Notice of Privacy Practices

NextWave Psychiatry Notice of Privacy Practices Florida

EFFECTIVE DATE OF THIS NOTICE 07/02/2026

This notice went into effect on 07/02/2026

NOTICE OF PRIVACY PRACTICES

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

I. Our PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that health information about you and your healthcare is personal. At NextWave Psychiatry, we are committed to protecting the privacy and confidentiality of your health information.

We create and maintain a record of the psychiatric services and care you receive from us. This record allows us to provide you with quality, coordinated care and to meet applicable legal and regulatory requirements.

This Notice of Privacy Practices applies to the health information maintained by NextWave Psychiatry in connection with the psychiatric services we provide. It explains how we may use and disclose your health information, describes your rights regarding your health information, and explains certain responsibilities we have regarding the privacy and security of your information.

We are required by law to:

- Make reasonable efforts to ensure that your protected health information (“PHI”) is kept private and secure.
- Provide you with this Notice of Privacy Practices describing our legal duties and privacy practices regarding your health information.
- Follow the terms of the Notice of Privacy Practices currently in effect.
- We may change the terms of this Notice of Privacy Practices. Any revised Notice will apply to the health information we maintain about you, as permitted by law. The most current version will be available upon request and will be made available on our website.

II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe the different ways in which we may use and disclose your health information. For each category, we explain what it means and provide examples when appropriate. Not every possible use or disclosure within a category will be listed. However, all uses and disclosures of your health information that we are permitted or required to make under applicable law will fall within one of these categories.

For Treatment, Payment, or Health Care Operations: Federal privacy laws generally allow healthcare providers who have a direct treatment relationship with you to use or disclose your protected health information (“PHI”) without your written authorization for purposes of treatment, payment, or healthcare operations. NextWave Psychiatry may also disclose your PHI to another healthcare provider involved in your care for that provider’s treatment activities, as permitted by law. **For example:** We may consult with another licensed healthcare professional regarding your care when necessary to assist with your psychiatric evaluation, diagnosis, medication management, or treatment. In these circumstances, we may use or disclose the health information necessary to coordinate and support your care without obtaining a separate written authorization, when permitted by law.

Disclosures made for treatment purposes are not subject to the HIPAA “minimum necessary” standard. Healthcare providers may use or disclose the health information necessary to provide, coordinate, and manage your care. “Treatment” includes activities such as coordinating care among healthcare providers, consulting with other healthcare professionals regarding your care, and referring you to another healthcare provider for services.

Lawsuits and Disputes

If you are involved in a lawsuit or other legal dispute, we may disclose your protected health information when required or permitted by law, including in response to a court or administrative order.

We may also disclose your health information in response to a subpoena, discovery request, or other lawful process when permitted by applicable law. When required, we will make reasonable efforts to notify you about the request or obtain an appropriate order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to applicable federal and state law, NextWave Psychiatry may use or disclose your protected health information ("PHI") without your written authorization for the following purposes:

- **Treatment, Payment, and Health Care Operations**
  We may use or disclose your PHI as permitted by law for treatment, payment, and health care operations.
- **Public Health Activities**
  For public health activities permitted or required by law, including reporting certain communicable diseases, suspected abuse or neglect, or other circumstances involving a serious threat to public health or safety.
- **Health Oversight Activities**
  For lawful health oversight activities, including audits, investigations, inspections, licensing activities, and other oversight activities authorized by law.
- **Judicial and Administrative Proceedings**
  In response to a court or administrative order, subpoena, discovery request, or other lawful process, when permitted or required by applicable law.
- **Law Enforcement Purposes**
  When permitted or required by law for certain law enforcement activities, including responding to a lawful request or reporting certain crimes.
- **Coroners and Medical Examiners**
  To coroners or medical examiners when necessary for them to perform duties authorized by law.
- **Research**
  For certain research purposes when permitted by applicable law and when appropriate privacy protections and other legal requirements are satisfied.
- **Specialized Government Functions**
  For certain specialized government functions, including authorized military, national security, intelligence, protective services, and correctional institution activities, as permitted by law.
- **Workers' Compensation**
  When necessary to comply with workers' compensation laws or other similar programs established by law.
- **Appointment Reminders and Health-Related Services**
  We may use and disclose your PHI to contact you regarding appointments, including appointment reminders. We may also contact you about treatment alternatives or other health-related services and benefits that may be of interest to you, as permitted by law.
- **To Prevent a Serious Threat to Health or Safety**
  We may use or disclose your health information when necessary to help prevent or lessen a serious and imminent threat to the health or safety of you or another person, when permitted by law.
- **Florida Mental Health Act (Baker Act) Records**
  To the extent applicable, NextWave Psychiatry will maintain and disclose clinical records in accordance with the confidentiality requirements of the Florida Mental Health Act (Baker Act), including Section 394.4615, Florida Statutes. Baker Act clinical records are confidential and may be disclosed only as authorized or required by applicable federal or state law. Nothing in this Notice authorizes a disclosure that is otherwise prohibited by law.

IV. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO AGREE OR OBJECT:

1. DISCLOSURES TO FAMILY, FRIENDS, OR OTHERS INVOLVED IN YOUR CARE

We may disclose your protected health information ("PHI") to a family member, close personal friend, or another person you identify as being involved in your healthcare or helping with payment for your healthcare, when permitted by law. We will limit the information disclosed to information relevant to that person's involvement in your care or payment.

When required by law, we will provide you with an opportunity to agree or object to such a disclosure. In emergency circumstances, we may use professional judgment to determine whether a disclosure is in your best interest and may provide relevant information as permitted by law.

2. FUNDRAISING

NextWave Psychiatry does not currently engage in fundraising activities involving patient health information. If this practice changes, we will comply with all applicable federal and state privacy requirements, including any additional requirements that apply to information protected.

V. Your Rights With Respect to Your PHI

1. The Right to Request Restrictions on Uses and Disclosures

You have the right to request that we restrict the use or disclosure of your protected health information (“PHI”) for treatment, payment, or healthcare operations. We are not required to agree to every restriction request. However, if you request a restriction on disclosure to a health plan for payment or healthcare operations purposes and the information relates solely to a healthcare item or service that you have paid for in full out-of-pocket, we are required to honor that request unless otherwise permitted by law.

2. The Right to Request Restrictions for Services Paid 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, or someone on your behalf, have paid for in full out-of-pocket. We will honor such requests when required by applicable law.

3. The Right to Request Confidential Communications

You have the right to request that we communicate with you about your health information in a specific way or at a specific location. For example, you may request that we contact you by a particular phone number, email address, or mailing address.

We will accommodate reasonable requests when permitted by applicable law.

4. The Right to Inspect and Obtain Copies of Your Health Information

You generally have the right to inspect and obtain a copy of your health information maintained by NextWave Psychiatry, subject to certain exceptions under applicable law.

You may request your records in electronic or paper form. We will generally respond to a valid written request within the time period required by law. We may charge a reasonable, cost-based fee when permitted by law.

5. The Right to Request an Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your PHI made by NextWave Psychiatry. This generally does not include disclosures made for treatment, payment, or healthcare operations, disclosures made pursuant to your authorization, or other disclosures excluded by law.

The accounting generally covers disclosures made during the six years preceding the date of your request, or a shorter period if you request one. We will respond within the time required by applicable law.

6. The Right to Request an Amendment

If you believe that information we maintain about you is incorrect or incomplete, you have the right to request an amendment to your health information.

Your request must be made in writing and should explain why you believe the information should be amended. We may deny your request in certain circumstances permitted by law. If we deny your request, we will provide you with a written explanation of the reason for the denial and information about your right to disagree with our decision, when applicable.

7. The Right to Receive a Copy of This Notice

You have the right to receive a paper copy of this Notice of Privacy Practices at any time. You may also request an electronic copy.

8. The Right to Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information to the extent permitted by applicable law. We will verify the person's authority before allowing them to act on your behalf.

9. The Right to File a Privacy Complaint

If you believe your privacy rights have been violated, you may contact NextWave Psychiatry using the contact information provided in this Notice. 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 privacy complaint.

10. The Right to Receive Notice of a Breach

If a breach of your unsecured protected health information occurs that requires notification under applicable federal or state law, NextWave Psychiatry will provide notice as required by law.

Even if you have agreed to receive this Notice electronically, you may request a paper copy at any time.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

By signing below, I acknowledge that I have received and been provided an opportunity to review NextWave Psychiatry's Notice of Privacy Practices. I understand that this Notice describes how my protected health information may be used and disclosed, as well as my rights regarding my health information.

My signature acknowledges receipt of the Notice and does not constitute authorization for any use or disclosure of my protected health information for which a separate written authorization is required by law.