



NOTICE OF PRIVACY PRACTICES

The effective date of this Notice is March 15, 2025.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be provided to you electronically and will always be available upon request.

As a Licensed Mental Health Professional in Illinois, I follow the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA. I also follow any federal or state law that gives greater privacy protections than HIPAA. For example, I follow the Illinois Mental Health and Developmental Disabilities Confidentiality Act concerning mental health records, 740 ILCS 110; the Illinois Personal Information Protection Act which protects personal information that is not otherwise lawfully made available to the general public from federal, State, or local government records, 815 ILCS 530; the federal Confidentiality of Alcohol and Drug Abuse Patient Records Act concerning the disclosure of drug or alcohol information, 42 U.S.C §290dd-2; 42 CFR Part 2; and the federal Family Educational Rights and Privacy Act concerning the privacy of education records, 20 U.S.C. §1232g; 34 CFR Part 99; 34 CFR Part 99.

II. USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

The following categories describe different ways that I use and disclose health information.

For Treatment. Your information may be used and disclosed for the purpose of providing, coordinating, or managing your care and related services.

For Payment. I may use and disclose your protected health information to receive payment for the treatment and services provided. Your information may be disclosed if the records are needed to enable you to get insurance benefits for payment of services. The information disclosed may include your identity, a description of the nature, purpose, quantity, and date of services you had, and other information necessary to determine the benefits you should receive. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. I may use protected health information about you to coordinate business activities. This may include setting up your appointments, quality assessment, licensing, and coordinating with third parties that perform various business activities (e.g., billing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

III. INFORMATION DISCLOSED WITHOUT YOUR CONSENT

Under Illinois and federal laws, information about you may be disclosed without your consent when disclosure is required by state or federal law and the use or disclosure complies with and is limited to the relevant requirements of such law. This includes use and disclosure for the following circumstances:

Emergencies. I may use or disclose your information in an emergency situation in order to address the immediate emergency you are facing and to prevent serious harm.

Child and Elder Abuse and Neglect. I am mandated by law to report suspected abuse, neglect, and exploitation, and disclose necessary information to appropriate entities (such as the Department of Child and Family Services, Department of Human Services, etc.) without the consent of the client.

Public Health and Safety. Health information may be disclosed if an individual presents an imminent danger to themselves or others.

In accordance with the Illinois Firearms Owners Identification (FOID) Card Act, Licensed Mental Health Professionals are required to report any individual who presents a clear and present danger, or who is admitted to certain residential programs to the Illinois Department of Human Services.

The aforementioned confidentiality act also mandates to "warn" any intended victim, as well as the responsible authorities, when a client discloses an intent to cause physical harm to a specifically identified victim or victims.

I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Law Enforcement and other Government Requests. I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.

Judicial and Administrative Proceedings. When required by federal or state law, I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

Health Oversight. Your information may be disclosed to a health oversight agency (i.e., US Drug Enforcement Administration, Illinois Department of Public Aid, HIPAA, US Health Care Pricing Administration Medicaid & Medicare) or accrediting bodies for activities authorized by law, such as audits, investigations, inspections, and licensure.

If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Deceased Patients. PHI may be disclosed to a coroner/medical examiner or funeral director for purposes of carrying out their duties. PHI will only be disclosed regarding deceased patients as mandated by state law.

IV. CERTAIN USES AND DISCLOSURES WITH AUTHORIZATION

Family Involvement in Care. I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization. I will not use or share your information for any purpose not described in this Notice without your written permission. If you authorize the use or disclosure of your health information, you may revoke your written authorization at any time, except to the extent that I have already made a use or disclosure based upon your authorization. Your revocation will be effective from the date I receive the revocation.

While I do not engage in fundraising, selling, or marketing your PHI, I am required to notify you that I must obtain your authorization before doing so, and that you may opt out of receiving any fundraising communication.

Any information disclosed, protected by federal confidentiality rules or the Illinois Mental Health and Developmental Disabilities Act, is prohibited from further disclosure unless further disclosure is expressly permitted by the written consent of the person to whom it pertains.

V. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI maintained about you.

The Right to Request Restrictions. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Your request must be in writing. I am not required to agree to your request and I may say “no” if it would affect your care. If the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket, I am required to honor your request for that restriction.

The Right to Request Confidential Communication. You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests.

The Right of Access to Inspect and Copy. You may ask to see or obtain a copy of your records, including mental health/medical and billing records and any other records that are used to make decisions about your care. However, safety or other legal reasons may limit the information you see. I will provide you with a copy or summary of your information within 30 days of receiving your written request. I may charge a reasonable, cost-based fee for doing so.

The Right to Amend. You may ask me to correct health information about you that you think is incorrect or incomplete. I am not required to make changes or additions if I believe the information is already accurate or complete, or for other reasons. If I do not agree to change your information, I will tell you why in writing within 60 days of receiving your request.

The Right to an Accounting of Disclosures. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. I will provide the list to you at no charge; however, if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

The right to a Copy of this Notice. You have the right to receive a copy of this notice.

The right to File a Complaint. If you believe your privacy rights have been violated, you have the right to file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. Or with the Department of Financial and Professional Regulation - Division of Professional Regulation Complaint Intake Unit. 555 West Monroe Street, 5th Floor; Chicago, IL 60661. Email: FPR.CIU@illinois.gov or Phone: (312) 814-6910. You will not face retaliation against you for filing a complaint and filing a complaint will not change the health care you are provided in any way.

Breach Notification. I am required by law to maintain the privacy and security of your protected health information. I will notify you as required by law if there is a breach of your unsecured protected health information. I may use email to inform you of a breach if you have provided a current email address. I may also provide notification to you by other methods if appropriate.