Steven Wong, Ph.D. PLLC

1655 North Fort Myer Dr., Suite 350, Arlington, VA 22209
Telephone (202) 725-7237 | Fax (202) 759-4455

NOTICE OF PRIVACY PRACTICES

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

This notice applies to the health information practices of Steven Wong, Ph.D. PLLC ("this practice," "I," or "me"). By law, I am required to maintain the privacy of your Protected Health Information (PHI), to give you this notice describing my legal duties and privacy practices, and to abide by the terms currently in effect.

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

I may use or disclose your PHI without a separate written authorization for purposes of treatment, payment, and health care operations. To clarify these terms:

- "Use" refers to activities within this practice, such as sharing, applying, or reviewing information that identifies you.
- "Disclosure" refers to releasing, transferring, or providing access to your information to parties outside this practice.
- "Treatment" is when I provide, coordinate, or manage your care, such as consulting with your physician or another mental health professional.
- "Payment" refers to activities to obtain reimbursement for your care, such as disclosing PHI to your health insurer to bill for services or verify coverage.
- "Health Care Operations" are activities related to running this practice, such as quality assessment, billing audits, and care coordination.

II. Other Uses and Disclosures Requiring Authorization

For any use or disclosure of PHI outside of treatment, payment, or health care operations, I will obtain your written authorization before releasing the information. This includes your Psychotherapy Notes — notes I may keep about the content of our sessions, kept separate from the rest of your record and given a higher level of protection than the rest of your PHI.

You may revoke a prior authorization at any time, in writing, except to the extent I have already relied on it, or where the authorization was obtained as a condition of obtaining insurance coverage and law gives the insurer the right to contest a claim under the policy.

III. Uses and Disclosures Without Authorization

Virginia and federal law permit or require me to use or disclose PHI without your authorization in the following circumstances:

Child Abuse or Neglect

If I know or have reasonable cause to suspect that a person under 18 years of age is currently an abused or neglected child, Virginia law requires me to report this immediately to the appropriate authorities (Va. Code §§ 63.2-100, 63.2-1509).

Adult and Domestic Abuse

If I believe an adult is in need of protective services because of abuse, neglect, or exploitation, Virginia law requires me to report this to Adult Protective Services (Va. Code § 63.2-1606).

Health Oversight Activities

If the Virginia Board of Psychology is investigating my practice, I may be required to disclose PHI to the Board. The Board may be reached at 9960 Mayland Drive, Suite 300, Henrico, VA 23233, (804) 367-4406.

Judicial and Administrative Proceedings

If you are involved in a court proceeding and information about the services I provided you is requested, that information is generally privileged under Virginia law (Va. Code § 8.01-400.2), and I will not release it without your written authorization or a court order, except where your physical or mental condition is at issue in the proceeding or where a court, in the exercise of sound discretion, orders disclosure. This privilege does not apply to matters involving child abuse or neglect, and does not relieve me of the reporting duty described above. If you are being evaluated for a third party or the evaluation is court-ordered, I will inform you of this in advance.

Serious Threat to Health or Safety

If, consistent with Virginia's duty-to-protect statute (Va. Code § 54.1-2400.1), you communicate a specific and immediate threat to cause serious bodily injury or death to an identified or readily identifiable person, and I believe you have the intent and ability to carry it out imminently, I may be required to take protective action, which can include disclosing PHI to the potential victim, their parent or guardian if the victim is a minor, or law enforcement.

Workers' Compensation

If I am treating you for a workers' compensation claim, I may be required to provide progress reports, treatment records, and bills to you, your employer, your employer's insurer, or the Virginia Workers' Compensation Commission, or their representatives, upon request.

Breach of Unsecured PHI

If a breach of your unsecured PHI occurs, I am required to notify you as required by federal law (see "Your Rights," below).

Other Legally Required Disclosures

I may also use or disclose PHI without authorization where otherwise required by federal or Virginia law, such as in response to a valid subpoena, court order, or public health reporting requirement.

IV. Your Rights

You have the following rights with respect to your PHI:

- Right to Request Restrictions — You may request restrictions on certain uses and disclosures of your PHI. I am not required to agree to a requested restriction, except that I must agree to a restriction on

disclosure to a health plan for a service you paid for out-of-pocket in full, if you request that restriction and the disclosure is not otherwise required by law.

- Right to Receive Confidential Communications by Alternative Means — You may request that I communicate with you by alternative means or at an alternative location (for example, sending bills to a different address).
- Right to Inspect and Copy — You may inspect or obtain a copy of PHI in your mental health and billing records for as long as it is maintained. I may deny access under certain circumstances, and in some cases you may have that decision reviewed. I may deny access to Psychotherapy Notes if I believe access would create a substantial risk of imminent psychological impairment to you or physical harm to you or another person. I will notify you if I do not grant complete access and will discuss the request and denial process with you if asked. If you request a copy of your record, I may charge a reasonable, cost-based fee as permitted by Virginia law (Va. Code § 32.1-127.1:03(J)) and HIPAA, limited to the cost of supplies and labor for copying, postage if you ask that copies be mailed, and the cost of preparing a summary or explanation if you agree to receive one instead of the full record.
- Right to Amend — You may request an amendment to your PHI for as long as it is maintained in the record. I may deny the request; if so, I will discuss the amendment process with you upon request.
- Right to an Accounting of Disclosures — You generally have the right to receive a list of certain disclosures of your PHI made outside of treatment, payment, and health care operations.
- Right to Notification of a Breach — You have the right to be notified if a breach of your unsecured PHI occurs, in accordance with federal breach-notification requirements.
- Right to a Paper Copy — You may obtain a paper copy of this notice upon request, even if you have agreed to receive it electronically.

V. My Duties

- I am required by law to maintain the privacy of your PHI and to provide you with this notice of my legal duties and privacy practices.
- I am required to abide by the terms of the notice currently in effect.
- I reserve the right to change my privacy policies and practices described in this notice. If I do, I will provide you with a revised notice, either in person, by mail, or by other means permitted by law, and the revised notice will apply to PHI I already maintain as well as PHI I create or receive in the future.

VI. Complaints

If you believe your privacy rights have been violated, or you disagree with a decision I made about access to your records, you may contact me directly: Steven Wong, Ph.D., 1655 North Fort Myer Dr., Suite 350, Arlington, VA 22209, (202) 725-7237.

You may also file a written complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. (https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf or 1-800-368-1019).

You will not be retaliated against in any way for filing a complaint.

VII. Effective Date

This notice is effective as of July 9, 2026.