



NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective date: October 12, 2026

Felstad Psychological Services is committed to protecting the privacy and security of your health information. This Notice explains your rights, my responsibilities, and the ways protected health information (PHI) may be used or disclosed under applicable law.

Your Rights

When it comes to your health information, you have important rights. You may ask questions about any of these rights or request help exercising them.

Get an Electronic or Paper Copy of Your Record

You may ask to inspect or obtain an electronic or paper copy of health information maintained about you in the designated record set. FPS will respond as required by law. A reasonable, cost-based fee may apply when permitted by law.

Psychotherapy notes receive special protection under HIPAA and applicable local law and generally are not included in the HIPAA right of access. Other laws may provide additional rights or restrictions.

Ask Me to Correct Your Record

You may ask me to correct health information you believe is inaccurate or incomplete. FPS may deny the request in some circumstances, but FPS will explain the reason in writing when required.

Request Confidential Communications

You may ask me to contact you in a specific way or at a specific location—for example, through the secure client portal rather than a particular phone number. FPS will accommodate reasonable requests as required by law.

Ask Me to Limit What I Use or Share

You may ask me not to use or share certain information for treatment, payment, or health care operations. FPS is not always required to agree. If you pay in full out of pocket for a service and ask not to disclose information about that service to a health plan for payment or health care operations, FPS will honor the request when HIPAA and applicable local law requires it.

More of Your Rights

Get a List of Certain Disclosures

You may request an accounting of certain disclosures of your health information. The accounting does not include every disclosure, such as many disclosures for treatment, payment, or health care operations, and other exceptions allowed by law.

Get a Copy of This Notice

You may ask for a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Choose Someone to Act for You

If you have given someone medical power of attorney, if someone is your legal guardian, or if another person is legally authorized to act for you, that person may exercise rights and make choices about your health information as permitted by law. FPS may verify the person's authority before acting.

File a Privacy Complaint

If you believe your privacy rights have been violated, you may contact the Privacy Officer listed at the end of this Notice. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. FPS will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell me your preferences about what I share. If you have a clear preference, please tell FPS so FPS can follow your instructions when the law allows.

Family, Friends & Others Involved in Your Care

With your permission, or in circumstances allowed by law, FPS may share information relevant to your care or payment with a family member, friend, caregiver, or another person involved in your care. If you are unable to tell me your preference—for example, during an emergency—FPS may share information if FPS determines that doing so is in your best interest and is permitted by law.

Marketing, Sale of Information & Fundraising

Felstad Psychological Services does not sell your PHI. FPS will obtain your written authorization before using or disclosing PHI for purposes that require authorization under HIPAA and applicable local law, including most marketing uses and any sale of PHI. The practice does not conduct fundraising using client PHI.

Psychotherapy Notes

HIPAA and applicable local law generally requires your written authorization before psychotherapy notes are used or disclosed, except for limited circumstances specifically permitted by law. Psychotherapy notes are maintained separately when created and are distinct from the clinical record used for treatment, payment, and health care operations.

How I May Use or Share Your Information

HIPAA and applicable local law permits or requires certain uses and disclosures of PHI without a separate authorization. Other federal or state laws may impose greater protections, particularly for certain mental health or substance use information.

Treatment

FPS may use your information to provide and coordinate your care and, when permitted, share relevant information with other health professionals involved in your treatment.

Payment

FPS may use or disclose information as needed for payment activities. Because this is a private-pay practice, routine billing is generally handled directly with you. If you request a superbill or otherwise choose to involve an insurer, information such as diagnoses, dates of service, and procedure codes may be disclosed by you or as otherwise authorized or permitted.

Health Care Operations

FPS may use or disclose information for health care operations such as quality assessment, professional consultation, legal or compliance services, auditing, business management, and activities needed to operate the practice. Business associates that handle PHI on behalf of the practice are required to protect it as required by law.

When Required or Permitted by Law

- To comply with federal, state, or local law, including legally required reporting.
- For certain public health and safety activities when authorized by law.
- To report suspected abuse, neglect, or exploitation when reporting is legally required or permitted.
- To avert a serious and imminent threat to health or safety when disclosure is permitted by law.
- For health oversight activities, licensing, audits, investigations, or inspections authorized by law.
- In response to a valid court order, subpoena, administrative request, or other lawful process, subject to applicable protections and requirements.
- For workers' compensation, law enforcement, medical examiner/coroner, organ donation, military, national security, or other specialized governmental functions when the law permits or requires disclosure.

Mental Health & Local Law

Mental health information may receive protections in addition to HIPAA and applicable local law, when services are provided to you while you are in another jurisdiction, under the law of that jurisdiction. I will follow applicable laws that provide greater privacy protection or impose additional requirements.

FPS will not use or share your information for purposes not described in this Notice unless you authorize it in writing or another law permits or requires the use or disclosure. You may revoke an authorization in writing, subject to actions already taken in reliance on it.

Substance Use Disorder Records

Federal law provides additional confidentiality protections for certain substance use disorder (SUD) patient records governed by 42 CFR Part 2. As of February 16, 2026, HIPAA covered providers that create or maintain Part 2 records must address those records in their Notice of Privacy Practices.

If Felstad Psychological Services creates, receives, or maintains records that are protected by Part 2, those records will be handled in accordance with applicable Part 2 and HIPAA requirements. Part 2 may require consent for uses and disclosures that HIPAA would otherwise permit without authorization, subject to specific exceptions provided by law.

Part 2 records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the patient based on the content of the records unless the requirements of Part 2 are satisfied, including any required consent or court order.

Our Responsibilities

- FPS is required by law to maintain the privacy and security of your protected health information.
- FPS will let you know promptly if a breach occurs that may have compromised the privacy or security of your information, as required by law.
- FPS must follow the duties and privacy practices described in the Notice currently in effect and give you a copy of it.
- FPS will not use or share your information other than as described in this Notice unless you authorize it in writing or the law otherwise permits or requires it.

Changes to This Notice

FPS may change the terms of this Notice and make the revised Notice effective for health information already maintained as well as information received in the future. If the Notice is materially revised, the current version will be made available upon request and posted on the practice website if the practice maintains a website that provides information about its services.

Privacy Contact

For questions about this Notice, requests concerning your privacy rights, or complaints, contact:

Dr. Veronica Felstad, PsyD
 Felstad Psychological Services
 Email: drveronica@felstadpsychologicalservices.com
 Phone: _____
 Website: _____

Keep this Notice for your records. You may request another copy at any time.

Acknowledgment of Receipt

I acknowledge and accept that I received the Felstad Psychological Services Notice of Privacy Practices. I understand and accept that this acknowledgment confirms receipt of the Notice only.

Signing this acknowledgment does not mean that you agree to any special use or disclosure of your health information, and refusing to sign does not take away rights you have under HIPAA and applicable local law.

Client legal name _____

Client signature _____

Date _____

Parent / legal guardian or personal representative (if applicable) _____

Relationship / authority _____

Signature _____

Date _____

For Practice Use Only — Good-Faith Effort

If the client/personal representative does not sign the acknowledgment, document the good-faith effort to obtain it:

☐ Notice provided electronically ☐ Notice provided on paper ☐ Client declined to sign ☐ Client unable to sign ☐ Other

Date Notice provided _____

Method / circumstances _____

Staff / provider initials _____

Provider: Dr. Veronica Felstad, PsyD, Licensed Psychologist

Washington License PY.61165009 | PSYPACT APIT

Felstad Psychological Services | drveronica@felstadpsychologicalservices.com