

Notice of Living Alignment Psychological Services (LAPS) Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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

LAPS PLLC may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”

– Treatment is when LAPS PLLC provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when LAPS consults with another health care provider, such as your family physician or another psychologist.

- Payment is when LAPS PLLC obtains reimbursement for your healthcare. Examples of payment are when LAPS discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

- Health Care Operations are activities that relate to the performance and operation of LAPS PLLC’s practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

- “*Use*” applies only to activities within my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

LAPS PLLC may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when LAPS PLLC is asked for information for purposes outside of treatment, payment and health care operations, LAPS will obtain an authorization from you before releasing this information. LAPS will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes your LAPS clinician may have made about conversations had during a private, group, joint, or family counseling session, and will be kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) LAPS has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

LAPS PLLC may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If LAPS PLLC has reason to suspect child abuse or neglect, we are mandated by law to report such suspicion immediately to the Virginia Department of Social Services or to the appropriate child protective services authority in another state, as applicable.
- **Adult Abuse Reporting:** If LAPS PLLC has reason to suspect abuse, neglect, or exploitation of an elder or an incapacitated adult, we are required by law to immediately report such suspicion to the Virginia Department of Social Services or the appropriate adult protective services agency in another state, as applicable.
- **Health Oversight:** The Virginia Board of Psychology has the power, when necessary, to subpoena relevant records should LAPS PLLC be the focus of an inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and LAPS PLLC will not release information without the written authorization of you or your legal representative, or a subpoena (of which you have been served, along with the proper notice required by state law). However, if you move to quash (block) the subpoena, LAPS PLLC is required to place said records in a sealed envelope and provide them to the clerk of court of the appropriate jurisdiction so that the court can determine whether the records should be released. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If LAPS PLLC has engaged in professional duties and you communicate a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and your LAPS clinician believes you have the intent and ability to carry out that threat immediately or imminently, your LAPS clinician must take steps to protect third parties. These precautions may include (1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18; or (2) notifying a law enforcement officer.
- **Worker's Compensation:** If you file a worker's compensation claim, LAPS PLLC is required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

There may be additional disclosures of PHI that LAPS PLLC is required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, LAPS PLLC is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, LAPS PLLC will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. LAPS PLLC may deny your access to PHI under certain circumstances, but in some case's you may have this decision reviewed. On your request, LAPS will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. LAPS PLLC may deny your request. Upon your request, LAPS will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, your LAPS clinician will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- LAPS PLLC clinicians are required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- LAPS PLLC clinicians reserve the right to change the privacy policies and practices described in this notice. Unless LAPS notifies you of such changes, however, LAPS is required to abide by the terms currently in effect.
- If LAPS PLLC revises our policies and procedures an updated copy will be posted on the LAPS PLLC website, www.LivingAlignmentPsych.com and a hard copy can be provided to you at your request, in writing.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact Dr. Savannah Lokey.

If you believe that your privacy rights have been violated and wish to file a complaint with LAPS PLLC, you may send your written complaint to Dr. Savannah Lokey by mail at: 3101 Wilson Blvd Suite 500 or via email at drlokey@protonmail.com

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. LAPS PLLC will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on January 1, 2026.

LAPS PLLC respects your privacy and confidentiality of all and any personal information that you discuss. In areas where your consent is not necessary, please be assured that LAPS will make every effort possible not to share information about you without your knowledge.

In the event of procedural changes in the practices and/or changes in the Privacy law, LAPS PLLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that your LAPS clinician maintains. The revised notice will be posted online at www.livingalignmentpsych.com website, and a copy will be provided to you upon your request.

Acknowledgement of LAPS of Notice of Privacy Practices

My signature below serves as an acknowledgement that I have been provided a copy of Living Alignment Psychological Services, PLLC's "Notice of Privacy Practices." I understand that I may ask questions about them at any time and consent to accept these policies as a condition of receiving mental health services.