

This notice describes how health information about you, may be used and disclosed and how you can get access to this information. Please read carefully. (You will be asked to acknowledge the receipt of this Notice).

A. Our commitment to your privacy: We understand that your medical information is personal to you. We are committed to protecting this information and following all laws, as well as professional ethics with regards to the use of your information. We are required by the law - Health Insurance Portability and Accountability Act of 1996 (HIPAA), to keep your Protected Health Information (PHI) private, and give you this notice about our legal duties, and our privacy practices. We are required to abide by the terms of this notice, as long as it remains in effect. Because the rules are complicated, we must provide you with important information about: How we may use and disclose your PHI, your privacy rights, our obligations related the use and disclosure of your PHI.

We reserve the rights to change the terms of this Notice and to make the new notice effective for all PHI maintained by us including past & future records. You may request a copy of our most current Notice at any time. A copy is also available at our website: (www.feelgoodbehavioral.com).

B. How your Protected Health Information can be used and shared: The term “Protected Health Information” (PHI), in this Notice includes any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. “Use” applies only to activities within our practice group such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. “Disclosure” applies to activities outside of our practice group, such as releasing, transferring, or providing access to information about you to other parties. Please note: *The sharing of your PHI may also happen electronically.*

1. Basic Uses and Disclosures: You have to agree to let us use and share your PHI in the ways that are described in this Notice. To agree, we will ask you to sign a separate consent form before we begin to treat you. If you do not consent to this, we will not be able to treat you.

a) For Treatment: We may use or share your PHI to treat you or assist others in your treatment. For instance, we may use a health information we received from a health care provider who has treated you, to ensure that you are referred for further needed treatment. We may disclose your PHI to others who may assist in your care, such as your spouse, children, parents. Additionally, we may use or share your PHI with other health care providers for purposes related to your treatment. Also, we might disclose your PHI to a pharmacy when we order a prescription for you.

b) For Payment: We may use or share your PHI for payment purposes. For instance, we may forward information regarding your treatment to your insurance company to arrange for payment for the services provided to you. Also, we may use your PHI to prepare a bill to send it to you or to the person responsible for your payment. Insurers may also look into a few of our patient records to evaluate the completeness of our record keeping. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

c) For Health Care Operations: We use/disclose your PHI in order to operate our business. For e.g., we may use your PHI to do evaluate our service to see where we can make improvements. Your PHI may also be used or disclosed for education, training, and audit purposes. We may be required to share your PHI to other health care providers and entities including some government health agencies, to assist in their health care operations.

2. Other Uses and disclosures in health care:

a) Appointment reminders (Optional): We may use your PHI for appointment reminders or rescheduling.

b) Treatment alternatives (Optional): We may use your PHI to recommend possible treatments or alternatives that may be of help to you.

c) Health-related benefits and services (Optional): We may use and disclose your PHI to tell you about or recommend health-related benefits or services that may be of interest to you.

d) Business Associates: We may contract with certain outside persons or organizations called “Business Associates” to perform certain services on our behalf, such as auditing, accreditation, legal services, billing services etc. Business associates need to receive some of your PHI in order to do their jobs properly. They have agreed in their contracts with us to safe guard your information and privacy, just as we do.

e) Release of information to your Family/Friends (Optional): Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. To Parents of Adolescents: Please be advised that the confidentiality between your son/daughter and his/her provider will be maintained unless the provider determines that your teenager is a danger to self or others.

f) During Emergencies: We may share your information to prevent serious and imminent harm or threat to yourself, to a person or the public. For example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

g) Disclosures required by law: We will use and disclose your PHI when required to do so by Federal, State or Local law.

C. Use and disclosure of your PHI in certain special circumstances: Subject to conditions specified by law, we may release your PHI in the following situations:

1. Serious threats to health or safety: Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat health and safety of you, another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

2. Suspected Child/Elderly Abuse/Neglect: To certain governmental agencies and health authorities if we suspect child abuse/neglect, or elderly abuse/neglect.

3. Potential Abuse/Neglect of an Adult: Notifying appropriate government agencies and authorities regarding the potential abuse/neglect of an adult (including domestic violence); however, we will only do so, if the patient agrees or we are required or authorized by law to disclose this information.

4. Oversight functions: We may disclose your PHI if required by law to a government oversight agency. Oversight activities can include: investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor their programs, compliance with civil right laws, federal privacy laws and the health care system in general.

5. Monitoring public health and safety issues: For public health activities such as maintaining birth and death records; reporting, preventing and controlling of disease, injury, or disability; Notifying potential exposure to a communicable disease, a potential risk for spreading or contracting a disease or condition; any other information pertaining to investigations concerning public risk and safety.

6. Occupational health and safety: To your employer when we have conducted evaluation and or provided health care to you at the request of your employer for purposes related to occupational health and safety. In those cases, you will be informed that your PHI is being disclosed to your employer.

7. Food and Drug Administration: To entities regulated by Food and Drug administration if necessary, to report adverse events, defects or problems with health-related products, to participate in product recalls, or reporting adverse reactions to medications

8. Research (Optional): For health-related research that meets applicable legal requirements. We may use or disclose PHI for research purposes only after a special approval process that protects patient safety and confidentiality or if information that may directly identify you is removed.

9. Work with coroners, medical examiners and or funeral directors (Optional): We can share PHI with a coroner, medical examiner, or funeral director in order to help identify a deceased person, to determine the cause of death or perform other legally authorized duties.

10. Tissue or organ donation (Optional): We may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation including organ donation banks as necessary to facilitate, if you are an organ donor or as legally required.

11. Provide disaster relief (Optional): We may also disclose your limited PHI to a private or public entity that is authorized to assist in disaster relief efforts to locate a family member or other persons who may be involved in some aspect of caring for you.

12. Judicial or administrative proceedings: We may use and disclose your PHI in response to a court or

administrative order, for any law suits or similar proceedings. We also may disclose your PHI if we receive a discovery request, subpoena or other lawful process by another party involved in the dispute, and receive certain assurances from the party seeking the information. But only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. In most cases, we will suggest that you talk to your lawyer.

13. Law enforcement purposes: If we receive a request from law enforcement officials, meeting all legal requirements, we would disclose PHI: To investigate a crime or a criminal; Regarding a crime victim in some situations, if we can't obtain the person's consent; Concerning a death if we believe was a result of a criminal conduct; criminal conduct at our offices; In response to warrants, summons, subpoena, court order or similar legal process; To identify/locate a suspect, material witness, fugitive or missing person; In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator); and for any other allowable law enforcement purposes.

14. National Security: We may disclose your PHI to federal officials for Intelligence, and National security activities authorized by law. We also may disclose your PHI for protective service activities in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

15. Prison Inmate: To correctional facilities or law enforcement officials, if you are an inmate or under the custody of a law enforcement official. This is necessary: (a) for the institution to provide your healthcare (b) for the safety and security of the institution, (c) to protect health and safety of you and others.

16. Military Personnel: We may disclose PHI, if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities. Also, for the purpose of government benefit programs relating to eligibility and enrollment.

17. Worker's compensation: If necessary, for purpose related to your worker's compensation benefits for work related injuries, disability benefit programs. Also, to carry out administrative functions your information may be released to specific employees who assist in the administration of the benefits.

D. Your Rights regarding your PHI: You have the right to:

1. Access your PHI: You have right to inspect, review or, receive a copy of your paper or electronic medical record including the billing record but excluding Psychotherapy notes. All requests should made in writing addressed to: Feel Good Behavioral Health, 600 W Germantown Pike, Suite 400, Germantown Pike, Plymouth Meeting PA 19462. We will provide you with either a copy of your health and claim records or a summary of your treatment information usually within 30 days of your request. We will charge you (in accordance with schedule of fees under federal and state law) a reasonable, cost-base fee including for copying, mailing, labor and other supplies associated with your request. In some unusual circumstances, if we believe that reading this would cause serious harm to you or someone else, you may not be able to see all the information. **Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.** Another licensed health care professional chosen by us will conduct reviews.

2. Amend your medical record: You can request to add or correct you record, if you believe that the information is incorrect or missing something important. In some situations, you can also ask us to include your own written statements. You have to make this request in writing, and **MUST** state why you think the correction is necessary. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. **We are not obligated to make all requested amendments, but will give each request careful consideration.** If we deny your request, we will tell you why in writing within 60 days. We have listed some of the reasons why we may deny your request. If you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual who created the information is unavailable to amend the information. If we grant request, we may also reach out to other prior recipients of your information to inform them of the change. Please note: Even if we grant request, we may not delete information already documented in record.

3. Request confidential communication: You can ask us to contact you in a specific way (E.g. a cell phone or a landline) or by alternative address. In order to request a type of confidential communication, you must do it in

writing, specifying the requested method of contact, or the location where you wish to be contacted. You do not need to give a reason for your request. You may also specify a mode of communication to inform you about your appointment confirmation, rescheduling including, whether or not you prefer for us to leave a voice message at your phone number. **Our practice will try to accommodate reasonable requests.** Please note: Sending your information by email or texts are not HIPAA compliant and has a risk of being read by someone else, even if sent by means that have additional protection. **Therefore, we ask you not to use email or text messages to communicate PHI or any other information you want to keep private.** By signing a separate consent form, you agree to this. **Please note: Anything you send us electronically becomes part of your legal record, even if we do not place in the chart.** So, please be mindful of this before transmitting any information to us electronically. Also please do not forward us emails from third parties or others in your personal or professional life. It is better to print them out and bring it in to discuss during your session.

4. Request Restrictions on Use and Disclosures of PHI: You have the right to ask us to limit on certain disclosures of your PHI to your health plan, when you or someone else on your behalf, other than your health plan pays in full for the health care services you received from us. You have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. You must make your request in writing. You must clearly describe: What information you wish restricted, and to whom you want the limits to apply. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. If we agree to honor your request, we also have the right to terminate an agreement to restriction at a later date, if we believe such termination is appropriate. In the event we have terminated an agreed upon restriction, our practice will notify you of such termination.

5. Accounting for Disclosures of your PHI: You have the right to get a list of those with whom we've shared your information, EXCEPT for disclosures made for the purpose of treatment, payment, for health care operations, disclosures upon your request or for other limited exceptions. All requests must be in writing and should state a time period, which should be no longer than six (6) years prior to the date of request. The first list you request within a 12-month period is free of charge, but we may charge you a fee for additional lists within the same 12-month period as well as each subsequent accounting you request within a 12-month period.

6. Choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

7. Get a copy of this notice: You have the right to request for a paper copy of this notice at any time.

8. File a complaint if you feel your rights are violated: You may file a complaint in writing to: Feel Good Behavioral Health, 600, W Germantown Pike, Suite 400, Plymouth Meeting, PA 19462. We will do our best to resolve any problems. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at: 200 Independence Avenue, S.W., Washington, D.C. 20201, or calling 1-877-696-6775, **You will not be penalized for filing a complaint.**

9. Authorization for Release of Information: If we want to use your information for any purpose besides those described above, we need your permission on a separate form called "Authorization for Release of Information". The form will describe what information will be disclosed, to whom, for what purpose and when. If you change your mind after signing authorization, you can cancel your authorization at any time by writing. We will then stop using or disclosing your information for that purpose. However, please be advised that we cannot take back information we have used already or disclosed to any one with your permission prior to the date of your written revocation.

10. Breach Notification: You have the right to be notified in the event of breach of your unsecured PHI without unreasonable delay, but in any event no later than 60 days after we discover the breach.

If you have any questions regarding this notice or our health information privacy policies, please contact us by calling: 267-682-6908 or writing to us at: Feel Good Behavioral Health, 600 W Germantown Pike, Suite 400, Plymouth Meeting, PA 19462.

The Effective Date of this Notice is: 1st August 2020.