



LJT THERAPEUTICS LLC

NOTICE OF PRIVACY PRACTICES

Effective date: Feb 2022 **Last revised:** Oct 2026

Practice: LJT Therapeutics LLC | **Website:** www.ljttherapeutics.com

Email: Contact@LJTTherapeutics.com

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.

Our responsibilities

LJT Therapeutics LLC ("the Practice") is required by law to protect the privacy and security of your protected health information (PHI), provide you with this notice of our legal duties and privacy practices, and follow the terms of the notice currently in effect. We will notify affected individuals following a breach of unsecured PHI as required by law. We may change this notice; any revised notice will apply to PHI we maintain and will be available on our website and upon request.

How we may use and disclose your information without written authorization

Treatment: We may use or disclose PHI to coordinate or provide your care, including consultation and referrals to other treating professionals, consistent with applicable law.

Payment: We may use or disclose PHI to bill and collect payment from you or your health plan, verify benefits, or obtain required authorization for services.

Health care operations: We may use or disclose PHI for quality improvement, training, auditing, credentialing, legal compliance, and business management. Where required, service providers handling PHI on our behalf must enter into appropriate business associate agreements.

Other uses permitted or required by law: Subject to applicable conditions and limits, we may disclose PHI for public health and safety activities; reports of suspected abuse or neglect; health oversight; judicial or administrative proceedings; law enforcement; workers compensation; coroners and medical examiners; and to avert a serious and imminent threat to health or safety. We may disclose information to family or others involved in your care or payment when permitted by law and your preferences, and may disclose to the extent required by law. Additional state protections may restrict these disclosures.

Uses and disclosures requiring your authorization

We generally need your written authorization for uses and disclosures not described in this notice, including most uses and disclosures of psychotherapy notes (as HIPAA defines that term), most marketing uses, and sale of PHI. We will not use or disclose PHI for a prohibited purpose. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

Psychotherapy notes and specially protected records

Psychotherapy notes kept separately from the clinical record receive additional HIPAA protection. Certain mental health, HIV, genetic, minor-consent, and other records may be subject to stricter state or federal confidentiality rules. If the Practice creates or maintains substance use disorder records subject to 42 CFR Part 2, additional restrictions and patient rights apply, including protections against use of such records in legal proceedings without the required consent or legal authority. Where applicable, we will follow those rules and provide any required additional notices or statements.

Your rights regarding PHI

Access: You may inspect or request a copy of PHI in a designated record set, including an electronic copy when readily producible, subject to limited legal exceptions. Reasonable, cost-based fees may apply where allowed.

Correction: You may ask us to amend information you believe is incorrect or incomplete. We may deny certain requests in writing and explain your rights.

Accounting: You may request an accounting of certain disclosures, subject to statutory exceptions.

Restrictions: You may ask us to limit certain uses or disclosures. We are generally not required to agree, except that we must honor a request not to disclose information about an item or service to a health plan for payment or operations if you paid for it in full out of pocket and other legal conditions are met.

Confidential communications: You may ask us to contact you at a different phone number, address, or by another reasonable method. We will accommodate reasonable requests.

Paper copy and representative: You may obtain a paper copy of this notice at any time, even if you agreed to receive it electronically. A person legally authorized to act for you may exercise your rights as allowed by law.

Complaints: You may complain to our Privacy Officer or the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights were violated. We will not retaliate against you for filing a complaint. See <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>.

Minors, parents, guardians, and family involvement

Parents and legal guardians may have access to a minor patient's information when authorized by applicable law. Exceptions may apply when a minor can consent to care independently, when disclosure is restricted by law, or in other protected circumstances. We evaluate requests under applicable federal and state law.

Telehealth, messaging, and technology

We may provide services and communicate through electronic health records, patient portals, telehealth systems, telephone, and other technology, using appropriate safeguards and vendor agreements where required. Ordinary email, SMS, and voicemail may present privacy risks. We encourage use of approved secure channels for sensitive clinical information. We will obtain any consent or authorization required by law and honor reasonable confidential communication requests. This notice does not itself constitute consent to receive promotional text messages.

Fundraising, reminders, and information about care

We may contact you for appointment reminders and information about treatment alternatives or health-related services as permitted by law. If we conduct fundraising communications using PHI as permitted by HIPAA, you will be given a clear opportunity to opt out. We will not condition your care on receiving fundraising messages.

Additional reproductive health and other legal protections

We comply with HIPAA and applicable state and federal confidentiality requirements, including protections that may apply to reproductive health information. The legal requirements in this area may change; the Practice will follow the law in effect at the time of a request or disclosure.

Questions or requests

Contact Contact@LJTTherapeutics.com to exercise privacy rights, request a copy, or ask questions. Requests may be subject to reasonable identity and authority verification.

Publication checklist (remove before posting)

Replace every bracketed field; verify the correct legal name, effective date, privacy contact and address; confirm actual workflows, vendors, and any applicable 42 CFR Part 2 obligations; review Illinois and Washington requirements and other jurisdictions served; obtain compliance/legal review; then remove this checklist and publish the final notice.