

Notice of Privacy Practices

Anchored Alliance Therapy, PLLC
Effective Date: December 29, 2024

At Anchored Alliance Therapy, we respect your privacy and are committed to protecting the confidentiality of your health information. This Notice of Privacy Practices explains how we collect, use, and protect your health information and outlines your rights regarding that information. We are dedicated to maintaining the confidentiality of your health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws.

By receiving services at Anchored Alliance Therapy, you acknowledge and agree to the practices outlined in this notice.

1. Uses and Disclosures of Health Information

We may use or disclose your health information in the following ways:

- **Treatment:** We may use your health information to provide, coordinate, or manage your therapy services. For example, if necessary and with your consent, we may share your health information with other healthcare providers involved in your care.
- **Healthcare Operations:** We may use your health information for administrative functions such as maintaining your records, scheduling appointments, and reviewing the quality of the care provided.
- **Required by Law:** We may disclose your health information when required to do so by law. This may include situations such as responding to a court order, subpoena, or report to public health authorities.
- **Emergencies or Threats to Health and Safety:** If there is an imminent threat to your health or the health of others, we may disclose your health information to appropriate authorities.

2. Your Rights Regarding Your Health Information

You have the following rights regarding your health information:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your health information. Requests must be made in writing.
- **Right to Amend:** If you believe that your health information is incorrect or incomplete, you have the right to request an amendment. We may deny your request if the information is accurate or was not created by us.
- **Right to Request Restrictions:** You have the right to request restrictions on how your health information is used or disclosed. While we are not required to agree to all requests, we will do our best to accommodate reasonable requests.

- Right to Confidential Communications: You have the right to request that we communicate with you in a specific way or at a specific location, such as by phone, email, or mail. We will accommodate reasonable requests.
- Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures of your health information made by us during the past six years.
- Right to a Copy of This Notice: You have the right to receive a copy of this Notice of Privacy Practices at any time, even if you have previously received one.

3. How We Protect Your Health Information

We take your privacy seriously. As a solo practitioner, your health information is handled solely by me, the therapist (Mallika Rajan; LCMHC 16403). We implement a variety of safeguards to protect your health information, including:

- Securing physical records in a locked, private location.
- Using encrypted communication and secure storage for electronic records.
- Limiting access to your health information to myself for the purposes of providing your care or as required by law.

4. How We Share Your Information

As a solo practice, no additional staff members handle your health information. We do not share your information for insurance purposes as we do not participate in insurance panels. However, we may disclose your health information in the following situations:

- With Your Consent: We may disclose your health information to other healthcare providers or family members involved in your care with your written consent.
- Business Associates: We may disclose your health information to trusted third-party service providers, such as electronic health record systems or IT vendors, that assist in managing your care. These providers are bound by confidentiality agreements.
- Required by Law: We may be required to disclose your health information if mandated by law, such as in response to a court order, subpoena, or law enforcement request.

5. Website Disclaimer

Please note that the information provided on the Anchored Alliance Therapy website is for informational purposes only and does not constitute professional advice. The website may include general information related to mental health and therapeutic services, but it is not a substitute for a formal therapeutic relationship or professional counseling services. If you have any specific concerns or questions about your mental health, please contact us directly to schedule a consultation or therapy session.

6. Changes to This Notice

We reserve the right to modify this Notice of Privacy Practices at any time. If significant changes are made, we will notify you by posting an updated version on our website and in our office. You will also receive a copy of the revised notice at your next visit.

7. Complaints

If you believe that your privacy rights have been violated, you may file a complaint with me or with the U.S. Department of Health and Human Services (HHS). To file a complaint with me, please contact:

Anchored Alliance Therapy, PLLC
4030 Wake Forest Rd STE 349
Raleigh, NC 27609
mallika.rajan@anchoredalliancetherapy.com

I will not retaliate against you for filing a complaint.

8. Contact Information

If you have any questions about this Notice or wish to exercise any of your rights listed here, please contact me:

Anchored Alliance Therapy, PLLC
4030 Wake Forest Rd STE 349
Raleigh, NC 27609
mallika.rajan@anchoredalliancetherapy.com