

LUMINOX HEALTHCARE SERVICES LLC

PATIENT FORMS & PRACTICE POLICIES

Maryland

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Bowie, MD 20715

District of Columbia

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Washington, DC 20036

Virginia

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contact@luminoxmentalhealth.com

1. Notice of Privacy Practices

Effective Date: September 18, 2026

Your Information. Your Rights. Our Responsibilities.

This Notice describes how medical and mental health information about you may be used and disclosed, how you can obtain access to this information, and your rights regarding your health information. Please review it carefully.

This Notice applies to Luminox Healthcare Services LLC and its workforce providing services through its Maryland, District of Columbia, and Virginia locations, as applicable.

If you have questions about this Notice or our privacy practices, please contact Luminox Healthcare Services LLC. Phone: (240) 753-7276 · Fax: (240) 753-7279 · Email: contact@luminoxmentalhealth.com

Your Rights

When it comes to your health information, you have certain rights. Subject to applicable federal and state law, these rights may include the following.

Obtain a copy of your health records

You may ask to inspect or obtain an electronic or paper copy of health information maintained about you in a designated record set.

We will respond to your request as required by applicable law. We may charge a reasonable, cost-based fee when permitted by law.

Certain records, including psychotherapy notes and information compiled in reasonable anticipation of or for use in certain legal proceedings, may be subject to different access rules.

Ask us to correct your health record

You may ask us to correct or amend health information that you believe is incorrect or incomplete. We may deny the request under circumstances permitted by law, but we will explain the denial as required by applicable law.

Request confidential communications

You may ask us to contact you in a particular way or at a particular location, such as contacting you only at a specific telephone number or email address. We will accommodate reasonable requests as required by law.

Ask us to limit what we use or share

You may ask us not to use or disclose certain health information for treatment, payment, or healthcare operations. We are not required to agree to every request unless applicable law requires us to do so.

If you pay for a healthcare service or item completely out of pocket, you may ask us not to disclose information about that service to your health plan for payment or healthcare operations when the disclosure is not otherwise required by law. We will comply when required by HIPAA.

Receive an accounting of certain disclosures

You may request information about certain disclosures we have made of your health information during the period permitted by applicable law. Not every disclosure is required to be included in an accounting.

Obtain a copy of this Notice

You may request a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically.

Choose someone to act for you

If someone has legal authority to make healthcare decisions or exercise privacy rights on your behalf, such as a legal guardian or properly authorized personal representative, we will recognize that authority as required by law. We may request documentation establishing that authority.

File a privacy complaint

You may file a complaint with Luminex Healthcare Services LLC if you believe your privacy rights have been violated. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

We will not retaliate against you for filing a complaint or exercising your privacy rights.

How We May Use and Disclose Your Health Information

Federal and state laws permit or require us to use or disclose health information under various circumstances.

- **Treatment** — We may use and disclose health information to provide, coordinate, or manage your healthcare. For example, when legally permitted, we may communicate with another healthcare professional involved in your treatment.
- **Payment** — We may use and disclose information for payment-related activities, such as submitting claims, determining eligibility or coverage, obtaining payment, and conducting utilization review when permitted.
- **Healthcare operations** — We may use and disclose information for lawful healthcare operations, including quality improvement, compliance, auditing, credentialing, training, business management, patient safety, and certain administrative activities.
- **Business associates** — We may share protected health information with organizations that perform services for Luminex Healthcare Services LLC when permitted by law. Where required, these organizations are subject to appropriate contractual obligations to safeguard protected health information.
- **Required by law** — We may use or disclose information when federal, state, or local law requires us to do so.
- **Preventing or reducing a serious threat** — When permitted or required by law, we may disclose information when necessary to prevent or reduce a serious and imminent threat to the health or safety of a person or the public.
- **Abuse, neglect, or domestic violence** — We may report suspected abuse, neglect, exploitation, or domestic violence when authorized or required by applicable law.
- **Public health activities** — We may disclose information for authorized public-health activities as permitted or required by law.
- **Health oversight** — We may disclose information to authorized health-oversight agencies for activities permitted by law.
- **Judicial and administrative proceedings** — We may disclose health information in response to lawful court or administrative proceedings, subpoenas, court orders, or other legal processes when the requirements of applicable law have been satisfied.
- **Law enforcement** — We may disclose health information to law-enforcement authorities when permitted or required by applicable law.
- **Workers' compensation and similar programs** — We may disclose information as authorized by and to the extent necessary to comply with applicable workers' compensation or similar laws.

Mental health and other specially protected information

Because Luminex Healthcare Services LLC provides behavioral and mental healthcare, portions of your record may be protected by federal or state laws that provide protections

beyond the general HIPAA Privacy Rule.

We will comply with applicable Maryland, District of Columbia, Virginia, and federal confidentiality requirements based upon the circumstances of your treatment and disclosure.

When a specific authorization is legally required before particular information may be disclosed, we will obtain the required authorization unless another legal exception applies.

Psychotherapy notes

Psychotherapy notes receive special protection under HIPAA. We generally will not use or disclose psychotherapy notes without a specific authorization when such authorization is required by law, except for limited uses or disclosures permitted without authorization.

Substance use disorder records

Certain records relating to substance use disorder diagnosis, treatment, or referral for treatment may receive additional protection under 42 CFR Part 2.

When Part 2 applies, Luminox Healthcare Services LLC will use and disclose those records only as permitted by applicable federal law. Applicable Part 2 records will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against a patient except as permitted by applicable law.

The federal privacy requirements governing Part 2 and HIPAA were updated, and HIPAA-covered providers that create or maintain Part 2 records must incorporate the applicable Part 2 provisions into their Notice of Privacy Practices as of February 16, 2026.

Reproductive health information

Luminox Healthcare Services LLC will use and disclose reproductive-health information in accordance with applicable federal and state law.

Where federal law requires additional procedures or an attestation before certain disclosures of protected health information potentially related to reproductive healthcare, Luminox Healthcare Services LLC will follow the requirements then in effect.

Uses and disclosures requiring authorization

For uses and disclosures not otherwise permitted or required by law, we will obtain your written authorization.

You may generally revoke an authorization in writing, except to the extent that action has already been taken in reliance upon it or as otherwise provided by law. Signing an authorization does not eliminate other privacy protections that may apply to specially protected information.

Fundraising and marketing

We will comply with applicable authorization and notice requirements before using protected health information for marketing or fundraising activities where such

requirements apply.

Luminox Healthcare Services LLC does not sell your protected health information in a manner prohibited by HIPAA.

Our Responsibilities

- Luminox Healthcare Services LLC is required by law to maintain the privacy and security of protected health information.
- We will notify affected individuals following a breach of unsecured protected health information when notification is required by law.
- We must follow the privacy practices described in the Notice currently in effect.
- We will not use or disclose your information other than as described in this Notice or otherwise permitted or required by law.
- When your written authorization is required, we will obtain it.

Changes to This Notice

We may change the terms of this Notice as permitted by law. Changes may apply to health information we already maintain as well as information we receive in the future.

The current Notice will be available on our website and upon request. Effective Date: September 18, 2026.

2. Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I have received or have been provided electronic access to the Luminox Healthcare Services LLC Notice of Privacy Practices.

I understand that the Notice explains how my health information may be used and disclosed, my privacy rights, and Luminox Healthcare Services LLC's responsibilities regarding my protected health information.

I understand that signing this acknowledgment does not constitute authorization for any special use or disclosure of my health information and does not waive any of my privacy rights.

I understand that I may request a paper or electronic copy of the Notice at any time.

Patient Name: _____

Date of Birth: _____

Patient/Personal Representative Signature:

Date: _____ Time: _____

If signed by representative

Name: _____

Relationship/Authority: _____

For practice use if acknowledgment is not obtained

- ☐ Patient declined to sign
- ☐ Unable to obtain acknowledgment
- ☐ Emergency circumstances
- ☐ Other: _____

Good-faith effort made by: _____

Date: _____

Explanation: _____

This distinction matters: HIPAA requires a direct-treatment provider to make a good-faith effort to obtain acknowledgment that the patient received the Notice of Privacy Practices, but the patient is not required to sign it, and refusal to sign does not amount to refusal of treatment.

3. Financial & Practice Policies / Patient Agreement

I understand that these policies apply to services provided by Luminox Healthcare Services LLC unless otherwise stated in writing.

Insurance and benefits

- Insurance coverage and benefits are determined by my health plan.
- Verification of insurance eligibility or benefits by Luminox Healthcare Services LLC is not a guarantee of payment by my insurance company.
- I am responsible for providing current and accurate insurance information and notifying the practice promptly of changes.
- I may be financially responsible for applicable deductibles, copayments, coinsurance, non-covered services, denied claims attributable to my coverage or eligibility, and other patient responsibility permitted by my insurance contract and applicable law.

Payment

- Patient-responsibility amounts are due according to Luminox Healthcare Services LLC's payment policies and applicable payer requirements.
- Luminox Healthcare Services LLC may request an authorized method of payment when permitted by law and applicable payer contracts.
- I will be informed of applicable charges before services when required by law.

Self-pay and Good Faith Estimates

Patients who are uninsured or who choose not to use insurance may have rights under federal law to receive a Good Faith Estimate of expected charges.

Receiving a Good Faith Estimate does not require a patient to obtain services from Luminox Healthcare Services LLC.

Federal No Surprises Act requirements provide Good Faith Estimate protections for uninsured and self-pay patients and a dispute process when qualifying billed charges substantially exceed an estimate.

Appointments, cancellations, and no-shows

I understand that appointments reserve clinical time specifically for me.

- I will provide at least 24 hours' notice before the scheduled appointment time when I need to cancel or reschedule.
- Appointments canceled with less than 24 hours' notice and missed appointments or no-shows may be subject to a \$75 late-cancellation/no-show fee, except when prohibited by applicable law, payer requirements, or contractual obligations, or when the practice determines that an exception is appropriate based on the circumstances.

- The \$75 fee is generally the patient's responsibility and is not billed to insurance as a covered clinical service.
- Repeated missed appointments may affect the practice's ability to maintain scheduled treatment. Any decision regarding continuation or termination of an established treatment relationship will take clinical circumstances, patient safety, continuity of care, applicable law, and professional obligations into consideration.

Late arrival

Late arrival may shorten the available appointment time or require rescheduling when there is insufficient time to provide safe and clinically appropriate care.

Prescription refills

- Routine medication refills should be requested sufficiently in advance of running out of medication.
- Routine refill requests are not emergency services and may not be processed immediately.
- Medication refills are subject to clinical appropriateness, monitoring requirements, follow-up attendance, applicable prescribing laws, and the provider's professional judgment.
- A prescription or refill is not guaranteed merely because it is requested.

Controlled substances

- Controlled medications may require additional monitoring, follow-up appointments, prescription-monitoring-program review, toxicology testing when clinically appropriate, or a separate Controlled-Substance Treatment Agreement.
- Receiving controlled substances from multiple prescribers without appropriate disclosure and coordination may create serious safety concerns and may affect the provider's ability to prescribe controlled medications safely.
- Patients are expected to disclose all medications and controlled substances prescribed by other healthcare professionals.

Prior authorizations

Luminex Healthcare Services LLC may assist with insurance prior authorizations when clinically appropriate. Submission of a prior authorization does not guarantee that an insurance company will approve or pay for a medication or service.

Forms, letters, and administrative requests

Completion of disability forms, employment forms, school documentation, accommodation requests, legal forms, extensive medical-record reviews, letters, or other administrative services may require additional processing time, clinical evaluation, or a fee when legally permitted.

Completion of a requested document is not guaranteed when the provider cannot clinically substantiate the requested information.

Electronic communication

- Patient portal messages, emails, text messages, voicemail, and routine telephone communications are not emergency services and may not be reviewed immediately.
- For an immediate or life-threatening emergency, call 911 or go to the nearest emergency department.
- For mental health, suicide, emotional distress, or substance-use crisis support, call or text 988.

Respectful and safe conduct

Patients, family members, staff, and clinicians are expected to interact respectfully.

Threats, violence, harassment, discriminatory abuse, or behavior creating a significant safety risk may result in appropriate safety measures and may affect continuation of services.

Any termination of an established treatment relationship will be handled according to applicable clinical, ethical, contractual, and legal requirements, including appropriate consideration of continuity of care.

No guarantee of treatment outcome

Healthcare outcomes cannot be guaranteed. Treatment recommendations and prescribing decisions are based upon the provider's professional judgment, available clinical information, applicable standards of care, and the patient's individual circumstances.

Acknowledgment

I acknowledge that I have reviewed and understand Luminex Healthcare Services LLC's Financial & Practice Policies.

Patient Name: _____

Date of Birth: _____

Signature: _____

Date: _____ Time: _____

4. Communication Consent & Preferences

I understand that Luminex Healthcare Services LLC may need to communicate with me regarding appointments, treatment-related matters, billing, insurance, prescription-related issues, forms, and other healthcare operations.

Preferred contact methods

Please select the methods Luminex may use to contact you:

- ☐ Telephone call
- ☐ Voicemail
- ☐ Text/SMS
- ☐ Email
- ☐ Patient portal

Preferred Telephone: _____

Preferred Email: _____

Voicemail

- ☐ A detailed message may be left.
- ☐ Please leave only Luminex Healthcare Services LLC's name and callback number.
- ☐ Do not leave voicemail.

Text/SMS

I understand that ordinary text messaging may present privacy risks depending upon my device, cellular provider, notification settings, and who has access to my device.

- ☐ I authorize permitted text communications.
- ☐ I prefer not to receive nonessential text communications.

Email

I understand that ordinary email may present privacy and security risks depending upon the email service, device, and account security.

- ☐ I authorize permitted email communications.
- ☐ I prefer that sensitive clinical information be communicated through the patient portal or another authorized secure method when available.

Appointment reminders

- ☐ Telephone
- ☐ Text
- ☐ Email

- ☐ Patient portal

Other people answering my phone

I understand that Luminox will use reasonable safeguards when communicating with me. I am responsible for identifying communication methods that are reasonably private and appropriate for my circumstances.

Special communication instructions:

Emergency communication

I understand that email, text messages, patient portal messages, routine telephone calls, and voicemail must not be relied upon for emergencies or urgent crisis intervention.

For an immediate or life-threatening emergency, I should call 911 or go to the nearest emergency department. For mental health, suicide, emotional distress, or substance-use crisis support, I may call or text 988.

Changing communication preferences

I understand that I may request changes to my communication preferences by contacting Luminox Healthcare Services LLC. Changes will apply prospectively after they have been received and processed, subject to communications otherwise permitted or required by law.

Patient Name: _____

Date of Birth: _____

Signature: _____

Date: _____ Time: _____