

# Notice of Privacy Practices & Acknowledgement

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Amica Clinical Consulting PLLC

[www.amicaclinicalconsulting.com](http://www.amicaclinicalconsulting.com)

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## HIPAA NOTICE OF PRIVACY PRACTICES

(Effective February 2, 2026)

At Amica Clinical Consulting PLLC we understand that health information about you is very personal and we are mandated by the Health Insurance Portability and Accountability Act ("HIPAA") to protect your health information. We create a record of the care and services you receive from us, and this record helps to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by us, and informs you about the ways in which we may use and disclose information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

Amica Clinical Consulting PLLC will take every reasonable action to protect your health care information including the protection of your verbal, written, and electronic protected health information ("e-PHI") using all means necessary while ensuring that the information is readily available to the providers that deliver your health care. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. Amica Clinical Consulting PLLC implements appropriate administrative, technical, and physical safeguards to protect your health information across the company from unintended or unauthorized use, disclosure, modification or loss.

**Uses and Disclosures of Protected Health Information for Treatment:** Your PHI may be used and disclosed by Amica Clinical Consulting PLLC staff and others outside of our offices that are involved in the delivery of health care services and benefits. Your protected health information may also be used and disclosed to pay your health care bills and to support Amica Clinical Consulting PLLC operations.

Following are examples of the types of uses and disclosures of your protected health care information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made.

- Treatment
- Payment
- Health Care Operations
- Appointment Reminders
- Uses and Disclosures of PHI based upon your written authorization
- Required by law
- Public Health Activities
- Communicable Diseases
- Health Oversight
- Abuse or Neglect
- FDA Regulations
- Legal Proceedings
- Law Enforcement
- Research
- Others Involved in Your Health Care

**Your Rights Regarding Health Information About You:** Following are your rights with respect to your protected health information. You may exercise any of these rights by contacting us as described at the end of this Notice.

- The right to inspect and/or copy your protected health information.
- The right to request a restriction of your protected health information.
- The right to restrict release of information for certain services.
- The right to request and receive confidential communications.
- The right to have Amica Clinical Consulting PLLC amend your PHI.
- The right to receive accounting of certain disclosures we have made, if any of your PHI.
- The right to a breach notification.
- The right to obtain a paper copy of this notice from us.

**We Are Required By Law To:**

- Make sure that health information that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the Notice that is currently in effect.
- Florida Statute §408.051 requires us, in part, to ensure that in addition to the requirements in 45 C.F.R. part 160 and subparts A and C of part 164, a health care provider that utilizes certified electronic health record technology must ensure that all patient information stored in an offsite physical or virtual environment, including through a third-party or subcontracted computing facility or an entity providing cloud computing services, is physically maintained in the continental United States or its territories or Canada. This applies to all qualified electronic health records that are stored using any technology that can allow information to be electronically retrieved, accessed, or transmitted.

**Your Medical Records:** The original copy of your and/or electronic medical record is the property of Amica Clinical Consulting PLLC. You may request a copy of your records to be transferred by completing a medical records release form. As allowed by Florida state law, there may be a fee for providing you with this service. We require 14 business days from the date of your request to prepare and send your records unless the records are for urgent of life-threatening health issues.

**Changes to this Notice:** We reserve the right to change this Notice. We will post a copy of the current notice on our website with the current effective date.

**Complaints:** If you have a question about this Notice, or you wish to exercise your rights described in this Notice, or you believe your privacy rights have been violated, you may contact us at: Amica Clinical Consulting PLLC – 725 North Highway A1A, Ste A-104

Jupiter, FL 33477. For complete, detailed information regarding privacy laws, visit [www.cms.gov/hipaa](http://www.cms.gov/hipaa). All complaints must be submitted in writing. You will not be penalized for filing a complaint. A complaint may also be filed with the U.S. Department of Health and Human Services.

**Permission to Share your Health Information:** We are required to follow certain federal guidelines and laws regarding the confidentiality of your personal health information. One of these prevents us from discussing anything in your medical file with anyone other than yourself or other medical personnel involved in your care. If you would like us to discuss personal information with your significant other, family members, or any other individuals, please provide us with their name and relationship and complete an authorization for release of information.

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**Acknowledgement of Receipt of the Amica Clinical Consulting PLLC HIPAA NOTICE OF PRIVACY PRACTICES:** By signing this form, you acknowledge that you have received our "HIPAA Notice of Privacy Practices" (the "Notice"). This Notice describes in detail how we might use or disclose your protected health information. The Notice also discusses your rights and our duties with respect to your protected health information. You have the right to review the Notice before signing this acknowledgment.

By signing this form, you further acknowledge that medical information collected at Amica Clinical Consulting PLLC will be kept securely in line with Florida and federal regulations.