



Felt Sense Psychological & Coaching Services

HIPAA Privacy Statement

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

About Us

Felt Sense Psychological and Coaching Services is committed to maintaining your health information. In this notice, we use terms like “we”, “us”, to refer to Felt Sense and its participating psychotherapists and coaches.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your “protected health information.” We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notices while it is in effect. This Notices takes effect the day it is signed, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and applicable law permits the terms of this Notice at any time, provided such changes. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. We will post a copy of the then current Notice at our office.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notices.

Uses and Disclosures of Health Information

We use and disclose your protected health information about you for treatment, payment, and healthcare operations.

Protected Health Information: “Protected health information” or “PHI” for short, is information that identifies you and relates to your past, present or future physical or mental health or condition, the provision of healthcare to you, or past, present or future payment for the provision of healthcare to you. PHI does not include information about you that is publicly available, or that is in summary form that does not identify who you are.

Protection of PHI: We restrict access of your PHI to those employees who need access in order to provide services to our patients. We have established and maintained appropriate physical, electronic and procedural safeguards to protect your PHI against unauthorized use or disclosure.

Treatment: We may use and disclose your PHI to provide, coordinate, or manage your care and related services. We may disclose PHI to physicians who may be treating you or consulting with us with respect to your care. We may also use your PHI to recommend to you treatment alternatives.

Payment: We may use and disclose your PHI to obtain payment services we provide to you. For example, we may need to give your insurance company PHI about a service you received so your plan will pay us or reimburse you for the service.

Healthcare Operations: We may use and disclose your PHI in connection with healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. For example, we may use your PHI to evaluate the performance of our staff in caring for you.

Business Associate: We may disclose your PHI to Business Associates independent of the practice with whom we contract or arrange to provide services on your behalf. However, we will only make sure disclosures if we have received satisfactory assurance that the Business Associate will properly safeguard your privacy and confidentiality of your PHI. For example, we may contract with a company outside of the practice to provide transcription services for the practice or collection services for past due accounts. This company would be considered our Business Associate.

Your Authorization: In addition to our use and disclosure of your PHI for treatment, payment or healthcare options, you may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those describe in this Notice.

To Your Family and Friends: We must disclose your PHI to you, as described in the Patient Rights section of this Notice. We may disclose your PHI to a family member, close friend or other friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. We may disclose PHI to your family or friends if we can infer from the circumstance, based upon our professional judgment that you would not object. For example, we may assume that you agree to our disclosure of your PHI to your spouse when your spouse is present during treatment or while treatment is discussed. In situations where you are not capable of giving consent

(because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.

Persons Involved in Care: We may use or disclose PHI to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your PHI, we will provide you with an opportunity to object to such uses or disclosures. In the event of your p incapacity or emergency circumstance, we will disclose PHI based on a determination using our professional judgment disclosing only PHI that is directly relevant to the person's involvement in your healthcare.

Required by Law: We may use or disclose your PHI when we are required to do so by law and for other purposes and for other purposes permitted by applicable laws such as, for public health activities, reports to coroners, medical examiners or funeral directors, to avert a service threat to the health or safety of you or other members of the public or for law enforcement purposes, all as set forth in the Privacy Rules.

Abuse or Neglect: We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

National Security: We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstance. We may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected PHI of inmate or patient under certain circumstances.

Other Situations Where Disclosure May or May Not Require Your Consent: We may also use or disclose your PHI as follows: (i) for worker's compensation or similar programs providing benefits for work-related injuries as authorized by state laws, or (ii) if you are involved in a lawsuit or dispute, we may disclose PHI about you in response to a court or administrative order. Except as may be prohibited by law, we also disclose PHI about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you or your attorney about the request or to obtain an order protecting the information requested.

Appointment Reminders: We may use or disclose your PHI to provide you with appointment reminders (such as voicemail messages, e-mail or text messages). Please contact us if you wish to limit the manner in which we can contact you.

Patient Rights

Access: You have the right to inspect, look at, or get copies of your PHI, except as prohibited by law. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information listed at the end of this Notice. You reserve the right to charge a reasonable administrative fee for copying your PHI. We may deny your request to inspect and copy in certain circumstances. If we deny your request for review or copy of you PHI,

we will explain the reason to you or in writing. If we do not have your PHI, but know who does, we will tell you whom to contact. If you are denied access to certain protected health information, to the extent required by applicable law, you may request that the denial be reviewed. Some types of records may be denied to you and no review is allowed, such as information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding. If applicable law requires such review, another licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Disclosure Accounting: Once every 12 months, you have the right to receive a free list of instances in which we or our Business Associates disclosed your PHI for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will respond to your request within a reasonable period of time, but no later than 60 days after we receive your written request; provided however, that we may extend the 60 day period for an additional 30 days.

Restriction: We have the right to request that we place additional restrictions on our use of disclosure of your PHI. You may have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for it. All such requests must be in writing. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Upon receipt, we will review your request and notify you whether we have accepted or denied your request. Your PHI is critical for providing you with quality care. We believe we have taken appropriate safeguards and internal restrictions to protect your PHI, and that additional restrictions may be harmful to your care.

Alternative Communication: You have the right to request that we communicate with you about your PHI in a confidential manner. For example, you may request that we send your PHI by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. We will accommodate reasonable requests, unless they are administratively too burdensome or prohibited by law.

Amendment: You have the right to request that we amend your PHI. (Your request must be writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances, including the failure to make such request in writing or a writing that does not support the request. We will respond to you in writing, either accepting or denying your request. If we deny your request, we will explain why.

Electronic Notice: If you receive this Notice by electronic mail (e-mail), you are entitled to receive this Notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that may have violated your privacy rights, or you disagree with a

decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact: Felt Sense Psychological and Coaching Services
Steven Jennings
Telephone: 312-625-6604
Email: stevenjenningspsyd@gmail.com