

NOTICE OF PRIVACY PRACTICES

Health Care Record | Effective Date: September 21, 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.

Your health care record contains information about your symptoms, examinations, diagnosis, treatment, and plan of care. This information helps your counselor provide care, communicate with others when permitted, and document the services you receive. TCCC keeps this information private as required by law.

How We May Use and Disclose Your Information

Treatment

We may use your information to provide, coordinate, or manage your care. For example, your counselor may review your assessment, treatment plan, attendance, or progress. We may communicate with another treating provider when permitted by law and, when required, with your written consent.

Payment

We may use or disclose information to bill and receive payment for services. For example, we may provide information to your health plan or another responsible payer, such as Drug Court or Federal Probation, as permitted by law and any applicable written consent.

Health Care Operations

We may use information to operate and improve TCCC. This may include quality improvement, chart review, staff supervision, licensing, accreditation, and audits. Only persons who need the information for these purposes may access it.

Other Uses or Disclosures

We may use or disclose your information when permitted or required by law, such as for public health, health oversight, reports of abuse or neglect, court or administrative proceedings, law enforcement, workers compensation, or to prevent a serious threat to health or safety. We limit disclosures to what the law allows or requires.

Special Protection for Substance Use Disorder Records

TCCC provides substance use disorder services. Records that identify you as having or having had a substance use disorder are protected by federal law, 42 CFR Part 2, as well as HIPAA. TCCC will use or disclose these records only as permitted by law or with your valid written consent. In general, we will obtain your written consent before disclosing these records to family, referral sources, probation, courts, employers, attorneys, or other outside persons.

Substance use disorder treatment records received from a Part 2 program, or testimony relaying the content of those records, may not be used or disclosed in a civil, criminal, administrative, or legislative proceeding against you unless you give written consent or a court order meeting Part 2 requirements is entered after notice and an opportunity to be heard. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement before the record is used or disclosed.

**Treasure Coast
Counseling Center, Inc.**
(772) 335-9808 Fax: (772) 335-9818

2400 Veterans Memorial Parkway, Suite 211
Port St. Lucie, FL 34952

895 NE Jensen Beach Boulevard
Jensen Beach, FL 34957

Uses That Require Your Written Authorization

Other uses and disclosures not described in this Notice will be made only with your written authorization, unless permitted or required by law. You may revoke an authorization in writing at any time, except to the extent TCCC has already acted in reliance on it. TCCC does not sell your health information or use it for marketing.

Your Rights

You have the right to:

- Request a restriction on certain uses or disclosures. TCCC is not required to agree to most requested restrictions.
- Request confidential communications, such as being contacted at a particular phone number or address.
- Inspect and obtain a paper or electronic copy of your records. Submit a written request to the Privacy Officer. We will respond within the time allowed by law and may charge a reasonable, cost-based fee when permitted.
- Request that TCCC amend information you believe is incorrect or incomplete.
- Request an accounting of certain disclosures of your health information.
- Receive a paper copy of this Notice at any time, including when you receive it electronically.
- Be notified following a breach of unsecured protected health information, as required by law.

Our Responsibilities

TCCC is required by law to maintain the privacy and security of your protected health information, provide you with this Notice, follow the terms of the Notice currently in effect, and notify you following a breach of unsecured protected health information when required. We reserve the right to change our privacy practices and make a revised Notice effective for all information we maintain. The revised Notice will be posted in our offices and on our website and will be available upon request.

Questions or Complaints

If you have questions, want to exercise a privacy right, or have a complaint about the privacy of your records, contact the TCCC Privacy Officer, Executive Director, at 772-335-9808. You may also write to TCCC at 2400 Veterans Memorial Parkway, Suite 211, Port St. Lucie, FL 34952.

You may file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at <https://www.hhs.gov/ocr/complaints>, by mail at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by telephone at 1-877-696-6775. You will not be retaliated against for filing a complaint.

**Treasure Coast
Counseling Center, Inc.**
(772) 335-9808 Fax: (772) 335-9818

2400 Veterans Memorial Parkway, Suite 211
Port St. Lucie, FL 34952

895 NE Jensen Beach Boulevard
Jensen Beach, FL 34957

ACKNOWLEDGMENT OF RECEIPT

Notice of Privacy Practices

I acknowledge that I received the Treasure Coast Counseling Center, Inc. Notice of Privacy Practices, effective September 21, 2026. I understand that it explains how my health information may be used and disclosed, my privacy rights, and how to contact TCCC with questions or a complaint.

My signature only acknowledges receipt of this Notice. It does not authorize a use or disclosure of my health information beyond what is permitted or required by law.

Client Signature: _____

Date: _____