

You generally have the right to inspect and obtain a copy of your PHI maintained by us, subject to certain legal limitations.

This right generally does not include psychotherapy notes or certain other information specifically excluded by law.

You may request your records in paper or electronic form, when available. We may charge a reasonable, cost-based fee as permitted by law.

Right to Request an Amendment

You have the right to request an amendment to your PHI if you believe the information is incorrect or incomplete. We may deny a request under certain circumstances permitted by law, but we will provide you with a written explanation of the reason for the denial.

Right to an Accounting of Disclosures

You generally have the right to request an accounting of certain disclosures of your PHI made by us during the applicable period established by law.

Certain disclosures are excluded from an accounting, including many disclosures made for treatment, payment, or healthcare operations or disclosures made pursuant to your authorization.

Additional rights may apply to records protected by 42 C.F.R. Part 2.

Right to Receive a Copy of This Notice

You have the right to request a paper or electronic copy of this Notice at any time. You may also request a paper copy even if you previously agreed to receive the Notice electronically.

VII. OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice describing our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you as required by law if a breach occurs that compromises the privacy or security of your PHI.
- Comply with applicable federal and state privacy laws, including additional requirements that may apply to substance use disorder records under 42 C.F.R. Part 2.

We will not use or disclose your PHI except as described in this Notice or as otherwise permitted or required by law, unless you provide written authorization when authorization is required.

VIII. YOUR RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with Anchor Psychiatry and Wellness PLLC.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

You will not be retaliated against for filing a complaint.

Privacy Contact:

Veronica Guettler, PMHNP-BC
Anchor Psychiatry and Wellness PLLC

2954 Highway 77

Chipley, FL 32428

P: (850) 329-0841

AnchorPsychiatryandWellness@gmail.com

U.S. Department of Health and Human Services, Office for Civil Rights:

You may obtain information about filing a complaint at www.hhs.gov/ocr/privacy.

IX. CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make revised provisions applicable to all PHI we maintain. The current Notice will be available upon request, at our office, and on our website.

X. ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received and been provided an opportunity to review Anchor Psychiatry and Wellness PLLC's Notice of Privacy Practices.

I understand that this acknowledgement confirms receipt of the Notice and does not constitute authorization for uses or disclosures of my PHI beyond those permitted or required by law.

I understand that I may request a copy of this Notice at any time.