# NOTICE OF PRIVACY PRACTICES

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d/b/a Proliance Center
1499 W. Palmetto Park Rd., Suite 250
Boca Raton, FL 33486
Effective Date: July 14, 2026

## This Notice

This notice describes how your protected health information (PHI) may be used and disclosed and how you can obtain access to it.

## Our Responsibilities

We maintain the privacy of your PHI, provide this Notice, comply with HIPAA, follow this Notice while in effect, and notify you if a breach of unsecured PHI occurs.

## Uses and Disclosures

We may use and disclose PHI for treatment, payment, health care operations, when required by law, public health activities, health oversight, judicial proceedings, law enforcement in limited situations, and to prevent a serious threat to health or safety.

## Mental Health Information

Psychotherapy notes receive special protection under HIPAA. Florida law may provide additional confidentiality protections for certain mental health records.

## Authorizations

Uses or disclosures requiring your authorization will not occur without your written permission unless otherwise permitted by law. You may revoke an authorization in writing.

## Your Rights

You may inspect and request copies of your records, request amendments, request restrictions, request confidential communications, receive an accounting of certain disclosures, obtain a copy of this Notice, and file a complaint without retaliation.

## Electronic Communications

If you authorize email or text messaging, those communications may involve privacy risks. We use them only in accordance with your written authorization.

## Website

Our website has a separate Privacy Policy governing information collected through the website. It does not replace this Notice.

## Questions or Complaints

Privacy Officer:
Michael J. Morejon, M.D., P.A. d/b/a Proliance Center
1499 W. Palmetto Park Rd., Suite 250
Boca Raton, FL 33486
Email: ProlianceCenter@me.com

You may also file a complaint with the U.S. Department of Health and Human Services. We will not retaliate against you.

## Acknowledgment of Receipt

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

Patient: _____

Signature: _____ Date: _____

Parent/Guardian: _____