

At Noor & You, the privacy and confidentiality of the clients is prioritized. This Policy outlines how we collect, use, and protect your personal information in accordance with applicable privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). By engaging with our services, you agree to the collection and use of information in accordance with this policy.

What type of information do we collect?

The following types of information is collected from clients:

Personal Information: Name, address, email, phone number, date of birth, and other personally identifiable information necessary for providing services.

Health Information: Medical and mental health history, treatment plans, therapy session notes, diagnoses, medications, and other health-related information.

Payment Information: Credit card information, billing addresses, and any other data necessary to process payments. Credit card information is encrypted into our Electronic Health Record system and we are only privy to the last 4 digits upon entering your information.

How Will Your Information be Used

The information we collect is used to:

- Provide mental health services.
- Develop personalized treatment plans.
- Schedule appointments and communicate with clients.
- Process payments.
- Maintain accurate medical and financial records.
- Comply with legal and regulatory requirements.

Disclosure of Information

We will not share, sell, or disclose your personal or health information except in the following situations:

- **With Your Consent:** We will share your information when you explicitly request or authorize us to do so with use of a Release of Information (ROI) form.
- **For Treatment Purposes:** With your signed consent, we will collaborate with other healthcare professionals to support your care.
- **For Payment:** We provide superbills to clients to submit to their insurance directly if desired.

- **Legal Requirements:** We may disclose your information if required by law, such as in cases of child abuse, threats of harm to self or others, or when mandated by a court order.
- **Business Associates:** We may share information with third-party service providers, such as our Electronic Health Record system, note taking systems, and credit card processing systems, as long as they are bound by a BAA (Business Associate Agreement) to maintain confidentiality.

How We Protect Your Information

We take reasonable precautions to protect your personal and health information from unauthorized access, use, or disclosure by:

- Implementing secure electronic health records systems.
- Encrypting sensitive data.
- Limiting access to personal information to authorized personnel only.
- Following HIPAA guidelines to ensure the confidentiality of health records.

Your Rights

As a client, you have the right to:

- **Access:** Request copies of your personal and health information.
- **Amend:** Ask us to correct or update inaccurate or incomplete information.
- **Restrict Use:** Limit the use of your information for certain purposes.
- **Request Confidential Communications:** Specify how and where we communicate with you.
- **File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services (HHS).

Cookies and Website Analytics

If you use our website, we may collect non-personal information via cookies and similar tracking technologies. This helps us improve the user experience on our site. You can adjust your browser settings to refuse cookies.

Changes to This Policy

We reserve the right to modify this Privacy Policy at any time. Any changes will be posted on our website, and the updated policy will take effect upon posting.

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. YOUR CLINICIAN'S PLEDGE REGARDING HEALTH INFORMATION:

Your clinician understands that health information about you and your health care is personal and is committed to protecting that information. A record of the care and services you receive from your clinician is created to ensure quality care and to comply with legal and ethical requirements. This notice applies to all records of your care generated by this mental health care practice. It outlines the ways in which your clinician may use and disclose health information about you, as well as your rights regarding the health information kept about you, and certain obligations regarding the use and disclosure of your health information. Your clinician is required by law to:

- Ensure that protected health information (PHI) that identifies you is kept private.
- Provide you with this notice of legal duties and privacy practices concerning your health information.
- Follow the terms of this notice that is currently in effect.
- Notify you of any changes to this notice, which will apply to all information held about you. The updated notice will be available upon request, in the office, and on the website.

II. HOW YOUR CLINICIAN MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe various ways your clinician may use and disclose health information. Although not every use or disclosure is listed, all permitted uses and disclosures fall within one of these categories.

For Treatment, Payment, or Health Care Operations: Federal privacy rules allow health care providers with a direct treatment relationship to use or disclose personal health information for their treatment only if it is determined to be a requirement. This is not common practice at Modern Therapy.

Lawsuits and Disputes: If you are involved in a lawsuit, your clinician may disclose health information if legally obligated by a court order or lawful process. This may include subpoenas, discovery requests, or other lawful requests.

III. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

Your clinician may use or disclose PHI without your authorization for:

- Legal requirements and public health activities, including reports of abuse or threats to health and safety.
- Judicial and administrative proceedings, as required by law.

IV. CERTAIN USES AND DISCLOSURES IN EMERGENCIES:

Disclosures to Family, Friends, or Others: Your clinician may disclose PHI to a designated emergency contact only in the event of an emergency.

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

- The Right to Request Limits on Uses and Disclosures.
- The Right to Request Restrictions for Out-of-Pocket Expenses Paid for in Full.
- The Right to Choose How PHI is Communicated to You.
- The Right to Access and Obtain Copies of Your PHI.
- The Right to Get a List of Disclosures Made.
- The Right to Correct or Update Your PHI.
- The Right to Obtain a Paper or Electronic Copy of This Notice.