

# Notice of Privacy Practices

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## Peace of Moon Therapy, PLLC

Oak Brook, Illinois

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Effective Date of this Notice: October 15, 2025

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## Notice of Privacy Practices

**This notice explains how your health information may be used and shared, and how you can access that information. Please read it carefully.**

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### I. Our Commitment to Your Privacy

At Peace of Moon Therapy, your privacy and trust are at the heart of our work. We understand that the information you share with us is deeply personal, and we take our responsibility to protect it very seriously.

We keep a confidential record of your care to provide you with the highest quality treatment and to meet legal and professional standards. This notice describes how your protected health information (PHI) may be used or disclosed, what rights you have regarding that information, and how you can exercise those rights.

We are required by law to:

- Safeguard the privacy of your PHI.
- Provide you with this notice describing our legal duties and privacy practices.
- Follow the terms of this notice as long as it remains in effect.

If our privacy practices change, we will update this notice and make the new version available in our office and on our website.

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### II. How We Use and Share Health Information

We may use or share your PHI for three main purposes — **treatment, payment, and health-care operations** — without needing a separate written authorization from you.

**Treatment:** We may share information with other professionals involved in your care to ensure you receive coordinated, effective treatment. For example, your therapist might consult with your psychiatrist or primary-care doctor (with your knowledge) to support continuity of care.

**Payment:** We may share limited information with your insurance company to verify benefits, process claims, or obtain authorization for services.

**Health-Care Operations:** We may use information to manage daily operations, evaluate quality of services, or train staff, always keeping your privacy in mind.

**Legal Requirements:** If you are involved in a legal matter, we may disclose PHI in response to a valid court order. When possible, we will make every effort to notify you or to protect your information before doing so.

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### III. When Your Written Permission Is Needed

Certain types of information require your written authorization before they can be released. You may revoke that authorization at any time by submitting a written request.

**Psychotherapy Notes:** These are kept separately from your main record and are protected with the highest level of confidentiality. They will never be shared without your written consent except in very limited situations, such as:

- To aid your treatment.
- For clinical supervision or training (without identifying details).
- To comply with a court order or legal obligation.
- To prevent a serious threat to your safety or the safety of others.

**Marketing and Sale of Information:** We will never use your PHI for marketing purposes or sell your information under any circumstance.

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#### IV. Situations That Do Not Require Written Permission

There are specific cases where the law allows or requires us to share information without your written consent, including:

- When required by state or federal law (for example, to report suspected child, elder, or dependent-adult abuse).
- To prevent or reduce a serious and imminent threat to your health or the safety of others.
- For limited public-health or health-oversight activities such as audits or investigations.
- To comply with valid court orders or subpoenas.
- For law-enforcement purposes when required by law.
- For workers'-compensation claims.
- To remind you of appointments or inform you about treatment-related services that may support your care.

In all cases, we disclose only the minimum necessary information and take every precaution to protect your privacy.

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#### V. When You Have the Opportunity to Object

You may choose to allow or decline limited sharing of information with family members, friends, or others involved in your care or payment. If you are unavailable or unable to consent, we may use our professional judgment to determine whether sharing information is in your best interest. You may change or withdraw your decision at any time.

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#### VI. Your Rights and How to Exercise Them

You have important rights regarding your health information, and we are here to help you use them:

- 1. Requesting Limits:** You may ask us not to share certain information for treatment, payment, or operations. While we are not always required to agree, we will honor reasonable requests whenever possible.
  - 2. Restricting Insurance Disclosures:** If you pay in full for a service out-of-pocket, you can request that we not disclose that information to your insurance company.
  - 3. Choosing How We Contact You:** You may ask us to contact you in a specific way (for example, by phone, email, or mail). We will accommodate reasonable requests.
  - 4. Accessing Your Records:** You may request a copy of your health record (except psychotherapy notes) in paper or electronic form. We will respond within 30 days of your written request and may charge a small fee for copying or mailing.
  - 5. Requesting Corrections:** If you believe something in your record is incorrect or incomplete, you may request an amendment. If we cannot make the change, we will explain why in writing within 60 days.
  - 6. Getting a List of Disclosures:** You can request a list of times we have disclosed your PHI for purposes other than treatment, payment, or operations within the last six years.
  - 7. Receiving a Copy of This Notice:** You can ask for a paper or electronic copy of this Notice at any time, even if you previously chose an electronic version.
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## VII. Questions, Concerns, or Complaints

Your comfort and trust matter to us. If you ever have questions about this notice or believe your privacy rights may have been violated, please let us know. We take all concerns seriously and will work to resolve them promptly and respectfully.

**Contact:**

Peace of Moon Therapy, PLLC  
Attention: Privacy Officer  
Oak Brook, Illinois  
Phone: (630) 426-9501  
Email: mehrose@paderatherapy.com

If you prefer, you may also contact the **U.S. Department of Health and Human Services, Office for Civil Rights (OCR):**

200 Independence Avenue S.W.  
Washington, D.C. 20201  
Website: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)  
Phone: (800) 368-1019

You will **never** be penalized or treated differently for raising a concern or filing a complaint.

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## Acknowledgment of Receipt

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have the right to receive and review this Notice of Privacy Practices.

By signing below, you acknowledge that you have received and reviewed this Notice and understand your privacy rights.