

Notice of Privacy Practices

HIPAA NOTICE OF PRIVACY PRACTICES

DIVINE SOUL THERAPY LLC

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EFFECTIVE DATE OF THIS NOTICE This notice went into effect on [2.1.2025]

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. DIVINE SOUL THERAPY'S PLEDGE REGARDING HEALTH INFORMATION: We understand that personal health information about you and your health care is important and should be protected. We are committed to protecting this health information with the utmost care. We create records of the care and services you receive through Divine Soul Therapy. We need these records to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records generated by Divine Soul Therapy that are pertaining to your care. This notice will help explain ways in which your information may be used to disclose health information about you. The notice also describes your rights to the personal health information Divine Soul Therapy keeps about you, and describes certain obligations we have regarding the use and disclosure of your personal health information. We are required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private and confidential.
- Give you this notice of legal duties and privacy practices with respect to protected health information.
- Follow the terms of the notice that are currently in effect.
- Divine Soul Therapy can change the terms of this notice, and such changes will apply to all information on record about you. The new notice will be available upon request, in my office, and on my website.

II. HOW DIVINE SOUL THERAPY MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways Divine Soul Therapy may use and disclose your health information. For each category of uses or disclosures we will explain them and provide some examples. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment Payment or Health Care Operations: Federal privacy rules and regulations allow health care providers who have a direct treatment relationship with the patient / client to use or disclose the patient / client's personal health information without the patient's written authorization to carry out the health care provider's own treatment, payment or health care operations. Divine Soul Therapy may also disclose your protected health information for the treatment activities of any health care provider working within the treatment office. Sharing information with professionals or entities outside of the treatment office may be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, Divine Soul Therapy may disclose health information in response to a court or administrative order. We may also disclose health information about your child 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 about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** Divine Soul Therapy does keep "psychotherapy notes" as that term is defined in **45 CFR § 164.501**, and any use or disclosure of such notes requires your authorization unless the use or disclosure is:

- a. For use in providing treatment to you.
 - b. For use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. As psychotherapists or mental health counselors, we will not use or disclose your PHI for marketing purposes.
 3. Sale of PHI. As psychotherapists or mental health counselors, we will not sell your PHI in the regular course of our business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, Divine Soul Therapy can use and disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety in accordance with **KRS 209.030**.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although preference is to obtain an authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on the premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes; although, preference is to obtain an authorization from you. Divine Soul Therapy may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. Divine Soul Therapy may use and disclose your PHI to contact you to remind you that you have an appointment. Divine Soul Therapy may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits offered.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. Divine Soul Therapy may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask Divine Soul Therapy not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Divine Soul Therapy is not required to agree to your request, and I may say "no" if there is reason to believe it would impact your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How PHI is Sent to You. You have the right to ask Divine Soul Therapy to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Divine Soul Therapy will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," in accordance with **KRS 422.317**, you have the right to get an electronic or paper copy of your medical record and other information Divine Soul Therapy has about you. Divine Soul Therapy will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request. Divine Soul Therapy may charge a reasonable, cost based fee for this request.
5. The Right to Get a List of Disclosures Made. You have the right to request a list of instances in which your PHI has been disclosed for purposes other than treatment, payment, or health care operations, or for which you provided an authorization. Divine Soul Therapy will respond to your request for an accounting of disclosures

within 60 days of receiving your request. The list given to you will include disclosures made in the last six years unless you request a shorter time. Divine Soul Therapy will provide the list to you at no charge, but if you make more than one request in the same year there will be a reasonable cost based fee for each additional request.

6. The Right to Correct or Update Your PHI. If you believe there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request the existing information be corrected or the addition of missing information. Divine Soul Therapy may say "no" to your request, but will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this notice, and you have the right to get a copy of this notice by e-mail. Even if you have agreed to receive this notice via e-mail, you also have the right to request a paper copy of it.

Acknowledgement of Receipt of Privacy Practices Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below and signing, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.