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YOUR INFORMATION. YOUR RIGHTS. MY RESPONSIBILITIES.

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 CAEFULLY.**

This notice of privacy practices is effective as of September 23, 2013.

YOUR RIGHTS

You have the right to:

Get a copy of your paper or electronic medical record

Correct your medical record

Request confidential communication

Ask me to limit the information I share

Get a list of those with whom I have shared your information

Get a copy of this privacy notice

Choose someone to act for you

File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that I use and share information as we:

Tell family and friends about your condition

Provide disaster relief

Include you in a hospital directory

Provide mental health care

MY USES AND DISCLOSURES

I may use and share your information as I:

Treat you

Run my organization

Bill for your services

Help with public health and safety issues

Do research

Comply with the law

Respond to organ and tissue donation requests

Work with a coroner/medical examiner

Address worker's compensation, law enforcement, and other government requests

I am required by law to maintain the privacy and security of your protected health information. I will not use or disclose your health information other than as described here unless you provide written authorization. You may

revoke your authorization at any time, in writing, but only as to future uses or disclosures and only where we have not already acted in reliance on your authorization.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

Right to inspect and request an electronic or paper copy of your medical record. You can ask me to see or get an electronic or paper copy of your medical record and other health information I have about you. Ask me how to do this. I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

Right to request a correction to your medical record. You can ask me to correct health information about your protected health information that you think is incorrect or incomplete, as long as the information is kept by or for me. I may say “no” to your request, but I will tell you why in writing within 60 days.

Right to request confidential communications. You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will meet all reasonable request.

Right to request a restriction on certain uses and disclosures. You can ask me not to use or share certain health information for treatment, payment, or my operations. I am not required to agree to your request, and I may say “no” if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information relating solely to that item or service for the purpose of payment or my operations with your health insurer. I will say “yes” unless a law requires me to share that information.

Right to obtain an accounting of disclosures of your health information. You can ask for a list (accounting) of the times I have shared your health information for six years prior to the date you ask, who I shared it with, and why. I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Right to obtain a copy of this notice of privacy practices. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

Right to receive notice of a breach. You have the right to be notified in writing following a breach of your health information that was not secured in accordance with security standards as a request by law.

Right to choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action.

Right to file a complaint. You can complain if you feel I have violated your rights by contacting me using the information on the first page. You also have the right to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

U.S. Department of Health and Human Service
200 Independence Avenue, S.W.,
Room 509F, Washington D.C.
20201

Or calling 1-877-696-6775, or visiting.

I will not retaliate against you for filing a complaint.

OUR USES AND DISCLOSURES

How do I typically use or share your health information? I may use and share your health information for the following purposes:

Treatment: I may use and disclose your health information to provide treatment, and to coordinate care, or manage your healthcare and any related services by sharing it with other professionals, an integrated health system, or a member of an interdisciplinary team who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run my organization/healthcare operations: I can use and share your health information to run my practice, improve your care, and contact you when necessary. Example: I may use your health information to conduct quality assessment and improvement activities.

Payment: I can use and share your health information, as needed, to bill and obtain payment for my health care services from health plans or other entities. Example: I give information about you to your health insurance plan, so it will pay for your services.

Business Associates: I may disclose your health information to my third-party business associates (for example, a billing company or accounting firm) that performs activities or services on my behalf. Business associates must agree in writing to protect the confidentiality of your information. Example: I may use or disclose your health information to a business associate that I use to provide reminders to you of an upcoming appointment.

I never sell your personal information

How else can I use or share your health information? I may be allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. The following are other uses and disclosures I make of your health information without your authorization, consent or opportunity to object.

Required by law: I may share information you to the extent that it is required by state, federal, or local laws under the circumstances provided by such law; this includes with the Department of Health and Human Services, if it wants to see that I am complying with the federal privacy law.

Health Oversight Activities: I may use and disclose your health information to state agencies and federal government authorities, or to a health oversight agency, for activities authorized by law such as audits, administration or criminal investigations, inspections, licensure, accreditation or disciplinary action and monitoring compliance with the law, including in order to determine your eligibility for public benefit programs and to coordinate delivery of those programs. The Illinois Mental Health and Developmental Disabilities Confidentiality Act allows for the unconsented disclosure of your health information to a health information exchange (HIE), which oversees the electronic exchange of health information, for HIE purposes. See 740 ILCS110/9.5.

Public Health and Safety: I may use or disclose your health information in certain situations, such as in order to prevent/report communicable diseases, helping with product recalls, reporting adverse reactions to medications, to prevent or reduce serious threat to anyone's health or safety and for work place surveillance or work-related illness and injury.

Organ Donation: I may disclose your health information to organizations that handle organ procurement and/or eye or tissue transplantation.

Research: I may disclose your health information for research

Worker's Compensation, Law Enforcement and Other Government Requests: I may disclose your health information as authorized to comply with worker's compensation claims, for law enforcement purposes or with a law enforcement official, and for special government functions, such as military, national security and presidential protective services.

Abuse, Neglect or Domestic Violence: I may disclose your health information to the designated public agency that is authorized by law to receive reports of child or elder abuse, neglect or domestic violence. This disclosure will be made consistent with the requirements of applicable federal and state laws.

Coroner/Medical Examiner: I may disclose your health information to a coroner/medical examiner for an investigation of a death and/or homicide, identification purposes, determining cause of death or for the coroner to perform other duties authorized by law.

Lawsuits and Legal Proceedings: I can share health information about you in response to a valid court or administrative order, or in response to a subpoena, to the extent that such a disclosure is authorized and permissible under the Illinois Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/1 et seq.

YOUR CHOICES

Your Choice: for certain health information, you can tell me how your choices about what we share. If you have a clear preference for how I share your information in the situations described below, please let me know. If you are not able to tell me your preference, I may share your information if I believe it is in your best interest.

In the following cases, you have the right and choice to tell me to:

Share information with your family, close friends, or others involved in your care

Share information in a disaster relief situation

Include your information in accessible through the HIE, you may provide a written request to opt-out of further disclosure by the HIE to third parties, except to the extent permitted by law. See www.neiillinois.gov for information on opting-out.

Written Authorization. Any other uses and disclosures of your health information not described in this notice will be made only with your authorization include:

Subject to exceptions, uses and disclosures of your health information for marketing purposes.

Disclosures that constitute a sale of your health information.

Most uses and disclosures of psychotherapy notes.

OTHER INFORMATION

Changes to the terms of this notice: I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my website. The effective date of this Notice of Privacy Practices is September 23, 2013.

Other Instructions for notice further comply with the following state and federal laws and regulations related to the disclosures of your protected health information:

Mental Health Reports Disclosure: I comply with the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/1 et seq.

Alcohol/Substance Abuse Records Disclosure: I comply with the federal Confidentiality of Alcohol and Drug Abuse Patient Records, 42C.F. R. Part 2 et seq. If any requested records contain information regarding alcohol or drug abuse treatment, these records are protected by federal confidentiality rules, and such information is prohibited from further disclosure without express permission by written consent of the person to who it pertains or as otherwise permitted by federal rules. A general authorization for the use of the release of the medical or other information is insufficient for this purpose. Federal rules restrict use of the information for criminal investigation or prosecution of any alcohol or drug abuse patient See 42 U.S.C. 290dd-3 and 290ee-3; 42 C.F.R. Part 2 et seq.; and 20 ILCS 301 et seq.

Changes to the terms of this notice: I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office and on my website.

By signing below, I indicate that I have received a copy of this “Notice of Psychologist’s Policies and Practices to Protec the Privacy of Your Health Information.”

Print Name

Signature

Date