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## **Notice of Privacy Practices**

Effective Date July 22, 2025

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully. This notice is provided in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

### **Your Rights**

As a patient, you have the right to:

- Request a copy of your therapy records
- Request corrections to your records
- Ask for confidential communication (e.g., alternate address or phone number)
- Request limits on what information I share
- Get a list of who I've shared your information with (upon request)
- Receive a copy of this notice at any time

### **How Your Information May Be Used**

Your protected health information (PHI) may be used or shared in the following ways:

- For Treatment: To plan and provide your care (e.g., consultation with another provider if you have given written permission)
- For Payment: To bill and collect payment for services (e.g., providing necessary information to your insurance company if applicable)
- For Health Care Operations: For administrative tasks such as scheduling, recordkeeping, or quality improvement

## Other Situations When I May Share Information

I may be required or permitted to share your information in certain situations without your written authorization, including:

- When required by law (e.g., court order, mandatory reporting of abuse)
- If there is a serious threat to your health or safety or that of another person
- To comply with government health oversight (e.g., licensing board inquiries)

## Uses and Disclosures That Require Your Authorization

Other uses or disclosures of your information — such as sending records to another provider or discussing your case with a family member — will only be done with your written consent. You may revoke that authorization at any time in writing.

## My Responsibilities

- I am required by law to protect the privacy of your health information.
- I will notify you if a breach of your information occurs.
- I will only use or share your information as described in this notice.

## Questions or Complaints

If you have questions or concerns about your privacy rights, or if you believe your rights have been violated, please contact me:

Dr. Douglas L. Cohen, PhD  
Licensed Psychologist  
202-368-2852  
info@douglaslcohenphd.com

You may also file a complaint with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

## Changes to This Notice

This notice may be updated occasionally. The most current version will be available upon request and posted in the office and on my website.