

## **Light Force Psychotherapy**

**215 Executive Drive Suite 102**

**Cranberry Twp., PA 16066**

This document outlines the Notice of Privacy Practices for psychotherapy services received through Light Force Wellbeing, LLC (DBA Light Force Psychotherapy).

### **EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on May 1, 2026

### **NOTICE OF PRIVACY PRACTICES**

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

#### **I. PLEDGE REGARDING HEALTH INFORMATION:**

Light Force Psychotherapy understands that health information about you and your health care is personal. Light Force Psychotherapy is committed to protecting health information about you. Light Force Psychotherapy creates a record of the care and services you receive from Light Force Psychotherapy. Light Force Psychotherapy needs 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 Light Force Psychotherapy may use and disclose health information about you. Light Force Psychotherapy also describes your rights to the health information Light Force Psychotherapy keeps about you, and describes certain obligations Light Force Psychotherapy has regarding the use and disclosure of your health information. Light Force Psychotherapy is required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of Light Force Psychotherapy’s legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Light Force Psychotherapy can change the terms of this Notice, and such changes will apply to all information Light Force Psychotherapy has about you. The new Notice will be available upon request, in the office, and on the website.

#### **II. HOW LIGHT FORCE PSYCHOTHERAPY MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

The following categories describe different ways that Light Force Psychotherapy uses and discloses health information. For each category of uses or disclosures Light Force Psychotherapy will explain what is meant and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways Light Force Psychotherapy is permitted to use and disclose information will fall within one of the categories.

**For Treatment Payment, or Health Care Operations:** Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or

disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. Light Force Psychotherapy may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, they would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

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.

**Lawsuits and Disputes:** If you are involved in a lawsuit, Light Force Psychotherapy may disclose health information in response to a court or administrative order. Light Force Psychotherapy may also disclose health information about your child 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.

### **III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:**

1. **Psychotherapy Notes.** Light Force Psychotherapy does keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
  - a. For Light Force Psychotherapy's use in treating you.
  - b. For Light Force Psychotherapy's 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 Light Force Psychotherapy's use in defending itself in legal proceedings instituted by you.
  - d. For use by the Secretary of Health and Human Services to investigate Light Force Psychotherapy's 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, Light Force Psychotherapy will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** As a psychotherapist, Light Force Psychotherapy will not sell your PHI in the regular course of its business.

### **IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.**

Subject to certain limitations in the law, Light Force Psychotherapy can use and disclose your PHI without your Authorization for the following reasons:

1. 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.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although Light Force Psychotherapy's preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on the premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. 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.
9. For workers' compensation purposes. Although Light Force Psychotherapy's preference is to obtain an Authorization from you, Light Force Psychotherapy may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. Light Force Psychotherapy may use and disclose your PHI to contact you to remind you that you have an appointment with Light Force Psychotherapy. Light Force Psychotherapy may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that are offered.

#### **V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.**

1. **Disclosures to family, friends, or others.** Light Force Psychotherapy 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, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

#### **VI. 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 Light Force Psychotherapy not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Light Force Psychotherapy is not required to agree to your request, and may say "no" if it is believed 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 Light Force Psychotherapy Sends PHI to You.** You have the right to ask Light Force Psychotherapy to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and all reasonable requests will be accommodated.
4. **The Right to See and Get Copies of Your PHI.** Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that Light Force Psychotherapy has about you. A copy of your record, or a summary of it if you agree, will be provided within 30 days of receiving your written request, and a reasonable, cost-based fee may be charged.
5. **The Right to Get a List of the Disclosures Light Force Psychotherapy Has Made.** You have the right to request a list of instances in which your PHI has been disclosed for purposes other than treatment, payment, or health care operations, or for which you provided Authorization. A response will be provided within 60 days. The list will include disclosures made in the last six years unless you request a shorter time. One list per year is free; additional requests may incur a reasonable fee.
6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that important information is missing, you have the right to request a correction or addition. The request may be denied, but an explanation will be provided in writing within 60 days.
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 may also request a copy by e-mail. Even if you agree to receive it electronically, you may still request a paper copy.

#### **Acknowledgement of Receipt of Privacy Notice**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of the HIPAA Notice of Privacy Practices.

**BY SIGNING BELOW I/ WE AGREE THAT I/ WE HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**