

NOTICE OF PRIVACY PRACTICES

Making Waves Mental Wellness, LLC

Effective Date: March 18, 2026

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

OUR COMMITMENT TO YOUR PRIVACY

Making Waves Mental Wellness, LLC is committed to protecting the privacy and confidentiality of your health information. We are required by law to maintain the privacy of your Protected Health Information (PHI), provide you with this Notice, and follow the terms currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your healthcare. Examples include:

- Sharing information with your collaborating physician
 - Coordinating care with other healthcare providers
 - Reviewing your treatment plan
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2. Payment

We may use and disclose your PHI to bill and receive payment for services.

Examples include:

- Submitting claims to insurance companies
 - Verifying insurance eligibility
 - Collecting copays, deductibles, or balances
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3. Healthcare Operations

We may use your PHI for business operations such as:

- Quality improvement
 - Staff training
 - Compliance and auditing
 - Administrative activities
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4. Required by Law

We may disclose your PHI when required by federal or state law, including:

- Public health reporting
 - Court orders or subpoenas
 - Reporting abuse or neglect
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5. Risk of Harm / Duty to Warn

We may disclose information if necessary to:

- Prevent a serious threat to your health or safety
 - Protect others from harm
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6. Business Associates

We may share PHI with third parties who assist in our operations (e.g., EHR platforms like Tebra, billing services), who are required to safeguard your information under a Business Associate Agreement.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We will obtain your written authorization for:

- Psychotherapy notes (if applicable)
- Marketing purposes
- Any disclosure not described in this Notice

You may revoke authorization at any time in writing.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. Right to Access

You have the right to request copies of your medical records.

2. Right to Amend

You may request corrections to your health information.

3. Right to an Accounting of Disclosures

You may request a list of certain disclosures we have made.

4. Right to Request Restrictions

You may request limits on how your PHI is used or disclosed.

5. Right to Confidential Communications

You may request communication via specific methods (e.g., phone, email, portal).

6. Right to a Paper Copy

You may request a paper copy of this Notice at any time.

OUR RESPONSIBILITIES

We are required to:

- Maintain the privacy of your PHI
 - Notify you in the event of a breach
 - Follow the terms of this Notice
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CHANGES TO THIS NOTICE

We reserve the right to update this Notice at any time. Updates will apply to all information we maintain and will be posted in our office and/or patient portal.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation:

Privacy Officer

Emily Logan, Making Waves Mental Wellness, LLC

Email: admin@makingwavesmw.com

Phone: (615)667-8685

You may also file a complaint with the U.S. Department of Health & Human Services.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received and/or been offered a copy of the Notice of Privacy Practices.

Patient Name: _____

Signature: _____

Date: _____