Faseela Therapy, PLLC

Notice of Privacy Practices

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

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

1. **Get an electronic or paper copy of your medical record.** Other than psychotherapy notes, you can ask to see or get an electronic or paper copy of your medical record and other health information I have about you. I will provide a copy or a summary of your health information, within 30 days of your request. I may charge a reasonable, cost-based fee for doing so.

2. **Ask me to correct your medical record.** You can ask me to correct health information about you that you think is incorrect or incomplete. I may decline your request, but I will tell you why in writing within 60 days of receiving your request.

3. **Request confidential communications.** You can ask me to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address. I will agree to all reasonable requests.

4. **Ask me to limit what I share.** You can ask me not to use or share certain health information for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may decline if I believe it would affect your care. If I agree to your request, I may still share this information in the event that you need emergency treatment. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will agree unless a law requires me to share that information.

5. **Get a list of those with whom I have shared information.** You can ask for a list (accounting) of the instances in which I have shared your health information for six years prior to the date you ask, who I shared it with, and why. I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I will respond to your accounting request within 60 days of receiving it. I will provide one accounting a year for free but will charge a reasonable, cost-based fee for every additional request within the same 12-month period.

6. **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

7. **Choose someone to act for you.** If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action.

8. **File a complaint if you feel your rights are violated.** You can complain if you feel I have violated your rights by contacting me using the information provided at the end of this notice. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html. I will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, please tell me what you would like me to do, and I will follow your instructions.

In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief or emergency situation

If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, I never share your information unless you give me written permission:

- Requests from family, friends, or others
- Requests for copies of your records (unless accompanied by a subpoena)
- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
    - Any use or disclosure of "psychotherapy notes," as that term is defined in 45 CFR § 164.501, requires your authorization unless the use or disclosure is:
        1. For my use in treating you.
        2. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
        3. For my use in defending myself in legal proceedings instituted by you.
        4. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
        5. Required by law and the use or disclosure is limited to the requirements of such law.
        6. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
        7. Required by a coroner who is performing duties authorized by law.
        8. Required to help avert a serious threat to the health and safety of others.

MY USES AND DISCLOSURES

How do I typically use or share your health information?
The following categories describe the different ways I typically use or share your health information. These uses and disclosures do not require your written authorization. Not every use or disclosure in a category will be listed; however, all of the ways I am permitted to use and disclose information will fall within one of the categories. Whenever possible, I will inform you before sharing your information.

- **Treat you.** I can use your health information and share it with other professionals who are involved in your treatment.
  Example: I may ask your psychiatrist or primary care provider about your overall health condition to assist in the diagnosis and treatment of your mental health condition.
  Disclosures for treatment purposes are not limited to the minimum necessary standard, because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

- **Run my organization.** I can use and share your health information to run my practice, improve your care, and contact you when necessary.
  Example: I use health information about you to manage your treatment and services, and to send you appointment reminders.

- **Bill for your services and/or collect overdue payments.** I can use and share your health information to bill and get payment from health plans or other entities.
  Example: I give information about you, such as a diagnosis, to your health insurance plan so it will pay for your services.

How else can I use or share your health information?
I am allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as mandatory reporting for suspected abuse or neglect of children and vulnerable adults, and preventing or reducing a serious threat to anyone's health or safety. I have to meet many conditions in the law before I can share your information for these purposes. For more information, please reference the Informed Consent document.

I can also share health information about you in certain other situations, such as to:

- **Comply with the law.** I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I am complying with federal privacy law.

- **Work with a medical examiner or funeral director.** I can share health information with a coroner, medical examiner, or funeral director when an individual dies.

- **Address law enforcement and other government requests.** I can share health information about you for law enforcement purposes, such as reporting a crime occurring on my premises, or with health oversight agencies for activities authorized by law, such as audits or investigations.

- **Address workers' compensation claims.** If you are receiving services in connection with a workers' compensation claim, the following applies:
  - HIPAA exempts workers' compensation programs from its authorization requirement (45 CFR § 164.512(l)), which means I can, and in some cases must, disclose your health information to the Washington State Department of Labor and Industries (L&I) or a self-insured employer without obtaining your authorization. I may also disclose your health information to an employer regarding work-related illnesses or injuries without authorization (45 CFR § 164.512(b)(v)(B)).

- - Under Washington State law, I am required to disclose your health information to L&I or a self-insured employer when you are treated under a workers' compensation claim. I may disclose health information to an employer without your authorization if that information is about a workplace injury or illness, light-duty work, workplace medical surveillance, or a return-to-work examination. I am also required by Washington State law to disclose health information to L&I if you are treated under a crime victims' compensation claim. Because these disclosures are required by law, you cannot compel me to restrict them (45 CFR §§ 164.512,164.522(a)(1)(v)).

- **Respond to lawsuits and legal actions.** I can share health information about you in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to notify you about the request or to obtain an order protecting the information requested.

MY RESPONSIBILITIES

I am required by law to maintain the privacy and security of your protected health information. I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. I must follow the duties and privacy practices described in this notice and give you a copy of it. I will not use or share your information other than as described in this notice unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

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

EFFECTIVE DATE OF THIS NOTICE

This notice is effective as of **06/16/2026.**

PRIVACY CONTACT

If you have any questions or concerns about this notice or about your privacy while receiving services, please contact me, Raiya Al-Ansari, at raiya@faseelatherapy.com or 425-541-7596.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing this document, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.