

HIPPA COMPLIANCE

NOTICE OF PRIVACY PRACTICES

Effective Date: December 1, 2025

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This Notice describes how medical and mental-health information about you may be used and disclosed and how you can access this information. Please review it carefully.

YOUR RIGHTS

You have the right to:

1. Get an electronic or paper copy of your medical record

- You can ask to see or get a copy of your record and other health information.
- I will provide a copy or summary, usually within 30 days. A reasonable fee may apply.

2. Ask to correct your record

- If you think your record is incorrect or incomplete, you may request an amendment.
- I may deny your request, but will provide an explanation in writing.

3. Request confidential communications

You can request that I contact you in a specific way (e.g., phone vs. email) or send mail to a different address.

4. Ask to limit what I use or share

- You may request that I limit the use or disclosure of your PHI.
- I am not required to agree, but will consider your request.

5. Restrict information shared with your insurer

If you pay for a service entirely out-of-pocket, you may request that information not be shared with your health plan. I must honor this request unless disclosure is required by law.

6. Receive a list of disclosures

You may request a list of when I shared your information for reasons other than treatment, payment, or healthcare operations.

7. Get a copy of this Notice

You may request a paper or electronic copy at any time.

8. Choose a representative

If you have a legal guardian or personal representative, they may exercise your rights on your behalf.

9. File a complaint

You may file a complaint if you believe your privacy rights have been violated:

- With me directly
- With the U.S. Department of Health & Human Services (HHS)
Office for Civil Rights: www.hhs.gov/ocr/privacy/hipaa/complaints/

You will not be penalized for filing a complaint.

YOUR CHOICES

You can tell me your choices about how your information is used and shared in certain situations.

You have the right to control:

- Sharing information with family members or others involved in your care
- Disclosures for disaster relief situations
- Use of information for fundraising or marketing (I do not engage in these)

If you cannot express your preference, I may use my professional judgment to determine what is in your best interest.

USES AND DISCLOSURES I MAY MAKE WITHOUT YOUR AUTHORIZATION

1. For Treatment

I may use your PHI to provide, coordinate, or manage your mental-health care.

2. For Payment

I may use or disclose PHI to obtain payment for services, including billing, insurance claims, verifying eligibility, and determining benefits.

3. For Health Care Operations

I may use or disclose PHI to support practice operations, such as quality improvement, administrative tasks, or professional consultations (your identity is protected).

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

I may share your information without your permission in the following situations:

1. Safety Concerns

- If you express a clear and immediate threat of serious harm to yourself or others
- If, in my clinical judgment, disclosure is necessary to prevent or lessen a threat

2. Suspected Abuse or Neglect

I must report suspected child abuse, elder abuse, or abuse of a vulnerable adult.

3. Court Orders and Legal Proceedings

I may disclose PHI in response to a valid court order or legal mandate.

4. Health Oversight Activities

I may disclose information to licensing boards or government agencies as required by law.

5. Law Enforcement

Limited disclosures may be made in response to certain law enforcement requests, as required by law.

6. Medical or Psychiatric Emergencies

If you are unable to consent in an emergency, information may be shared with emergency medical personnel.

7. Public Health and Safety

I may disclose information to assist in public health activities, including disease prevention, product safety reporting, or disaster relief.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

I will not release information for:

- Marketing
- Sale of health information
- Most uses of psychotherapy notes
- Sharing information with third parties for non-treatment purposes unless you sign a specific written authorization.

You may revoke your authorization at any time in writing.

MY RESPONSIBILITIES

I am required by law to:

- Maintain the privacy and security of your protected health information (PHI)
- Provide you with this Notice describing my legal duties
- Inform you promptly if a breach occurs that may compromise your privacy or security
- Follow the terms of this Notice
- Not use or share your information other than as described here unless you give written permission

If my privacy practices change, I will update this Notice and make the revised version available.

CONFIDENTIALITY OF ELECTRONIC COMMUNICATIONS

Email and texting are used only for scheduling and administrative matters. These methods carry risks of unauthorized access. By initiating email or text contact, you acknowledge these risks. Clinical information should not be shared via email or text unless expressly agreed upon.

QUESTIONS

If you have questions about this Notice or your privacy rights, please contact:

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