Blue Umbrella Psychiatry
6100 Griffin Rd. 2nd Floor
Davie, FL - 33314-4416

**2027 HIPAA Notice of Privacy Practices

2027 HIPAA Notice of Privacy Practices

Effective Date: October 21,2026
Eric Robbins MD LLC, doing business as Blue Umbrella Psychiatry
6100 Griffin Road, 2nd Floor, Davie, FL 33314
Phone: 954-341-5215
Privacy Contact: Practice Administrator
Email: admin@blueumbrellapsychiatry.com

PLEASE REVIEW THIS NOTICE CAREFULLY. IT DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

1. Our Responsibility to Protect Your Health Information

Blue Umbrella Psychiatry (“BUP” or the “Practice”) is required by law to protect the privacy of your protected health information (PHI), provide you with this Notice of Privacy Practices, follow the terms of the notice currently in effect, and notify affected individuals when a breach of unsecured PHI requires notification under applicable law.
PHI includes information that identifies you and relates to your health, healthcare, or payment for healthcare. This may include psychiatric, psychological, medication, therapy, billing, and other treatment information.
BUP may revise this notice. Any revised notice will apply as required by law and will be made available to patients as required.

2. How We May Use and Disclose Your Information

The following sections describe common ways BUP may use or disclose PHI. Other uses and disclosures may be permitted or required by law.
Treatment
BUP may use and disclose your information to provide, coordinate, or manage your care. For example, your clinician may consult with another BUP provider or communicate with another healthcare professional involved in your treatment when permitted by law.
Payment
BUP may use or disclose information to bill and collect payment from you, your health plan, or another responsible payer. This may include submitting claims, verifying benefits, obtaining payment, reviewing medical necessity, and responding to payment-related inquiries.
Healthcare operations
BUP may use or disclose information for legitimate healthcare operations, including quality assessment, staff training and supervision, credentialing, compliance, audits, care coordination, business administration, and activities needed to operate the Practice. Appropriate safeguards and applicable legal requirements will be followed.
Appointment reminders and communications

BUP may contact you regarding appointments, treatment, billing, follow-up care, or services related to your healthcare. Communications may be made by phone, voicemail, text, email, patient portal, or other approved methods, consistent with applicable law and your communication preferences.

Business associates

BUP may share PHI with vendors or service providers who perform services on the Practice's behalf, such as electronic health record, billing, communication, technology, or administrative services. When required by law, BUP uses agreements and safeguards intended to protect PHI and limit the vendor's use and disclosure of information.

Individuals involved in your care or payment

When permitted by law, BUP may share relevant information with a family member, caregiver, or another person you identify as involved in your care or payment. BUP will follow applicable requirements and consider your preferences and circumstances. Special rules may apply to minors and individuals who cannot make healthcare decisions for themselves.

Public health, safety, and legally required disclosures

BUP may use or disclose PHI when required or permitted by law, including certain reports involving public health, abuse or neglect, threats to health or safety, health oversight activities, judicial or administrative proceedings, law enforcement requests, and other legally authorized purposes.

BUP will limit disclosures to what is permitted or required under applicable law and circumstances.

Marketing, sale of information, and other uses

BUP will not use or disclose PHI for purposes requiring your written authorization without obtaining that authorization, unless another legal basis permits the use or disclosure. Certain marketing activities, sale of PHI, and uses or disclosures of psychotherapy notes require specific authorization under applicable law.

BUP does not use this Notice as permission to use patient information for public advertising or social media.

Recording and monitoring

BUP may use recording or monitoring equipment in designated medication-management or treatment rooms for specified clinical or treatment-related purposes. BUP does not record in therapy rooms.

Access to recordings is restricted to authorized providers involved in the patient's care, Dr. Eric Robbins when necessary for teaching, clinical supervision, or treatment, and treatment technicians when necessary to perform assigned treatment-related duties.

Recordings containing PHI will be handled with appropriate safeguards and access restrictions. Any additional consent required by law will be obtained before the applicable recording begins. This Notice does not independently authorize every recording or disclosure.

3. Uses Requiring Your Written Authorization

For uses and disclosures not described in this notice or otherwise permitted by law, BUP will seek your written authorization when required.

Written authorization may be required for certain uses of psychotherapy notes, certain marketing communications, disclosures that constitute a sale of PHI, and other uses or disclosures specified by law.

If you authorize a use or disclosure, you may revoke that authorization in writing to the extent permitted by law. Revocation will not affect actions already taken in reliance on the authorization.

4. Your Rights Regarding Your Health Information

Subject to applicable law, you have the following rights.

Right to inspect and obtain a copy

You may request to inspect or obtain a copy of records BUP maintains about you, subject to legally recognized exceptions. You may request records in an electronic format when applicable and available. BUP may charge a permitted, reasonable fee where allowed by law.

Certain information, including some psychotherapy notes, may be subject to special rules and may not be available through the same process as the rest of your medical record.

Right to request an amendment

You may ask BUP to amend information you believe is incorrect or incomplete. Your request must be made in writing and explain the reason for the requested change. BUP may deny a request in certain circumstances permitted by law and will provide a written explanation when required.

Right to request confidential communications

You may request that BUP contact you in a particular way or at a particular location. For example, you may ask us to use a particular phone number or mailing address. BUP will accommodate reasonable requests as required by law.

Right to request restrictions

You may request limits on how BUP uses or discloses your PHI for treatment, payment, or healthcare operations or shares information with someone involved in your care. BUP is not required to agree to every request, except where applicable law requires a restriction. If BUP agrees to a restriction, it will follow that restriction except as otherwise permitted by law.

Right to an accounting of certain disclosures

You may request a list of certain disclosures BUP has made of your PHI during the period allowed by law. The accounting does not include every type of disclosure, such as many disclosures for treatment, payment, and healthcare operations.

Right to a paper or electronic copy of this notice

You may request a paper copy of this notice at any time, even if you agreed to receive it electronically.

Right to choose someone to act for you

If someone has legal authority to act on your behalf, BUP will recognize that authority as required by law. Special rules may apply to minors and personal representatives.

Right to receive notice of a breach

You have the right to receive notification if a breach of unsecured PHI requires notice under applicable law.

5. How to Exercise Your Rights

To submit a request concerning your records, amendment, confidential communications, restrictions, or accounting of disclosures, contact:
Blue Umbrella Psychiatry
Attention: Practice Administrator / Privacy Contact
6100 Griffin Road, 2nd Floor
Davie, FL 33314
Phone: 954-341-5215
Email: admin@blueumbrellapsychiatry.com
BUP may ask you to submit your request in writing or provide information needed to verify your identity and authority. We will respond within the timeframes required by law.

6. Complaints and Privacy Concerns

If you believe your privacy rights have been violated, you may submit a complaint to BUP using the contact information above. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.
BUP will not retaliate against you for filing a privacy complaint.
U.S. Department of Health and Human Services, Office for Civil Rights
Website: https://www.hhs.gov/hipaa/filing-a-complaint/

7. Additional Protections for Mental Health Information

Certain mental health information, including psychotherapy notes and records protected by special federal or state laws, may have additional protections. The rules that apply depend on the type of record, the purpose of the use or disclosure, and applicable law.
BUP will follow the privacy and confidentiality requirements applicable to the information it maintains. Nothing in this notice is intended to waive protections provided by law.

8. Acknowledgment of Receipt

I acknowledge that I have been offered or received a copy of Blue Umbrella Psychiatry’s HIPAA Notice of Privacy Practices. I understand that this notice explains how my health information may be used and disclosed and describes my privacy rights.
My signature confirms receipt of the notice. It does not authorize uses or disclosures that require a separate written authorization.

Patient name or legal representative: *

PATIENT SIGNATURE or legal representative: *

Blue Umbrella Psychiatry
6100 Griffin Rd. 2nd Floor
Davie, FL - 33314-4416

Today's date: *