

EFFECTIVE DATE OF THIS NOTICE This notice went into effect on April 1, 2023.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW LUX THERAPY SERVICES, LLC AND ITS THERAPIST MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN ACCORDANCE WITH APPLICABLE LAW, INCLUDING THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (“HIPAA”), REGULATIONS PROMULGATED UNDER HIPAA, INCLUDING THE HIPAA PRIVACY AND SECURITY RULES, AND THE NATIONAL ASSOCIATION OF SOCIAL WORKERS CODE OF ETHICS. THIS NOTICE ALSO DESCRIBES HOW YOU CAN GAIN ACCESS TO YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION: I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request. I will also share a copy of the new Notice with you and discuss it with you during a session.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment

Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical consultants or other treatment team members. Disclosures for treatment purposes are not limited to the minimum necessary standard, because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between

health care providers, and referrals of a patient for health care from one health care provider to another.

For Payment

I may use and disclose PHI in order to receive payment for the treatment services I provide to you. Examples of payment-related activities include contacting your insurance company to determine eligibility or coverage for insurance benefits, to process claims, to review services being provided for demonstration of medical necessity, and to undertake utilization review activities.

For Health Care Operations

As needed, I may use or disclose your PHI to support my business activities, including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities. For example, I might share your PHI with third parties that perform various business activities (eg. billing, accounting, or technology services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI.

Required by Law

Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the U.S. Department of Health and Human Services for the purpose of investigating or determining our compliance with relevant laws.

Without Authorization

Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. In these instances, I will disclose the minimum necessary information to address the matter requiring disclosure. The types of disclosures that may be made without your prior authorization are:

1. The mandatory reporting of abuse or neglect of a child, an adult with disabilities, or an elder
2. When necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
3. When necessary for the provision of emergency medical care
4. When necessary to initiate or continue civil commitment or involuntary treatment proceedings
5. As required by court order or other judicial or administrative proceedings. For example, if you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but

only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

6. For mandatory government agency audits or investigations (eg. audits or investigations conducted by the Social Work licensing board or the U.S. Department of Health and Human Services)
7. Specialized Government Functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions. I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.
8. Public Health. If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.
9. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me.
10. In certain instances, as required by law to law enforcement officials.
11. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

Verbal Permission

I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care with your verbal permission. The opportunity to consent may be obtained retroactively in emergency situations.

With Authorization

Use or disclosure of your PHI beyond what the law mandates or permits will be made only with your prior written authorization, which may be revoked at any time, except to the extent that I have already made a use or disclosure based on your authorization. The following uses and disclosures will be made only with your prior written authorization.

1. Most uses and disclosures of Psychotherapy Notes (as that term is defined in 45 CFR § 164.501). Any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.

- c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
 3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.
 4. Other uses and disclosures not described in this Notice.

III. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI in a “designated record set.” A designated record set contains records of mental and medical health, billing, and any other documents used to make decisions about your care. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
5. **The Right to Get a List of the Disclosures I Have Made.** You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment,

payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

To exercise any of these rights, please submit your request in writing to your therapist, Kimberly Lux, LCSW at kimberlyluxlcsw@gmail.com.

IV. Breach Notification

If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

V. Complaints

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with your therapist, Kimberly Lux, LCSW, at kimberlyluxlcsw@gmail.com or with the Secretary of Health and Human Services (“the Secretary”) at 200 Independence Avenue S.W., Washington, DC 20201 or by calling the Secretary’s office at (202) 619-0257. I will not retaliate against you for filing a complaint.