

HIPAA Notice of Privacy Practices

Effective Date: 08/15/2025

Owner: Angie Seech, PhD, LPC, Mending the Mother Therapy and Wellness

Maternal Brain Education LLC

Your Information. Your Rights. Our Responsibilities.

This Notice describes how **Maternal Brain Education LLC** may use and disclose your Protected Health Information (PHI) and how you can access this information if you are an official client of Mending the Mother Therapy and Wellness. Please review it carefully.

Your Rights

You have the right to:

- **Get a copy of your records** – You can ask to see or get an electronic or paper copy of your mental health record and other health information we have about you.
- **Ask us to correct your records** – You can request corrections if you think something is wrong or incomplete.
- **Request confidential communications** – You can ask us to contact you in a specific way (e.g., home phone, work phone) or to send mail to a different address.
- **Ask us to limit what we share** – You can request limits on what information we use or share, though we may not be able to agree to all requests.
- **Get a list of those we've shared information with** – You can request a list of disclosures we've made in the past six years, except for disclosures about treatment, payment, and healthcare operations, or as required by law.
- **Get a copy of this Notice** – You can ask for a paper or electronic copy at any time.
- **Choose someone to act for you** – If you have given someone medical power of attorney or someone is your legal guardian, they can exercise your rights.
- **File a complaint** – You can file a complaint with us or with the U.S. Department of Health and Human Services (HHS) if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Your Choices

For certain information, you can tell us your choices about what we share:

- Sharing information with family, friends, or others involved in your care
- Sharing information in a disaster relief situation
- Using your information for marketing purposes (only with your written authorization)
- Sharing your information for fundraising (we currently do not use this)

We will never share your psychotherapy notes without your written permission, unless required by law.

Our Uses and Disclosures

We typically use or share your PHI in the following ways:

- **Treatment** – To provide, coordinate, or manage your care and services (e.g., consulting with another healthcare provider).
- **Payment** – To bill and receive payment from you, your insurance company, or a third party.
- **Healthcare Operations** – To run our practice, improve your care, and contact you when necessary.

We may also share your PHI when required or permitted by law, such as:

- To prevent or reduce a serious threat to health or safety
- For public health and safety issues
- For court orders, subpoenas, or legal proceedings
- For law enforcement purposes (as required by law)
- To comply with federal or state laws

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.

- We will notify you promptly if a breach occurs that may have compromised your information.
 - We must follow the duties and privacy practices described in this Notice and provide you with a copy upon request.
 - We will not use or share your information other than as described here unless you give us written permission. You may revoke your permission at any time in writing.
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Acknowledgment of Receipt:

Clients will receive this Notice (or a similar one) at the start of services and be asked to sign an acknowledgment form indicating they have received and reviewed it.

Contact for Questions

Angie Seech, LPC, PMH-C

Maternal Brain Education LLC

Mending the Mother Therapy and Wellness

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