

Notice of Privacy Practices

Notice of Privacy Practices (HIPAA)

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS IT.

Dear Client,

Thank you for choosing Angela Mohamed, LCSW. The information below outlines how your health information may be used and disclosed, as well as your rights under the **Health Insurance Portability and Accountability Act (HIPAA)**. Please read carefully and retain a copy for your records.

Effective Date of This Notice

This notice is effective as of the **date of your electronic signature**.

I. Our Commitment to Your Privacy

We understand that your health information is personal, and we are committed to protecting it. A record of the care you receive at Angela Mohamed, LCSW is necessary for treatment and legal purposes. This notice describes:

- How we may use and disclose your health information (also known as Protected Health Information, or PHI)
- Your rights regarding your PHI
- Our legal obligations related to your health information

We are required by law to:

- Keep your PHI private
 - Provide you with this notice
 - Follow the terms in this notice, and update it as necessary
-

II. How We May Use and Disclose Your PHI

We may use or disclose your health information without written authorization for the following:

1. Treatment, Payment, and Healthcare Operations

This includes:

- Coordinating or managing your care
- Consulting with other healthcare providers
- Billing and payment processing
- Scheduling, recordkeeping, and quality improvement

Example: If your clinician consults with another licensed therapist about your care, they may share relevant PHI to support your treatment.

2. Legal Situations (e.g., Lawsuits or Disputes)

We may disclose PHI in response to a court order, subpoena, or lawful request, as required.

III. Uses and Disclosures Requiring Your Authorization

Some types of information require your written permission before we can disclose them, including:

- **Psychotherapy Notes**
 - **Marketing Purposes**
 - **Sale of PHI**
-

IV. Other Permitted Disclosures (Without Authorization)

We may use or disclose your PHI in the following situations:

- Bodily harm towards self and/ or another individual (suicidal attempt)
 - Perpetrator or observer of physical, emotional and/or sexual abuse and/or neglect against children under 18 and the elderly
 - As required by law (e.g., mandatory reporting)
 - Public health and safety (e.g., suspected abuse or threat to safety)
 - Health oversight (e.g., audits, investigations)
 - Legal/judicial proceedings
 - Law enforcement purposes
 - Coroners and medical examiners
 - Research (in compliance with applicable laws)
 - Government and military functions
 - Workers' compensation claims
 - Appointment reminders and treatment alternatives
-

V. Disclosures with Opportunity to Object

We may disclose PHI to family, friends, or others involved in your care unless you object. If you're unable to agree or object, we may use our best judgment in your interest.

VI. Your Rights Regarding Your PHI

You have the right to:

- **Request limits** on how your PHI is used/disclosed
 - **Restrict disclosures** to insurance when paying out-of-pocket in full
 - **Receive confidential communications** at specific addresses or by specific methods
 - **Access your records**, except psychotherapy notes
 - **Request corrections** to your PHI
 - **Receive an accounting** of disclosures (other than for treatment, payment, or healthcare operations)
 - **Request a paper or electronic copy** of this notice
-

Acknowledgment of Receipt of Privacy Notice

By signing this form, you acknowledge that you have received, read, and understood Angela Mohamed, LCSW's **Notice of Privacy Practices**.