



Notice of Privacy Practices

Welcome to Hello Inspired LLC. We are committed to protecting the privacy and confidentiality of your health information. This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI), as well as your rights regarding your PHI.

Please review this notice carefully.

I. Uses and Disclosures of Protected Health Information:

1. **Treatment:** We may use and disclose your PHI to provide you with mental health treatment and services. This may include sharing information with other healthcare providers involved in your care.
2. **Payment:** We may use and disclose your PHI to bill and collect payment for the services we provide to you. This may include sharing information with your insurance company or other third-party payers.
3. **Healthcare Operations:** We may use and disclose your PHI for healthcare operations purposes, such as quality improvement activities, training of staff, and conducting audits.
4. **Required by Law:** We may use and disclose your PHI when required to do so by law, such as in response to a court order or subpoena.
5. **Public Health Activities:** We may use and disclose your PHI for public health activities, such as reporting communicable diseases to public health authorities.
6. **Health Oversight Activities:** We may use and disclose your PHI for health oversight activities, such as investigations by regulatory agencies or licensing boards.
7. **Judicial and Administrative Proceedings:** We may use and disclose your PHI in judicial or administrative proceedings, such as in response to a subpoena or court order.
8. **Law Enforcement:** We may use and disclose your PHI for law enforcement purposes, such as in response to a warrant or to identify or locate a suspect.

II. Your Rights Regarding Your Protected Health Information:

1. **Right to Access:** You have the right to access and obtain a copy of your PHI maintained by our practice, with limited exceptions.
2. **Right to Request Amendments:** You have the right to request amendments to your PHI if you believe it is inaccurate or incomplete.
3. **Right to Request Restrictions:** You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment, or healthcare operations purposes.

4. Right to Request Confidential Communications: You have the right to request alternative means of communication for receiving PHI, such as by mail or email.
5. Right to Accounting of Disclosures: You have the right to request an accounting of certain disclosures of your PHI made by our practice.
6. Right to Receive a Copy of this Notice: You have the right to receive a paper copy of this Notice of Privacy Practices upon request.

III. Our Responsibilities:

1. Privacy Officer: We have designated a Privacy Officer who is responsible for ensuring compliance with privacy laws and regulations.
2. Safeguards: We will take reasonable steps to protect the privacy and security of your PHI, including implementing administrative, physical, and technical safeguards.
3. Notice Updates: We reserve the right to change the terms of this Notice of Privacy Practices and to make the new notice provisions effective for all PHI that we maintain.

IV. Contact Information:

If you have any questions or concerns regarding our privacy practices or this notice, or if you would like to exercise your rights regarding your PHI, please contact our Privacy Officer at:

Terri Fedorenko, MS LMFT
Hello Inspired LLC
320-228-6410

terrifedorenko@helloinspiredllc.com

V. Complaints:

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.