

## **NOTICE OF PRIVACY PRACTICES**

### **Feelosophy Counseling Services, LLC**

This Notice describes how your protected health information (PHI) may be used and disclosed, and how you can access this information. Please review it carefully. Your privacy is important to us, and we are committed to safeguarding your health information in accordance with HIPAA and state laws.

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#### **Your Rights**

You have the right to:

- **Get a copy of your records**
  - You may request a paper or electronic copy of your clinical record. We will provide it within the time frame required by law.
- **Request corrections**
  - If you believe information is incorrect or incomplete, you may request an amendment. While we may not be able to agree to all requests, we will discuss any denials with you.
- **Request confidential communications**
  - You may ask us to contact you in a specific way (e.g., different phone number, email, or address) to protect your confidentiality.
- **Request restrictions**
  - You may request limits on what information we share. We are not required to agree to all requests, but if we do agree, we will honor the restriction unless sharing is required by law or necessary for emergency care.
- **Receive an accounting of disclosures**
  - You may request a list of times your information was shared for purposes other than treatment, payment, or healthcare operations.
- **Receive a paper copy of this notice**
  - You may request a paper copy of this notice at any time, even if you received it electronically.
- **Choose someone to act for you**
  - A legally appointed guardian, healthcare proxy, or power-of-attorney may exercise your rights on your behalf.
- **File a privacy complaint**
  - You may file a complaint with us, the State of Connecticut, or the U.S. Department of Health and Human Services (HHS) if you believe your rights have been violated. We will not retaliate against you for filing a complaint.

#### **Our Uses and Disclosures**

We typically use or share your health information in the following ways:

- **Treatment**

We may use or share your information to coordinate your care. For example, we may consult with another provider with your written consent.
- **Payment**

We may use or disclose your information to bill or receive payment from insurance companies or other responsible parties.

- **Healthcare Operations**

We may use your information for administrative, quality improvement, supervision, or licensing purposes.

- **Use of Technology in Treatment and Documentation**

- Feelosophy Counseling Services, LLC provides services through HIPAA-compliant telehealth platforms. When you participate in telehealth, your protected health information (PHI) may be transmitted electronically between you and your provider. We use secure, encrypted systems to protect your information.
- While all reasonable safeguards are taken, telehealth carries potential risks, including technical failures and limits to privacy in environments outside our control (e.g., your home or workplace). You are responsible for ensuring that your location during telehealth sessions is private and secure.
- We will not record telehealth sessions without your written authorization. Your PHI will only be used or disclosed through telehealth in the same ways it would be for in-person services, and always in accordance with HIPAA and state law.
- You may decline or discontinue telehealth services at any time, except in circumstances where telehealth is the only safe or clinically appropriate option.
- Feelosophy Counseling Services, LLC may utilize advanced technologies—such as encrypted digital tools, clinical support software, AI-assisted documentation tools, and data-supported resources—to improve quality of care, enhance clinical decision-making, streamline administrative processes, and support evidence-based treatment planning. These tools are used exclusively to support clinical accuracy, documentation quality, and practice efficiency.
- Any technology used by the Company will be evaluated for compliance with HIPAA, state privacy laws, and professional ethical standards including the ACA Code of Ethics, NASW Code of Ethics, and NBCC guidelines. The Company does not upload identifiable client information into non-HIPAA-compliant AI systems or third-party platforms. All reasonable safeguards are maintained to protect client confidentiality, including de-identification of data, encryption, secure storage, and restricted access.
- Clients and clinicians acknowledge that:
  - AI-assisted tools do not replace clinical judgment, diagnosis, or human decision-making and are used only as supportive resources.
  - Identifiable protected health information (PHI) will never be shared with external technology systems unless the platform meets HIPAA standards or the information is fully de-identified.
  - The Company may use technology to generate clinical templates, psychoeducational material, or administrative tools, but all direct clinical decisions are made by the treating clinician.
  - Clients may request clarification about any technological tools used in their care.
  - If the Company adopts new technologies in the future, clients and clinicians will be notified when required, and such tools will only be implemented after ensuring confidentiality, security safeguards, and compliance with relevant ethical and legal standards.

## Other Allowed or Required Disclosures

We may share your information without your written authorization in certain situations as required or permitted by law:

- **Public Health and Safety**  
This includes reporting suspected abuse or neglect, preventing or responding to disease, and ensuring public safety.
- **Imminent Danger**  
If there is an **imminent threat of serious harm** to you or others, we may share necessary information to protect life or safety.
- **Legal and Law Enforcement Requests**  
This includes responding to:
  - Court orders or subpoenas
  - Law enforcement requests related to safety or legal proceedings
  - Mandatory reporting laws
- **Specialized Government Functions**  
Such as health oversight activities, audits, and licensure requirements.
- **Research (Limited)**  
Only with strict privacy protections and, when required, your written authorization.
- **Workers' Compensation**  
When applicable for claims and benefits. We **will not** use or disclose your information for **marketing, fundraising, or sale of information** without your explicit written authorization. Any other use or disclosure of your PHI requires your **signed Authorization to Release Information**, and you may revoke this authorization at any time in writing.

## Our Responsibilities

We are required to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice explaining our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you **without unreasonable delay** if a breach occurs that may have compromised your information.
- Only use or share the minimum necessary information required for lawful purposes.

We will not use or share your information in ways not described in this Notice unless you give written permission.

### 11. Intellectual Property & Proprietary Materials

All materials created, provided, or utilized by Feelosophy Counseling Services, LLC—including but not limited to therapeutic worksheets, templates, clinical forms, assessments, training modules, branding materials, written content, videos, presentations, policies, educational resources, manuals, programming, and any digital or printed resources—are the exclusive intellectual property of the Company. These materials are protected under U.S. copyright law and may not be reproduced, modified, shared, distributed, or used outside the scope of clinical services provided for the Company.

Contractor agrees not to remove, share, sell, publish, or repurpose any Company materials for personal gain, independent practice, or external use without the Company’s prior written consent. This includes materials developed collaboratively during the course of work for the Company.

Any materials created by the Contractor **within the scope of services performed on behalf of the Company**, including documents, tools, protocols, forms, or digital content, are considered **work-for-hire** and become the exclusive property of the Company unless otherwise stated in writing.

Unauthorized use, disclosure, duplication, or misappropriation of Company intellectual property is considered a **material breach** of this Agreement and may result in termination, financial liability, and legal action.

### Questions or Complaints

**This practice is not an emergency treatment facility and does not provide immediate crisis care.**

If you have questions, concerns, or wish to exercise your rights, please contact our Privacy Officer:

**Privacy Officer:** Leish L. Robles, LPCA

**Practice Name:** Feelosophy Counseling Services, LLC

**Address:** 35 Talcottville Rd. STE 10, Vernon, CT 06066

**Phone:** (203)872-2199

**Email:** [admin@feelosophybilingualcounseling.com](mailto:admin@feelosophybilingualcounseling.com)

#### To File a Complaint with the State of Connecticut:

##### Connecticut Department of Public Health

Practitioner Licensing & Investigations Unit

410 Capitol Avenue, MS# 12HSR

Hartford, CT 06134

**Phone:** (860) 509-7552

**Email:** [dph.csg@ct.gov](mailto:dph.csg@ct.gov)

**Website:** <https://portal.ct.gov/dph>

#### To File a Complaint with the U.S. Department of Health & Human Services:

##### U.S. Department of Health and Human Services

Office for Civil Rights (OCR)

200 Independence Avenue, S.W.

Washington, D.C. 20201

**Website:** <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

We will **not retaliate** against you for filing a complaint.

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### Client Acknowledgment of Receipt

I acknowledge that I have received a copy of the Notice of Privacy Practices.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: *Leish L. Robles* Date: \_\_\_\_\_