Notice of Privacy Practices

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

Effective date: November 7, 2026 · Privacy contact: Liziah Elizabeth Richards, MA, LMHC · Liziah@Liziah.com · 206-240-8054 · 3618 California Ave SW, Seattle, WA 98116

My duties

The law requires me to keep your protected health information private, to give you this notice of my legal duties and privacy practices, and to follow the notice currently in effect. I will tell you promptly when a breach occurs that may have compromised the privacy or security of your information. Washington law, including the Uniform Health Care Information Act (chapter 70.02 RCW), gives mental health information extra protection. Where Washington law is more protective than federal law, I follow Washington law.

How I use and share your information

Treatment. I use your information to provide counseling. With your permission, or as the law allows, I may share it with other professionals involved in your care.

Payment. I share information with your health plan, and with the billing service that works for me, to receive payment. For example, a claim lists the dates of service and a diagnosis code.

Health care operations. I may use information to run my practice well, for example for consultation that protects your identity, or for quality review.

Business associates. Some services, such as billing and secure video, are provided by outside companies. The law requires each one to sign an agreement to protect your information.

Psychotherapy notes

Psychotherapy notes are notes I may keep about the content of our sessions, separate from the rest of your record. They receive special protection. I share them only with your written authorization, except in the narrow cases the law allows.

When I may share information without your authorization

- When the law requires it, including reports of suspected abuse or neglect of a child or a vulnerable adult.
- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- For health oversight, such as an audit or licensing review by the Department of Health.
- In response to a court order, or a subpoena where the law allows.
- For workers' compensation claims, as the law allows.
- To coroners or medical examiners, or for specialized government functions, as the law allows.

Uses that need your written authorization

Most sharing of psychotherapy notes, any use of your information for marketing, and any sale of your information require your written authorization. Any other use not described in this notice also requires it. You may revoke an authorization in writing at any time, except to the extent I have already acted on it.

Substance use disorder records

Some substance use disorder treatment records receive additional federal protection under 42 CFR Part 2. When I receive records protected by Part 2, I use and share them only as Part 2 allows. Records shared under Part 2 may not be used against you in a civil, criminal, administrative, or legislative proceeding without your written consent or a court order that meets Part 2 requirements.

Your rights

- **See and copy your record.** You may ask to see or receive a copy of your health information, on paper or electronically. I will respond within the time the law sets and may charge a reasonable, cost-based fee.
- **Ask for a correction.** You may ask me to correct information you believe is wrong or incomplete. I may say no, and I will explain why in writing within the time the law sets.
- **Ask for confidential communication.** You may ask me to contact you in a certain way or at a certain place, for example a cell phone only. I will agree to all reasonable requests.
- **Ask me to limit what I use or share.** I am not required to agree, except in one case: when you pay for a service in full out of pocket and ask me not to share it with your health plan, I will agree unless the law requires the sharing.
- **Get a list of disclosures.** You may ask for a list of times I shared your information in the six years before your request, with some exceptions, such as treatment, payment, and operations.
- **Get a paper copy of this notice** at any time, even when you agreed to receive it electronically.
- **Choose someone to act for you.** A legal guardian or a person with your health care power of attorney may exercise your rights.

Complaints

When you believe your privacy rights were violated, you may complain to me using the contact information above, or to the U.S. Department of Health and Human Services, Office for Civil Rights: 200 Independence Avenue SW, Washington, DC 20201; 1-877-696-6775; www.hhs.gov/ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint.

Changes to this notice

I may change this notice. Changes apply to all information I hold. The current notice is available on request, in my office, and on my website.

Acknowledgment of receipt

I received a copy of the Liziah Therapies Notice of Privacy Practices.

CLIENT PRINTED NAME

DATE

SIGNATURE (CLIENT, OR PARENT OR GUARDIAN)

WHEN SIGNED BY A REPRESENTATIVE, RELATIONSHIP TO CLIENT

For office use

When a client does not sign, note the good-faith effort to obtain acknowledgment and the reason.

NOTE