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Effective Date of This Notice:

This notice went into effect on 5/24/25

Notice of Privacy Practices

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

I. My Pledge Regarding Health Information

I understand that your health information is personal. I am committed to protecting the privacy of your health information. I create records of the care and services you receive in order to provide you with quality care and to comply with legal requirements.

This notice describes how I may use and disclose your protected health information (PHI), your rights regarding that information, and certain obligations I have regarding its use and disclosure.

As required by law, I will:

- Ensure that PHI that identifies you is kept private.
- Provide you with this notice of my legal duties and privacy practices.
- Follow the terms of the notice currently in effect.

I may change the terms of this notice at any time. If I do, the new notice will apply to all of your health information I maintain, and it will be available upon request, in my office, and on my website.

II. How I May Use and Disclose Health Information About You

For Treatment, Payment, or Health Care Operations

Federal regulations allow health care providers to use or disclose your PHI without written authorization for treatment, payment, and health care operations. This includes:

- Consultation between providers about your care.
- Coordination of care between providers or with third parties.
- Referrals for care or services.

Disclosures for treatment purposes are not limited to the “minimum necessary” standard, as providers need full access to information to ensure high-quality care.

Lawsuits and Disputes

If you are involved in a legal matter, I may disclose PHI in response to a court order, subpoena, discovery request, or lawful process, only when legally permissible or required.

III. Certain Uses and Disclosures Require Your Authorization

Your written authorization is required for:

- **Psychotherapy Notes:** Unless used for treatment, supervision, defense in legal proceedings, investigations, or other narrow legal purposes.
- **Marketing Purposes:** I will not use your PHI for marketing.
- **Sale of PHI:** I will not sell your PHI under any circumstance.

IV. Certain Uses and Disclosures Do Not Require Your Authorization

Without your authorization, I may use or disclose your PHI in the following situations:

- When required by federal, state, or local law.
- For public health or safety concerns, including suspected abuse or threats of harm.
- For health oversight activities like audits and investigations.
- For judicial or administrative proceedings.
- For law enforcement purposes.
- To coroners or medical examiners.
- For research (under strict confidentiality protections).
- For specialized government functions (e.g., military, national security).
- For workers' compensation purposes.
- To contact you with appointment reminders or information about treatment options or health-related services I offer.

V. Certain Uses and Disclosures Require You to Have the Opportunity to Object

I may disclose PHI to a family member, friend, or another person involved in your care or payment unless you object. In emergencies, consent may be obtained retroactively.

VI. Your Rights Regarding Your PHI

You have the right to:

- **Request Limits:** Ask me not to use or disclose certain PHI. I may decline if it would impact your care.
- **Restrict Disclosures to Health Plans:** If you pay for services out-of-pocket in full, you may restrict information from being shared with health plans.
- **Confidential Communications:** Request contact in a specific way or at a certain address.
- **Access Your PHI:** Request a copy (paper or electronic) of your records, except psychotherapy notes, within 30 days.
- **Request an Accounting of Disclosures:** Receive a list of certain disclosures I've made in the past six years (one free annually).
- **Request Corrections:** Request a correction if you believe something in your PHI is inaccurate or incomplete. I may deny the request but will provide an explanation.
- **Receive This Notice:** You may request a paper or electronic copy of this notice at any time.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have rights regarding the use and disclosure of your protected health information.

By signing below, you are acknowledging that you have received and reviewed a copy of this Notice of Privacy Practices.