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## **NOTICE OF PRIVACY PRACTICES**

This Notice describes how your health information may be used and disclosed and how you can access this information.

### **I. Our Pledge Regarding Health Information**

Your privacy is important. Windmills Mental Health Services creates and maintains a record of the care and services you receive in order to provide quality treatment and meet legal requirements. We are required by law to:

- Keep your Protected Health Information (PHI) private.
- Provide you this Notice explaining our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.

We may change this Notice at any time. Updated versions will be available upon request, in our office, and on our website.

### **II. How We May Use and Disclose Your Health Information**

We may use or disclose your PHI for:

Treatment, Payment & Health-Care Operations – to coordinate care with other providers, obtain payment, or conduct routine business operations such as quality improvement or training.

Public Health & Safety – to report abuse, neglect, or threats to safety, or to comply with public-health laws.

Legal Requirements – to respond to court orders, subpoenas, or lawful investigations.

Business Associates – contracted vendors (e.g., billing or electronic-record services) who assist us and are bound by law to safeguard your PHI.

Appointment Reminders and Services – to remind you of appointments or inform you about treatment alternatives or services we provide.

### **III. Uses and Disclosures Requiring Your Authorization**

Certain information will only be shared with your written authorization, including:

- Release of psychotherapy notes (except for limited legal or supervision exceptions).
- Any marketing or sale of PHI.

You may revoke any authorization in writing at any time.

### **IV. Other Uses and Disclosures Allowed Without Authorization**

Subject to legal limits, we may disclose PHI without authorization for:

Mandatory reporting under state or federal law.

Health-oversight audits or investigations.

Judicial or administrative proceedings.

Law-enforcement purposes (e.g., crimes on the premises).

Coroners or medical examiners fulfilling legal duties.

Research approved under HIPAA safeguards.

Specialized government or military functions.

Workers'-compensation claims as required by law.

### **V. Disclosures Where You Have the Opportunity to Object**

We may share limited information with family or friends involved in your care or payment only if you consent or do not object. You may withdraw this permission at any time.

## **VI. Your Rights Regarding Your Health Information**

You have the right to:

- Request Restrictions on certain uses or disclosures (we are not required to agree if it affects your care).
- Request Confidential Communications by specific means or addresses.
- Access and Receive Copies of your record (paper or electronic) within 30 days of written request; reasonable copy fees may apply.
- Request Amendments to correct or add information; if denied, you will receive written notice within 60 days.
- Receive an Accounting of Disclosures made in the past six years for reasons other than treatment, payment, or operations.
- Restrict Disclosures to Health Plans for services you paid in full out-of-pocket.
- Receive a Paper or Electronic Copy of this Notice at any time.

## **VII. Breach Notification**

If your PHI is ever compromised, we will notify you promptly in accordance with HIPAA's Breach Notification Rule.

## **VIII. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with: Privacy Officer, Windmills Mental Health Services, LLC [connect@windmillsmentalhealth.com](mailto:connect@windmillsmentalhealth.com) or with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). There will be no retaliation for filing a complaint.

## **Acknowledgment of Receipt of Privacy Notice**

By signing below, I acknowledge that I have received and reviewed the Windmills Mental Health Services Notice of Privacy Practices and understand my rights regarding the use and disclosure of my protected health information.