SEAFOAM PSYCHIATRY, PLLC

7229 Forest Avenue, Suite 103 · Richmond, Virginia 23226

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 1 December 2026. Version 1.

In summary

The full notice follows and is the one that governs. This summary is here so you know what is in it.

In short	What it means
Your information is yours	You may see it, obtain a copy, ask us to correct it, and ask us to limit how it is shared.
We share it to treat you	With pharmacies, laboratories, other clinicians involved in your care, the clinicians within this practice who care for you or cover for your clinician, and the people who help run the practice.
Some sharing is required by law	Child abuse, abuse of an older or vulnerable adult, certain threats to other people, court orders, and oversight of health care. These are not optional and cannot be waived.
Everything else needs your written permission	And you may withdraw that permission.
Therapy process notes have extra protection	Where they are kept, they are separate from your record and require their own separate written permission.
If you pay for a visit yourself	You may tell us not to share it with a health plan, and we must agree. This is the one restriction we cannot refuse.
You may complain	To us, or to the federal government. Nothing about your care will change because you did.

1. Who this notice covers

This notice applies to Seafoam Psychiatry, PLLC, and to everyone who works for the practice. It covers care given in the office and care given by telehealth.

The practice is a single organization with a care team

Care here is provided by physicians and nurse practitioners licensed in Virginia, supported by administrative staff. Everyone involved in your care, or in billing for it, has access to your record to the extent their role requires and no further. That includes a clinician who covers for yours when yours is unavailable, and clinicians who consult one another about your care where it helps the treatment.

The practice is one covered entity under federal privacy law. It is not part of a hospital system, an affiliated group, or any arrangement that shares records with another organization.

Residents, students, and observers

The practice may host resident physicians from an approved graduate medical education program and medical students under a preceptorship. Where it does, they are part of the practice's workforce, are bound by the same

privacy obligations, and have access to your record only to the extent their role in your care requires. You will be told, and you may ask that a trainee not take part in your care.

An observer who is not in a clinical training program — a pre-medical student, for instance — is in a different position. An observer is never present without your separate written authorization, given in advance and on a form used for nothing else, and you may decline or withdraw it at any time without affecting your care.

Companies that work for the practice

A small number of companies handle your information in order to provide a service to the practice: the electronic record and patient portal, a telehealth platform, a payment processor, a billing service, an answering service, a document destruction service. Each signs a written agreement requiring it to protect your information on the same terms the practice does.

2. How we use and share your information to care for you

We may use and share your health information for three everyday purposes without asking your permission each time. The law calls these treatment, payment, and health care operations.

Purpose	What it means, and an example
Treatment	Providing your care and coordinating it with others involved in it. Sending a prescription to your pharmacy. Ordering blood work and receiving the result. A clinician here covering for yours. Speaking with your therapist or your primary care physician. Sending records to an emergency department treating you.
Payment	Being paid for the care provided. Charging the card you keep on file. Preparing an itemized statement you can submit to your insurer for out-of-network reimbursement.
Health care operations	Running the practice and maintaining the quality of its care. Internal review of records. Training clinicians within the practice. Work with the practice's accountant, attorney, or malpractice insurer. Verifying a clinician's credentials with a hospital or an insurer.

We share the minimum amount of information needed for the purpose. A pharmacy that needs a prescription does not need your history.

3. When the law requires or permits us to share without your permission

What you tell us is private, and we protect it. Privacy is not absolute. The law requires or permits disclosure in the situations below. We share only what is needed, and we tell you when we can.

Disclosures we are required to make

We have no discretion about these, and they cannot be waived.

- **Threats to another person.** Virginia law imposes a duty to act to protect someone else where a patient communicates a specific and immediate threat to seriously injure or kill a person who can be identified, and the clinician believes the patient intends to act on it and has the ability to do so. Where the person threatened is a child, this extends to threatened physical or sexual abuse. The law permits the duty to be met in several ways, and we use the least intrusive one that keeps people safe. Working on the threat with you during the session is one of them.
- **Harm to a child.** Physicians and nurse practitioners are required by law to report when there is reason to suspect that a child is being abused or neglected, immediately and no later than 24 hours. There is no exception for something disclosed during treatment. The report goes to the local department of social services or the state hotline.

- **Harm to an older or vulnerable adult.** We are required to report immediately where there is reason to suspect that an adult who is 60 or older, or an adult unable to protect themselves, is being abused, neglected, or financially exploited.
- **Court orders.** Where a court orders the release of records or testimony, we must comply with the order.
- **Oversight of health care.** The Virginia Board of Medicine, the Virginia Board of Nursing, and government agencies that license, audit, or investigate health care providers may require access to records.
- **Federal privacy investigations.** The U.S. Department of Health and Human Services may require access to records to determine whether the practice is complying with the federal privacy rules.
- **Anything else the law requires.** There are narrow situations — certain public health reporting, certain legal processes — where disclosure is mandatory.

Disclosures the law permits, where clinical judgment is involved

- **Serious and immediate danger to you.** Where we believe you are in serious and immediate danger, we may share information with people who can help, including emergency services, a hospital, or someone you have told us to contact.
- **People involved in your care.** If you agree, or do not object when given the chance, we may share relevant information with a family member, a friend, or anyone else you have involved in your care or in paying for it. Where you are not able to agree or object — in an emergency, for instance — we use our judgment about what is in your best interest and share only what is relevant.
- **Public health.** Reporting a communicable disease, a birth or death, or a problem with a medication or medical product.
- **Law enforcement,** in the specific circumstances the law defines: responding to a court order, warrant, or similar process; reporting a crime on the premises; or providing limited information to identify or locate a person.
- **Coroners, medical examiners, and funeral directors,** as needed to perform their duties.
- **Workers' compensation,** as the law governing those claims requires.
- **Military, veterans, and national security authorities,** in the narrow circumstances the law provides.
- **Defending the practice.** Where you bring a legal action or a complaint against the practice or one of its clinicians, we may use and disclose your information to the extent necessary to defend it.

Legal process, and why a subpoena is not a court order

People use these words interchangeably. They are different, and the difference is what gives you time.

A court order has been reviewed by a judge and must be obeyed. A subpoena is compulsory process issued in a case. It is not a mere request and cannot be ignored, but Virginia law gives you protection: a subpoena for health records generally may not set a return date sooner than 15 days, and we may not respond at all until the party who issued it certifies to us in writing that the period for you to object has passed. That party — not the practice — carries the legal duty to notify you, and we will tell you a subpoena has arrived when we are able to. If you wish to object, that is a matter for you and an attorney, and the time is short.

Psychiatric records are often produced only under a protective order. Psychotherapy notes are different again and require your separate written authorization.

Routine sharing, and the one restriction we cannot refuse

We may share information with other clinicians involved in your care, with a pharmacy, with a laboratory, and with the companies that help run the practice, for treatment, payment, and operations as described in Section 2.

Where you pay in full yourself for a specific service, you have the right to tell us not to share information about that service with a health plan, and we must honor that request unless another law requires the disclosure. Section 7 explains how to exercise it.

You may also give us written permission to share information with anyone you choose, and withdraw that permission at any time going forward.

If the patient is under 18

Most patients under 18 are enrolled by a parent or guardian, who consents to treatment and is responsible for payment. Where that is so, either parent may generally obtain the child's record, whether or not that parent has custody, unless a court has ordered otherwise.

There is one exception. Where the treating physician determines, and records in the chart, that releasing the record to a parent would be reasonably likely to cause substantial harm to the child or to someone else, the request is refused. That determination can be reviewed. Where a patient's clinician is a nurse practitioner, a physician of the practice makes or co-signs the determination, because Virginia law assigns it to a physician or to certain other named professions.

Virginia law also permits a minor to consent independently to outpatient treatment for mental illness or emotional disturbance, and sets no minimum age. The practice accepts a minor on that basis only where the treating clinician agrees it is clinically appropriate. Where it does, the minor signs any authorization to release those records, nothing is sent to a parent on the practice's initiative, and a parent's request for those records is handled under the exception above.

How this works is explained to families and to adolescents before treatment begins. The Consent to Treatment sets it out in full.

Substance use records received from another program

This practice is not a federally regulated substance use disorder treatment program. Where we receive your records from one, federal law gives those records extra protection that travels with them, and we follow it.

Those records, and any testimony about what is in them, may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless you give specific written consent or a court orders it after you have had notice and an opportunity to be heard. A court order permitting their use must be accompanied by a subpoena or other compelling legal requirement.

Virginia's Prescription Monitoring Program

Virginia maintains a statewide database of controlled substance prescriptions. We check it, and are required by law to check it in defined circumstances.

Every controlled substance prescription dispensed to you by any pharmacy is reported to this program by the pharmacy. When a clinician checks your record there, the program records that the check occurred. The consequence is that the fact you are a patient here, and that a controlled substance is being considered or prescribed for you, is known to a state database.

This is a routine and certain disclosure for anyone treated here with a stimulant or a similar medication. It is set out because it is real, and because few privacy notices mention it.

Once information leaves

Information we disclose may be passed on by whoever receives it, and once it has left it may no longer be protected by these federal privacy rules. A record sent to an employer's disability administrator, or to a court, is governed by whatever rules apply there.

What this practice does not do

Listed so that nothing here is a promise that has not been made:

- The practice does not fundraise and will not contact you for that purpose.
- The practice does not sell your information, in any form.
- The practice does not market to you, and does not share your information so that someone else can.
- The practice does not conduct or participate in research.
- The practice does not participate in a health information exchange or a national data-sharing network.
- The practice does not maintain a patient directory.

4. Information with extra legal protection

Some categories are protected more strictly than the rest of your record, by federal law, by Virginia law, or by both. Where a stricter rule applies, the stricter rule is the one we follow.

Therapy process notes

Federal law recognizes a narrow category called psychotherapy notes: a clinician's private notes analyzing the content of a session, kept separate from the rest of the record. They are not the record of your treatment.

The following are not psychotherapy notes and are part of your regular record: medication and prescriptions, test results, your diagnosis, session start and stop times, how often you are seen, the treatment plan, your symptoms and prognosis, and a summary of your progress.

- Where a clinician here keeps psychotherapy notes, they are kept separately from your medical record.
- They cannot be released without your specific, separate written permission on a form used for nothing else. That permission cannot be combined with any other authorization.
- Federal law does not give you a right to a copy of psychotherapy notes, although they may be provided.
- A health plan cannot require you to release them as a condition of coverage or payment.
- There are narrow exceptions where no authorization is needed: the author's own use in treating you, oversight of the author by a licensing body, a legal action you bring against the practice, a coroner, a serious and imminent threat, and where the law requires.

HIV test results

Virginia law makes the result of an HIV test confidential and provides a civil penalty and a private right of action for unauthorized disclosure. Where HIV test results are in your record, we treat them accordingly.

Substance use records, and records about a minor

Both are addressed in Section 3, under their own headings.

5. Virginia law where it is stricter than federal law

Federal privacy rules set a floor, not a ceiling. Where Virginia law protects you more, Virginia law applies. The places that matter most here:

Subject	The stricter Virginia rule
Responding to a records request	30 days, with no extension. Federal law allows a single 30-day extension; Virginia does not, so the practice works to 30 days.
Subpoenas for health records	Generally may not set a return date sooner than 15 days, and we may not respond until the requesting party certifies in writing that your time to object has passed.
Minors' records	Specific rules on parental access, the substantial-harm exception, and independent review of a denial.

HIV test results	Confidential by statute, with a civil penalty and a private right of action for unauthorized disclosure.
Record retention and destruction	We are required to tell you how long records are kept and how they are destroyed. See Section 8.

6. Everything else needs your written permission

Any use or sharing of your information not described in this notice requires your written authorization. That includes, without exception:

- Releasing psychotherapy notes, which requires its own separate form.
- The presence of an observer who is not part of the practice's workforce.
- Marketing of any kind.
- Any sale of your information.

An authorization states what information, to whom, for what purpose, and when it expires.

You may withdraw it

You may revoke an authorization at any time by telling us in writing. Revoking it stops future sharing. It cannot undo what has already been shared in reliance on it, because that information has already gone.

You never have to sign one

We will not refuse to treat you, and will not condition your care, because you decline to sign an authorization. Signing is your choice.

7. Your rights, and how to use them

Each of these is a legal right, not a courtesy, and the timeframes below are binding on the practice. Unless stated otherwise, make a request in writing to the contact in Section 10.

See and obtain a copy of your record

- You may inspect your record and obtain a copy, on paper or electronically, whichever you prefer.
- Response within 30 days. Virginia allows no extension, so 30 days is the limit.
- Virginia law limits the charge for your own record to a reasonable cost-based fee covering supplies and the labor of copying, plus postage if you ask to have it mailed. There is no charge for finding or retrieving the record. You will be told the cost before any copying begins.
- You may direct us to send a copy to a person you name. Tell us who, and where to send it, in writing.
- Records are not withheld or delayed because money is owed to the practice.
- Access may be denied in narrow circumstances — most relevantly where a clinician determines and documents that release is reasonably likely to endanger your life or physical safety or someone else's, or where the record refers to another person and access would be reasonably likely to cause that person substantial harm. A denial on either ground is given to you in writing, with the reason.
- You have a right to have a denial reviewed. Under federal law the review is by a licensed health care professional designated by the practice who took no part in the original decision. Under Virginia law you have a further choice: you may designate a reviewer yourself, at your own expense, or ask the practice to designate one at its expense. Either way, the reviewer may overturn the decision and the practice is bound by the result.
- Psychotherapy notes are outside this right, as Section 4 describes.

Ask us to correct your record

- If you believe something in your record is wrong or incomplete, ask us in writing to amend it and say why.
- Response within 60 days, with one 30-day extension if we tell you we need it.
- A denial is given to you in writing, with the reason.
- You may then submit a written statement of disagreement, which becomes part of your record and goes out with it whenever the disputed information is disclosed. The practice may add a rebuttal, and you receive a copy of it.
- Nothing is deleted from a record. A medical record is a contemporaneous document and altering it would destroy what makes it reliable. Correction is made by addition, not erasure.

Obtain a list of disclosures

- You may ask for an accounting of disclosures going back up to six years.
- The list excludes the routine categories: treatment, payment, operations, anything you authorized, and disclosures to you or to people involved in your care.
- Response within 60 days, with one 30-day extension if needed.
- One list free in any 12-month period. A reasonable cost-based fee may apply to additional requests in the same period, quoted before work begins so you may withdraw the request.

Ask us to limit what we share

- You may ask us to restrict how your information is used or shared for treatment, payment, or operations, or what is shared with someone involved in your care.
- We are not required to agree to most restrictions. Where we do agree, we follow it, in writing, except in an emergency where the information is needed for your treatment.
- We will tell you plainly where a restriction you want would make it unsafe or impractical to treat you, rather than agree and then work around it.

The one restriction we cannot refuse

Where a specific service is paid for in full — by you, or by anyone other than your health plan on your behalf — you have the right to tell us not to share information about that service with that plan, and we must honor it. The two exceptions are narrow: where another law requires the disclosure, and where the information is needed to treat you in an emergency.

How it works here. Tell us in writing, before or at the time of the visit, which visit or service you mean. It must be paid in full; a partial payment does not trigger the right. The restriction is marked on your account against that specific date of service and cannot be lifted unilaterally once agreed. Where a pharmacy or laboratory is involved, tell them too — we can restrict what we share, but cannot restrict what another provider shares.

Because the practice does not currently bill insurance, this right matters most if the practice joins a network later, or if you hold a plan you are not using here. It is worth knowing now.

Ask us to contact you differently

You may ask us to contact you only in a certain way or at a certain place — a particular telephone number, no voicemail, mail to an address other than your home, no mail at all. You do not have to give a reason, and we will accommodate any reasonable request. We may ask how payment will be handled where the request affects billing.

This matters more than people expect. If someone in your household should not know you are in treatment, tell us at the start rather than after a letter arrives. If you are also being seen by telehealth, say so then, because the Telehealth Consent asks for an emergency contact and that needs to be worked out together.

Obtain a paper copy of this notice

You may ask for a paper copy at any time, even if you agreed to receive it electronically, and one will be given to you.

Be told if your information is breached

Where a breach compromises the privacy or security of your information, we will notify you as the law requires.

Have someone act for you

A person with legal authority to make health care decisions for you — a parent of a minor child, a guardian, an agent under a health care power of attorney, or an executor — may exercise these rights on your behalf. We will ask for documentation of that authority. We may decline to treat a person as your representative where we believe you have been or may be subjected to abuse or neglect by that person, or that doing so could endanger you.

8. What the practice is required to do

- Keep your health information private and secure, as the law requires.
- Give you this notice of our legal duties and privacy practices.
- Follow the terms of the notice currently in effect.
- Tell you promptly where a breach compromises your information.
- Tell you how long records are kept and how they are destroyed.

How long records are kept

An adult patient's record is kept for at least six years after the last appointment. The record of a patient who is a minor is kept until that person turns 18 or becomes emancipated, and in no case for less than six years after the last appointment — whichever period is longer is the one that applies. When a record is destroyed, it is shredded or otherwise destroyed in a way that protects your privacy.

If this notice changes

We may change this notice. A changed notice applies to information already held as well as to information received afterwards.

When it changes, the new notice is posted in the office and on the practice website, you are offered a copy at your next appointment, and the effective date on the front tells you which version you are reading. The version in effect on any given day is the one that governs.

9. If you believe your privacy has been violated

Tell us. Most problems are mistakes, most mistakes can be fixed, and we would rather hear about it from you than from anyone else.

You also have the right to complain directly to the federal government, and you do not have to raise it with us first.

Complain to	How
The practice	Privacy Officer, Seafoam Psychiatry, PLLC, 7229 Forest Avenue, Suite 103, Richmond, Virginia 23226. Telephone 804-655-0085. Email info@seafoampsychiatry.com
U.S. Department of Health and Human Services	Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201. Telephone 1-800-368-1019, TDD 1-800-537-7697. www.hhs.gov/ocr/privacy/hipaa/complaints/

You will not be retaliated against for filing a complaint. Complaining is not a reason to treat you differently, and it will never be one here. Nothing about your care will change because you raised a concern, with us or with anyone else.

10. Questions, and the date this notice took effect

Privacy Officer	**Seafoam Psychiatry, PLLC**
Address	7229 Forest Avenue, Suite 103, Richmond, Virginia 23226
Telephone	804-655-0085
Email	info@seafoampsychiatry.com
Website	seafoampsychiatry.com
Effective date	1 December 2026
Version	1

Receipt of this notice is recorded on the Acknowledgment of Receipt, which records the version number so the practice can always show which notice a patient received.