

NOTICE OF PRIVACY PRACTICES

Jason A. Tompkins, LCSW

3333 W Kennedy Blvd, Suite 103, Tampa, FL 33609

Phone: (813) 784-0153 | Website: www.jasonatompkinslcsww.com

Privacy Contact: Jason A. Tompkins, LCSW

Effective Date: October 18, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN ACCESS THAT INFORMATION, AND YOUR PRIVACY RIGHTS. PLEASE REVIEW IT CAREFULLY.

This Notice applies to health information created or maintained by my psychotherapy practice. I am committed to protecting the privacy and security of your protected health information (PHI) and to following federal and Florida law that applies to my practice. Florida law may provide additional confidentiality protections for psychotherapy communications, and I will follow those protections when they are more restrictive than federal law.

Your Rights at a Glance

- See or obtain an electronic or paper copy of records you are entitled to access.
- Ask me to correct information you believe is inaccurate or incomplete.
- Ask me to communicate with you in a particular way or at a particular location.
- Ask me to limit certain uses or disclosures of your information.
- Ask for an accounting of certain disclosures of your information.
- Receive a paper or electronic copy of this Notice.
- Authorize a legally recognized personal representative to act for you.
- File a privacy complaint without retaliation.

Your Rights

Access to your record: You may ask to inspect or receive an electronic or paper copy of health information that you are entitled to access. I will respond within the time required by law and may charge a reasonable, cost-based fee when permitted. HIPAA-defined psychotherapy notes may be treated differently from the rest of the clinical record.

Correction or amendment: You may ask me to correct or amend health information that you believe is incorrect or incomplete. I may deny a request in circumstances allowed by law, but if I do, I will explain the denial in writing as required.

Confidential communications: You may ask me to contact you in a specific way, such as by a particular phone number, or to send communications to a different address. I will honor reasonable requests as required by law.

Restrictions on use or disclosure: You may ask me not to use or disclose certain information for treatment, payment, or health-care operations. I am not always required to agree. If you pay in full out of pocket for a service, you may ask me not to disclose information about that service to your health plan for payment or health-care operations, and I will honor that request unless the law requires disclosure.

Accounting of disclosures: You may request an accounting of certain disclosures of your health information made during the period allowed by law. The accounting does not include every type of disclosure, such as many disclosures for treatment, payment, or health-care operations.

Copy of this Notice: You may request a paper copy of this Notice at any time, even if you received it electronically. The current Notice is also available on my website.

Personal representative: If another person has legal authority to act for you, such as a guardian, health-care surrogate, or other legally recognized personal representative, that person may exercise privacy rights on your behalf to the extent permitted by law. I may ask for documentation of that authority.

Privacy complaints: You may complain if you believe your privacy rights have been violated. I will not retaliate against you for making a complaint.

Your Choices and Written Authorizations

Family members, friends, and others involved in your care: You may tell me whether and how to share relevant information with a family member, close friend, or another person involved in your care or payment for your care. If you are unable to express a preference in an emergency, I may use professional judgment and applicable law to decide whether limited disclosure is appropriate.

Psychotherapy notes: If I maintain psychotherapy notes as that term is defined by HIPAA, most uses or disclosures of those notes require your written authorization. Limited exceptions may apply, such as my own use for treatment, certain training or supervision activities permitted by law, defense of a legal action brought by you, health-oversight activities concerning the originator of the notes, disclosures required by law, or disclosures needed to address a serious threat as allowed by law.

Marketing and sale of information: I do not sell your PHI in the ordinary course of my practice. I do not use or disclose your PHI for marketing in a way that requires authorization unless you first give written permission.

Other uses: If a proposed use or disclosure is not otherwise permitted by this Notice or by law, I will obtain your written authorization. You may revoke an authorization in writing, except to the extent I have already relied on it or another legal exception applies.

How I May Use and Disclose Health Information

Treatment: I may use your health information to provide, coordinate, or manage your care and may share information with other health-care professionals involved in your treatment when permitted by law. Florida confidentiality law may impose additional limits on psychotherapy communications.

Health-care operations: I may use health information to operate the practice, maintain quality, carry out administrative functions, contact you when needed, and perform other activities permitted as health-care operations.

Payment: I may use and disclose health information to obtain payment for services, including billing a health plan or another payer when applicable. If you pay in full out of pocket and request the health-plan restriction described above, I will follow that restriction unless the law requires otherwise.

Appointment reminders and care-related communications: I may contact you about appointments, scheduling, treatment alternatives, or other health-related services that may be relevant to your care.

Uses and Disclosures That May Be Permitted or Required by Law

Public health and safety: I may disclose information when permitted or required for public-health activities, health oversight, reporting required by law, or to prevent or reduce a serious threat to health or safety, subject to applicable federal and Florida confidentiality protections.

Child abuse, abandonment, neglect, and sexual abuse: Florida law requires reports in specified circumstances when there is knowledge of, or reasonable cause to suspect, child abuse, abandonment, neglect, sexual abuse, or other reportable child-safety concerns. When a report is required, I will disclose only information that is appropriate or required for the report.

Abuse, neglect, or exploitation of a vulnerable adult: Florida law requires mental-health professionals to report suspected abuse, neglect, or exploitation of a vulnerable adult when the statutory reporting standard is met.

Specific threats of serious harm: Florida law provides specific rules for confidential communications when a client communicates a specific threat to cause serious bodily injury or death to an identified or readily available person and, in my clinical judgment, appears to have the intent and ability to imminently or immediately carry out the threat. In those circumstances, disclosure to a potential victim may be permitted and disclosure to law enforcement may be required to the extent necessary under Florida law.

Health oversight and government functions: I may disclose information to health-oversight agencies or government authorities when authorized or required by law, including for audits, investigations, licensing, or other lawful oversight activities.

Workers' compensation: I may disclose information as authorized or required for workers' compensation or similar programs, subject to applicable limits.

Law enforcement, coroners, medical examiners, and funeral directors: I may disclose information when specifically authorized or required by law, subject to Florida confidentiality protections and any applicable federal restrictions.

Judicial and administrative proceedings: I may disclose information in response to a valid court or administrative order, or other lawful process when the requirements for disclosure are satisfied. Because Florida law provides strong confidentiality protections for psychotherapy communications, a subpoena or records request does not automatically mean that confidential therapy information will be released. I may require written authorization, a court order, or other legal process before disclosure.

Research: I may use or disclose information for research only when the requirements of applicable law have been satisfied. I do not use client information for research simply because it is available to me.

Required by law: I will use or disclose information when a state or federal law requires me to do so, and I will limit the disclosure to what the law requires or permits.

Florida Confidentiality Protections

Communications between a person licensed under Florida Chapter 491 and a client are confidential. Florida law identifies limited circumstances in which that confidentiality may be waived, permitted to be disclosed, or required to be disclosed. These include written client authorization, specified proceedings involving a complaint by the client, certain serious-threat situations, and other disclosures required by law. When Florida law is more protective of your psychotherapy communications than federal law, I will follow the more protective rule to the extent it applies.

Substance Use Disorder Records and 42 CFR Part 2

Special federal protections may apply to substance use disorder (SUD) patient records. To the extent that I create, maintain, or receive records that are protected by 42 CFR Part 2, I will follow the additional confidentiality requirements that apply to those records. In particular, Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you unless the applicable consent and legal requirements are satisfied, such as your written consent or an appropriate court order and subpoena. Other Part 2 rights and restrictions may also apply depending on the record and the circumstances.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will follow the duties and privacy practices described in the Notice that is currently in effect.
- I will notify you as required by law if a breach occurs that may have compromised the privacy or security of your unsecured protected health information.
- I will not use or disclose your information in ways not described in this Notice unless you authorize the use or disclosure in writing or the law otherwise permits or requires it.
- I may change the terms of this Notice. A revised Notice may apply to information I already maintain as well as information created or received after the change. The current Notice will be available upon request, at my office, and on my website.

Questions or Complaints

For questions about this Notice or to make a privacy complaint to my practice, contact:

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Website: www.jasonatompkinslcsw.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You may write to 200 Independence Avenue, S.W., Washington, D.C. 20201; call 1-877-696-6775; or use the HHS health-information privacy complaint process at www.hhs.gov/hipaa/filing-a-complaint/.

I will not retaliate against you for filing a privacy complaint.

ACKNOWLEDGMENT OF RECEIPT

By signing electronically below, I acknowledge that I have received, or have been given access to, Jason A. Tompkins, LCSW's Notice of Privacy Practices. This signature confirms receipt or access only. It does not mean that I agree to any special use or disclosure of my health information beyond what is permitted by law or separately authorized by me.