

Notice of Privacy Practices

Zoha Alam PLLC

Zoha Alam, MS, LMFT-Associate

Texas State License: 205307 NPI: 1497524482

Contact: zoha@alamtherapy.com, (713) 589-8965

Address: 6733 Stella Link Rd, Suite 200, Houston, TX 77005

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2025

This notice describes how psychological and medical information about you may be used and disclosed and how you can access this information. Please read it carefully. This document is provided in accordance with federal and state law, including the Health Insurance Portability and Accountability Act (HIPAA) and applicable Texas privacy statutes.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Zoha Alam PLLC may use or disclose your Protected Health Information (PHI) for treatment, payment, and health care operations with your consent. These include:

- **Treatment:** Coordinating or managing your mental health care and related services. For example, we may consult with your primary care physician, psychiatrist, or other providers involved in your care.
- **Payment:** Billing your insurance, verifying coverage, or collecting fees for services rendered.
- **Health Care Operations:** Administrative, quality assurance, legal, and auditing functions necessary to run the practice, such as evaluating treatment outcomes or credentialing staff.

"Use" refers to internal activities within Zoha Alam PLLC. "Disclosure" refers to releasing information to parties outside the practice.

II. Uses and Disclosures Requiring Your Written Authorization

Uses or disclosures of your PHI not covered by treatment, payment, or operations require your written authorization. These include, but are not limited to:

- Sharing your PHI with a third party for reasons not related to care or payment
- Disclosures of psychotherapy notes, which are kept separate from your main medical record and include detailed documentation of therapy sessions

You may revoke an authorization in writing at any time, except to the extent that action has already been taken based on the original authorization.

III. Uses and Disclosures Without Your Authorization or Consent

Zoha Alam PLLC may disclose your PHI without your consent or authorization in the following situations, as permitted or required by law:

- **Child, Elder, or Dependent Adult Abuse or Neglect**
- **Serious Threat to Health or Safety**
- **Judicial or Administrative Proceedings**
- **Health Oversight Activities**
- **Worker's Compensation Claims**
- **As Required by Law** (e.g., public health reporting, law enforcement inquiries)

Psychotherapy notes will only be released with explicit authorization or legal compulsion.

IV. Your Rights Regarding Your Protected Health Information

You have the following rights concerning your PHI:

- **Right to Access and Copy Records**
- **Right to Amend**

- **Right to an Accounting of Disclosures**
- **Right to Request Restrictions**
- **Right to Confidential Communications**
- **Right to a Paper Copy**
- **Right to Breach Notification**

V. Duties of Zoha Alam PLLC

We are required by law to maintain the privacy of your PHI and to provide you with this notice of our privacy practices. We reserve the right to revise this notice. Any changes will apply to all PHI we maintain. You will be provided with an updated notice if you are an active client or upon request.

Services are provided by Zoha Alam, LMFT-Associate, under supervision in accordance with Texas State Board requirements.

VI. Complaints

If you believe your privacy rights have been violated, you may file a complaint with Zoha Alam PLLC or with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

To file a complaint or inquire about this notice, contact:

Zoha Alam PLLC

Email: zoha@alamtherapy.com

Phone: (713) 589-8965

Address: 6733 Stella Link Rd, Suite 200, Houston, TX 77005

Or contact:

U.S. Department of Health and Human Services

200 Independence Avenue, S.W. Washington, D.C. 20201

Phone: 1-877-696-6775

Website: www.hhs.gov

Acknowledgement of Receipt

Under HIPAA, you have certain rights regarding the use and disclosure of your protected health information. By signing below, you acknowledge that you have received and reviewed this Notice of Privacy Practices.