NOTICE OF PRIVACY PRACTICES

The Collective For Empowered Mental Wellness

Alexandria Ketchersid, LCSW | Telehealth Therapy Services

Effective Date: July 10, 2026

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Mailing Address: 7901 4th Street N, STE 300, St. Petersburg, FL 33702

This notice describes how health information about you may be used and disclosed and how you can access this information. Please review it carefully.

This Notice of Privacy Practices explains how The Collective For Empowered Mental Wellness may use and disclose your protected health information (PHI), your privacy rights, and our responsibilities regarding your information. PHI includes information that identifies you and relates to your past, present, or future health, treatment, or payment for care.

Our Responsibilities

We are required by law to maintain the privacy and security of your PHI, provide this notice of our legal duties and privacy practices, follow the terms of the notice currently in effect, and notify you if a breach occurs that may have compromised the privacy or security of your information.

We may change the terms of this notice at any time. Any changes may apply to information we already have about you as well as information we receive in the future. The most current notice will be available through the client portal or upon request.

Your Rights

You have the right to:

- Request to inspect or receive a copy of your health record. We may charge a reasonable, cost-based fee when permitted by law.
- Request that we correct or amend information you believe is incorrect or incomplete. We may deny the request in certain situations and will explain why in writing.
- Request confidential communications, such as asking us to contact you at a specific phone number, email address, or mailing address.
- Request restrictions on certain uses or disclosures of your information. We are not always required to agree, except in certain cases involving services paid fully out of pocket when you ask us not to share the information with your health plan.
- Request a list, or accounting, of certain disclosures we have made of your information.
- Receive a paper or electronic copy of this notice at any time.
- Choose someone to act for you if that person has legal authority, such as a healthcare power of attorney or legal guardian.
- File a complaint if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Your Choices

In certain situations, you may tell us how you want your information shared. You may ask us to share information with family members, close friends, or others involved in your care. We will follow your instructions when possible and permitted by law.

We will not use or disclose your PHI for marketing purposes, sell your PHI, or disclose psychotherapy notes for most purposes without your written authorization. You may revoke an authorization in writing at any time, except to the extent we have already relied on it.

How We May Use and Disclose Your Information

Treatment

We may use and disclose your information to provide, coordinate, or manage your care. For example, we may use information from your intake forms and therapy sessions to develop treatment goals or, with appropriate permission or when otherwise allowed by law, coordinate care with another provider.

Payment

We may use and disclose your information to bill and collect payment for services. This may include sending information to a health plan if you use insurance, preparing superbills at your request, processing payment, or contacting you about balances.

Healthcare Operations

We may use and disclose your information for practice operations, such as scheduling, quality improvement, recordkeeping, compliance, secure technology services, business management, and professional consultation or supervision as permitted by law and ethics standards.

As Required or Permitted by Law

We may use or disclose information when required or permitted by federal, state, or local law. This may include reporting abuse, neglect, or exploitation; responding to court orders or lawful legal requests; cooperating with health oversight activities; addressing workers compensation matters; or preventing or reducing a serious and imminent threat to health or safety.

Business Associates

We may share information with vendors and service providers that perform functions for the practice, such as electronic health record services, billing, secure communications, payment processing, or document storage. When required, these vendors must agree to safeguard your information through a business associate agreement or similar legal obligation.

Psychotherapy Notes

Psychotherapy notes receive special protection under HIPAA. These notes are maintained separately from the general clinical record and are not the same as progress notes, treatment plans, diagnosis, medication information, appointment dates, billing information, or other information needed for treatment, payment, or healthcare operations. We will generally obtain your written authorization before using or disclosing psychotherapy notes, except in limited circumstances permitted by law, such as use by the clinician who created the notes for treatment, certain training activities, defense of a legal claim, health oversight, required reporting, or to prevent or lessen a serious and imminent threat.

Substance Use Disorder Records

If we create, maintain, receive, or redisclose records that are protected under federal substance use disorder confidentiality rules, including 42 CFR Part 2, those records may receive additional protections beyond HIPAA. Uses and disclosures of Part 2-protected records generally require specific written consent unless an exception applies under federal law. We will handle such records in accordance with applicable federal and state requirements.

Telehealth, Client Portal, Email, and Text Communication

The practice provides telehealth services and uses secure technology systems, including an electronic health record and client portal, to communicate, schedule, share documents, and maintain records. You are encouraged to use secure portal messaging for clinical or sensitive information whenever available.

Email and standard text messaging may be used for scheduling or brief administrative communication, but they may not be fully secure. Please avoid sending detailed clinical information by regular email or text. The portal, email, and phone systems are not monitored 24/7 and should not be used for emergencies.

When We Need Your Written Authorization

Uses and disclosures not described in this notice generally require your written authorization. This includes most uses and disclosures of psychotherapy notes, most marketing communications, and any sale of PHI. You may revoke an authorization in writing at any time, except to the extent the practice has already acted in reliance on it.

Complaints and Privacy Questions

If you have questions about this notice or believe your privacy rights have been violated, you may contact:

Privacy Officer: Alexandria Ketchersid, LCSW
The Collective For Empowered Mental Wellness
Phone: (321) 515-4914
Email: collectivementalwellness@gmail.com
Mailing Address: 7901 4th Street N, STE 300, St. Petersburg, FL 33702

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Emergency Notice

This practice is not an emergency or crisis service and the client portal is not monitored 24/7. If you are experiencing a mental health emergency, feel unsafe, or are having thoughts of harming yourself or someone else, call 911, call or text 988, or go to the nearest emergency room.

Acknowledgment

By beginning services, you will be asked to acknowledge that you received or were offered access to this Notice of Privacy Practices. Your acknowledgment does not waive any rights you have under HIPAA or other applicable privacy laws.

Document prepared for client access through the practice website and client portal. Review periodically and update as required by law or practice policy changes.