



# NOTICE OF PRIVACY PRACTICES

THIS NOTICE EXPLAINS HOW YOUR PERSONAL HEALTH INFORMATION (PHI) MAY BE USED AND SHARED, AND OUTLINES YOUR RIGHTS WHEN IT COMES TO YOUR INFORMATION. PLEASE TAKE A MOMENT TO READ IT CAREFULLY. YOU MAY ALSO HAVE ADDITIONAL RIGHTS UNDER STATE OR LOCAL LAW. IF YOU HAVE SPECIFIC LEGAL QUESTIONS, PLEASE SPEAK WITH AN ATTORNEY LICENSED IN YOUR STATE.

## EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 06/24/2025

## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

## I. MY PLEDGE REGARDING HEALTH INFORMATION:

Your health information is personal, and I'm deeply committed to protecting your privacy. I keep a confidential record of the care and services you receive, which helps me provide high-quality treatment and meet legal and professional standards. This notice applies to all records created or maintained by this practice.

As required by law, I will:

- Keep your personal health information private.
- Provide you with this notice explaining my legal duties and privacy practices.
- Follow the terms outlined in this notice.
- Notify you if there is ever a breach that may have compromised your information.

## II. HOW I MAY USE AND SHARE YOUR INFORMATION:

The law allows me to use and share your information for certain purposes without your written permission:

### 1. For Treatment, Payment, and Health Care Operations

I may use or share your health information to:

- Support your treatment, such as consulting with another licensed provider to ensure the best possible care.
- Coordinate billing and payment, including sending invoices and processing payments.
- Run and improve the practice, such as sending appointment reminders or maintaining accurate records.

Please know that when sharing your information for treatment purposes, HIPAA allows the full record to be accessed by other treating professionals as needed to support safe, effective care.



## 2. Legal Proceedings

If you are involved in a lawsuit or legal matter, I may be required to share your information in response to a court order or subpoena. If permitted by law, I will attempt to notify you and limit the disclosure to only what is legally necessary.

## III. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION:

Certain types of information are protected more strictly and will only be shared with your written consent:

1. Psychotherapy Notes
  - a. I may keep notes that are separate from your clinical record, called psychotherapy notes. These are rarely shared, and only under very specific circumstances allowed by law or with your explicit written authorization.
2. Marketing and Public Testimonials
  - a. I will never use your information for marketing or public testimonials without your signed consent. If you choose to share a review or testimonial that includes personal health details, I will provide a HIPAA authorization form for your protection. You may revoke your consent at any time, and I will remove your content from all platforms I control.
3. Sale of Your Information
  - a. I will never sell your health information.

## IV. OTHER SITUATIONS WHERE I MAY SHARE YOUR INFORMATION WITHOUT CONSENT:

There are limited situations where I may use or disclose your information without your permission, in accordance with federal and state law:

1. To remind you of appointments or tell you about services
2. If required by law, such as reporting abuse or neglect
3. To protect you or others if there is a serious safety concern
4. For audits, licensing, or compliance investigations
5. To comply with court or administrative orders
6. In response to a crime occurring on the premises
7. To coroners or medical examiners as required
8. For research, in limited and protected ways
9. For workers' compensation claims
10. To support national security or correctional institutions
11. For organ or tissue donation coordination
12. Where possible, I will always use the minimum necessary information and will inform you when I am legally permitted to do so.



## V. SITUATIONS WHERE YOU HAVE A CHOICE:

You have the right to request that I share your information with someone involved in your care – such as a partner, family member, or friend. You also have the right to say no. In emergency or serious situations, I may share information if it's necessary to protect your health or safety.

## VI. YOUR RIGHTS REGARDING YOUR PHI:

You have several important rights when it comes to your records:

1. Access Your Record – You can request a copy of your health record (paper or electronic). I'll provide it within 30 days of your written request, and may charge a reasonable fee.
2. Request Corrections – If you believe something is missing or incorrect in your record, you can request a correction. I may say no, but I'll explain why in writing.
3. Request Confidential Communication – You can ask to be contacted in specific ways (e.g., by phone, email, or mail), and I'll accommodate reasonable requests.
4. Limit What I Share – You can ask me not to share certain information for treatment, payment, or healthcare operations. I'm not required to agree, but I'll do my best when it's safe and feasible.
5. Restrict Information to Health Plans – If you've paid in full out-of-pocket for a service, you can ask me not to share that information with your insurance.
6. Get a List of Disclosures – You can request a record of when your information was shared, for up to six years (excluding treatment, payment, and operations). One list per year is free.
7. Receive a Copy of This Notice – You can request this notice in paper or electronic form at any time.
8. Appoint Someone to Act on Your Behalf – If someone has medical power of attorney or is your legal guardian, they may make decisions about your information.
9. Revoke Authorization – You may withdraw any written consent you've given at any time.
10. Opt Out of Fundraising or Promotional Communications – If applicable.
11. File a Complaint – If you believe your rights have been violated, you can file a complaint with me or the U.S. Department of Health and Human Services. I will never retaliate against you for doing so.

## VII. CHANGES TO THIS NOTICE

I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request and on my website.

## Questions or Concerns?

I take your privacy seriously. If you have any questions, concerns, or complaints, please contact:

Healing in Light, PLLC  
Ana Maria Moyano, LCSW  
hello@healinginlight.com  
www.healinginlight.com

You may also contact the U.S. Department of Health and Human Services:

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

Phone: 877-696-6775