NOTICE OF PRIVACY PRACTICES

Feel Better PLLC

Provider: Kylee Martin, FNP-C

Effective Date: [EFFECTIVE DATE]

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Our Commitment to Your Privacy

Feel Better PLLC ("we," "us," "our," or the "Practice") is required by law to maintain the privacy of your protected health information ("PHI"), to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and to notify you following a breach of unsecured PHI. We are required to abide by the terms of the Notice currently in effect.

How We May Use and Disclose Your Health Information

We may use and disclose your PHI for the following purposes without obtaining your written authorization:

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your healthcare. For example, we may share information with a pharmacy to fill a prescription, or with a laboratory to order or review test results relevant to your care.

Payment

We may use and disclose your PHI to bill and collect payment for the services we provide. Because we do not bill insurance, this primarily involves processing payments through our third-party payment processor, Stripe, for your membership fees and visit costs.

Healthcare Operations

We may use and disclose your PHI to support the day-to-day operations of the Practice, including quality assessment, training, licensing, business planning, and administrative activities.

Other Permitted or Required Uses and Disclosures

We may also use or disclose your PHI, without your authorization, in the following circumstances:

- As required by law, including state or federal reporting requirements.
- To public health authorities for purposes such as disease prevention or control.
- To report suspected abuse, neglect, or domestic violence, where required by law.
- For health oversight activities, such as audits or licensure investigations.
- In response to a court order, subpoena, or other lawful process.
- To law enforcement officials under limited circumstances required or permitted by law.
- To avert a serious and imminent threat to your health or safety, or the health or safety of others.
- For workers' compensation purposes, to the extent authorized by law.

Uses and Disclosures Requiring Your Written Authorization

Other than as described above, we will not use or disclose your PHI without your written authorization. This includes, but is not limited to, most uses and disclosures of psychotherapy notes (if applicable), uses and disclosures for marketing purposes, and disclosures that constitute a sale of PHI. You may revoke a prior authorization, in writing, at any time, except to the extent we have already acted in reliance on it.

Telehealth-Specific Privacy Considerations

Because our services are delivered exclusively through telehealth, your PHI may be transmitted electronically through our electronic health record and telehealth platform. We use platforms that are designed to be compliant with HIPAA's security and privacy requirements and that have entered into a Business Associate Agreement with us. You are responsible for taking reasonable steps to ensure your own privacy during telehealth visits, such as participating from a private location and using a secure internet connection.

Your Rights Regarding Your Health Information

You have the following rights with respect to your PHI:

Right to Inspect and Copy

You have the right to inspect and obtain a copy of your PHI maintained in your medical record, with certain limited exceptions. Requests must be made in writing. We may charge a reasonable, cost-based fee for copies.

Right to Request Amendment

You have the right to request that we amend your PHI if you believe it is incorrect or incomplete. We may deny your request under certain circumstances permitted by law.

Right to an Accounting of Disclosures

You have the right to receive a list of certain disclosures of your PHI made by us, excluding disclosures made for treatment, payment, healthcare operations, and certain other excluded categories.

Right to Request Restrictions

You have the right to request a restriction on certain uses and disclosures of your PHI. We are not required to agree to all requested restrictions, but if we agree, we will comply with that restriction unless the information is needed for emergency treatment.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your health matters in a certain way or at a certain location (for example, only by email, or only at a certain phone number).

Right to a Paper Copy of This Notice

You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

Right to Be Notified of a Breach

You have the right to be notified in the event that we (or a business associate) discover a breach of your unsecured PHI.

Changes to This Notice

We reserve the right to change the terms of this Notice and to make the revised Notice effective for all PHI we maintain. We will post the current Notice on our website, and you may request a copy at any time.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us using the contact information below, or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Contact Information

Feel Better PLLC

Provider: Kylee Martin, FNP-C

Address: Littlefield, AZ [complete street address to be added]

Email: help.feelbetter@outlook.com

Phone: [practice phone number]

This document is a general-purpose template and has not been reviewed by an attorney. It should be reviewed by qualified legal counsel familiar with Utah and Arizona healthcare law before use.