



Ashley M. Mosgrove, LCSW

NOTICE OF PRIVACY PRACTICES (AS OF 1/1/2024)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction:

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) for purposes that are permitted or required by law. It also describes your rights to access and control your PHI.

Our Commitment to Your Privacy:

We understand that your health information is personal and confidential. We are committed to protecting your PHI and maintaining its confidentiality. This Notice explains our privacy practices and your rights regarding your PHI.

We may use and disclose your PHI for the following purposes:

- **Payment:** We may use and disclose your PHI for payment purposes, such as billing and reimbursement. This may also include sharing your information with your health insurance provider.
- **Required by Law:** We may use and disclose your PHI when required by federal, state, or local law.
- **With Your Authorization:** We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice. You have the right to revoke your authorization at any time.

You have the following rights concerning your PHI:

- **Right to Access:** You have the right to review and obtain a copy of your PHI.
- **Right to Amend:** You have the right to request amendments to your PHI if you believe it is incorrect or incomplete.
- **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures of your PHI made by us.
- **Right to Request Restrictions:** You have the right to request restrictions on the use and disclosure of your PHI.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about your PHI in a specific way or at a specific location.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of this Notice upon request, even if you have received an electronic copy.

Complaints:

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact ashley@mosgrovementalhealth.com. All complaints must be submitted in writing.

Changes to this Notice:

We reserve the right to change the terms of this Notice at any time. We will provide you with a revised Notice upon request and post the updated Notice in our office.

 914.506.9790

 ashley@mosgrovementalhealth.com

 845.315.1157

For further information about this Notice or to exercise your rights, please contact:

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