PRIVACY POLICY & PATIENT AGREEMENT

EMAILS AND TEXT MESSAGES

By providing my contact information, I consent to receiving calls, text messages, or emails from Sublimity Care, LLC regarding my appointments, general information, or educational references unless I opt out. I acknowledge that:

I will only use email and text communication for administrative purposes, such as scheduling appointments, billing inquiries, and general information.

Sublimity Care, LLC does not provide medical advice via email or text.

Email and text messages are not considered secure communication methods and may be intercepted or transmitted incorrectly.

At my provider's discretion, email and text communications may become part of my medical record.

I will not rely on email or text for urgent or emergency matters and will instead contact the office directly, call 911, visit the nearest emergency room, or call the Suicide and Crisis Lifeline at 988.

COMMUNICATION BETWEEN APPOINTMENTS

For effective treatment, clinical discussions should occur during scheduled sessions. If I need to discuss my care, I will schedule an appointment. If an urgent issue arises, I will contact the office, and staff will relay my message to my provider, who will respond within 24 hours, excluding weekends and holidays. If I cannot reach the office and require immediate attention, I will contact my primary care provider or go to the nearest emergency room.

CRISIS MANAGEMENT AND INTERVENTION

Sublimity Care, LLC's outpatient and telemedicine services are not equipped to handle psychiatric crises, suicidal or homicidal thoughts, or severe life-threatening conditions. If I experience severe symptoms or thoughts of harming myself or others, I will call 911, the crisis hotline at (305) 358-HELP (4357), or go to the nearest emergency room. I acknowledge that my provider may contact emergency services, a crisis team, or my designated emergency contact without my consent if my safety is at risk.

BOUNDARIES

To maintain a professional environment, I will adhere to appropriate conduct while receiving treatment at Sublimity Care, LLC. This includes respecting physical, social, and financial boundaries and refraining from engaging in personal, social, romantic, or financial relationships with anyone involved in my care. Any inappropriate, aggressive, or threatening behavior may result in termination from the practice.

INFORMED CONSENT FOR TELEMEDICINE SERVICES

INTRODUCTION

Telemedicine involves using electronic communication to facilitate medical care between providers and patients. This may include:

Medical records and images

Live two-way audio and video

Data from medical devices

All electronic communications will be safeguarded through security protocols to ensure confidentiality and data integrity.

EXPECTED BENEFITS

Improved access to care without requiring travel.

Efficient medical evaluation and management.

Access to specialist expertise from remote locations.

POSSIBLE RISKS

While telemedicine is generally secure, potential risks include:

Insufficient information transmission (e.g., poor image resolution) affecting medical decisions.

Delays in evaluation or treatment due to equipment or connectivity issues.

Breach of privacy due to security failures.

Incomplete medical records leading to potential adverse reactions or errors.

PATIENT CONSENT TO TELEMEDICINE

By signing this agreement, I confirm that:

I understand that my privacy is protected under federal and state laws and that my medical information will not be shared without my consent except as required by law.

I may withdraw my consent for telemedicine at any time without affecting my right to future care.

I have the right to review and obtain copies of my medical records.

I am aware that alternative treatment methods are available.

I understand that telemedicine may involve sharing my information with providers in other states.

I am responsible for informing Sublimity Care, LLC of any other telemedicine interactions regarding my care.

While telemedicine may offer benefits, no guarantees or assurances can be made regarding outcomes.

I confirm that I am physically located in the state of Florida during all telehealth encounters with Sublimity Care, LLC.

NOTICE OF PRIVACY PRACTICES

Sublimity Care, LLC complies with all applicable U.S. privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). This policy outlines how my health information may be used and disclosed:

My protected health information (PHI) may be used for treatment, payment, and healthcare operations.

PHI may be shared with my provider, office staff, or third-party entities involved in my care.

PHI may be disclosed as required by law or in emergencies to ensure my safety.

PATIENT RIGHTS

I acknowledge receipt of Sublimity Care, LLC's Notice of Privacy Practices and understand my rights regarding my health information.

I consent to the use and disclosure of my PHI for treatment, billing, and healthcare operations.

I understand that my provider will maintain confidentiality, except in specific legal situations (e.g., threats of harm, criminal activity, court orders).

I will sign a Release of Medical Information form before my PHI is shared beyond the scope of this agreement, and I can revoke my consent at any time.

In emergencies, I consent to my PHI being shared with my designated emergency contact unless I request otherwise in writing.

I consent to receiving appointment reminders and educational materials via phone, text, or email. I understand I can revoke this consent at any time.

If safety concerns arise, additional personnel may be involved without my explicit consent.

I understand that confidentiality may be breached in certain situations, including but not limited to self-harm threats, threats to others, and legal requirements.

ACKNOWLEDGEMENT AND CONSENT

By signing this agreement, I acknowledge and consent to the following:

I have read and understand this Privacy Policy and Patient Agreement.

I understand my rights and responsibilities regarding my care and the use of my medical information.

I agree to abide by the policies outlined above and acknowledge that non-compliance may affect my treatment at Sublimity Care, LLC.