



Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully. This is posted on our website; it is also your right to request a prompt paper copy of this notice at any time (our contact information is below).

⦿ Your Rights

You have certain rights regarding your health information. Such as:

Copies of your Medical Record – You can ask to see or receive a paper or electronic copy of your medical record and health information we have about you. Ask us how to do this. We will provide either a copy or a summary of your health information within 30 days of your request. There may be a reasonable, cost-based fee for this.

Confidential Communication – You can request that we communicate with you in specific ways (for instance, home or office phone), or request that we send mail to a preferred address. We will agree to all reasonable requests.

Revise your Medical Record – You may ask us to change health information about you that you think is incomplete or incorrect. Your request must explain in writing why this information should be amended. We may deny your request; if we do, we will provide you a written explanation within 60 days. You may respond to that with a statement of disagreement.

Restricting Information – You may ask us to restrict our use or disclosure of your medical information. We are not required to agree to your request, and we may say no if it would affect your care, but we will agree if reasonable (with exceptions in emergencies). These requests need to be in writing and signed by you and by our provider to acknowledge receipt of the request. You can restrict certain disclosures to health plans/insurance companies **if** you pay out-of-pocket in full for our health care service. We will say yes unless a law requires us to share that information.

List of Disclosures – You can request a list of the times we have shared your medical information for six years prior to the date of your request. We will give you an accounting of these disclosures, not including those done for treatment, payment, health care operations, or pursuant to an authorization. This will include when these disclosures were made, to whom, what information was shared, and the reason why. We will provide one accounting a year for free; we will charge a reasonable, cost-based fee for responding to additional requests within a 12-month period.

Choosing Someone to Act on your Behalf – If someone is your legal guardian, if you have given someone medical power of attorney, or if you have an attorney-in-fact appointed under the Illinois Mental Health Treatment Preference Declaration Act (755 ILCS 43/1), that person can make choices for you about your health information and exercise your rights. Per Illinois law, this includes seeing and copying your health record. We will make sure that person has proper authority to act for you before we take any requested action.

Filing a Privacy Complaint – If you believe we have violated your rights, or you disagree with a decision we made in response to a request you made to restrict the use or disclosure of your medical information or to communicate with you by alternative means or location, you can alert us by contacting us at the address and phone number listed below. Complaints can also be filed with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights by sending a letter to 200 Independence Ave SW, Washington DC, 20201, by calling 877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We support your right to the privacy of your medical information. We will not retaliate against you for filing a complaint with us or with HHS.

• **Your Choices**

You have choices about some of the ways we use and share some of your health information. If you have a clear preference for how we share your information in the situations below, talk to us about what you want us to do. We will follow your instructions.

Sharing Your Information – You have the right and choice to tell us if/how you would like us to share your information:

- with Family, Close Friends, or Others Involved in Your Care
 - during a Disaster Relief situation
 - in a Hospital Directory (note, our practice does not create or use a directory)
 - during fundraising efforts (note, our practice does not engage in fundraising and will not contact you for such purposes; if we were to do so, you would also have the right to tell us not to contact you again)
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In the following cases, we will **never** share your information unless you give us written permission:

- Marketing (our practice does **not** use any client information in marketing)
- Sale of information (our practice will **never** sell your information)
- Most sharing of your psychotherapy notes - except where required by law, your notes will only be shared pursuant to your written authorization

• **Our Uses and Disclosures**

How do we typically use or share your health information?

We typically use or share your health information for these purposes:

Treatment – We may use your health information to treat you, remind you of appointments, and/or to the extent to which it is essential to assist another healthcare or mental health provider in the coordination of your care. The potential disclosures for coordination of care are further described under 740 ILCS 110/9 in the Illinois Mental Health and Developmental Disabilities Confidentiality Act.

Bill for Services – We may use and disclose your health information to bill and obtain payment for services we provide to you, from health plans/other entities.

Example: We give the minimum necessary information about you to health insurance or health plans (e.g., Lyra Health) so they will pay for your services.

Run Our Organization – We may use and share your health information in relation to our general operations, such as: quality/care improvement, evaluating of the performance of healthcare professionals, peer review, certification, licensing, accreditation, training and supervision, credentialing, supporting your care with Business Associates (in which case, we will obtain a Business Associates Agreement with that entity) and contacting you when necessary.
Example: We use your health information to manage your treatment and services.

How else might we use or share your information?

There are several ways in which we are allowed or required to share your information - usually in service of the public good, such as for public health and research. We have to meet many conditions of the law before we share your information for these purposes. For more information, visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with Public Health and Safety Issues – We may use or share health information about you for:
*Disease prevention; *Helping with product recalls; *Reporting adverse reactions to medications; and *Preventing or reducing a serious threat to anyone’s health or safety.
Related: In Illinois, we may be required (by section 8 of the Firearm Owners Identification Card Act) to provide information to determine if an individual who may be or may have been a patient is disqualified because of that status from receiving or retaining a Firearm Owner’s Identification Card. We must legally and ethically provide this notification to the proper authorities if a person poses a clear and present danger to themselves or others.

Reporting Suspected Abuse, Neglect, Exploitation, Sexual Violence, or Domestic Violence – If we reasonably believe that you or a vulnerable person (for instance a child, disabled adult, or adult over 60) known to us through treating you are a victim of abuse, neglect, exploitation, or domestic violence, we may disclose your health information to appropriate authorities (such as the Inspector General of the Department of Children and Family Services, or in accordance with the provisions of the Abused and Neglected Child Reporting Act, the Abuse of Adults with Disabilities Intervention Act, the Adult Protective Services Act (formerly, the Elder abuse and Neglect Act), or the Sexually Violent Persons Commitment Act). We may disclose your health information to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others.

Research – We can use or share your information for limited health research purposes.

Comply with the Law – We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services (HHS) if it wants to see that we are complying with federal privacy laws.

Medical examiners/Funeral directors/Organ donation – We may share medical information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization.

Respond to Legal Actions and Lawsuits – We can share your health information in response to a court order, administrative order, or subpoena. We may share your information in response to other law/legal requests, as required by state or federal law and/or pursuant to Court order.

Address Workers' Compensation, Law Enforcement, other Government Requests – We can use or share your health information for: *Workers' compensation claims; *Law enforcement purposes or with a law enforcement official/correctional institution; *Health oversight agencies for activities authorized by law; *Special government functions such as military, national security (for instance, for lawful intelligence, counterintelligence, and other national security activities), and presidential protective services

Your Request – You may choose to authorize us in writing to disclose your information to anyone, for a variety of purposes. If you make this written request, you may also revoke it in the future, though that will not prevent disclosures made during the active period of your request. We cannot disclose your medical information for purposes other than those disclosed in this notice without your written authorization. Your consent to release your information must be specific and in writing, and if you choose to revoke it in the future, that must also be signed. We must sign this as well to acknowledge it has been received.

To Persons Involved In Care – We may use or share health information to notify, or assist in notifying (including identifying or locating) a family member, your representative or person responsible for your care, your location, your condition, or death. If you are present, then prior to use or disclosure of your health information, we will ask if you object to such uses or disclosures. In the event of your incapacity or emergency, we will disclose protected health information based on our professional judgment, disclosing only protected health information that is directly relevant to the person's involvement in your health care.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html. Note, HIPAA is a privacy minimum; where Illinois has more stringent standards, we follow those. For details on Illinois privacy, see <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2043&ChapterID=57>.

Breach Notification: The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 requires us to give notice to you and to the U.S. Department of Health and Human Services (HHS) if we discover that unsecured PHI has been breached as defined as the acquisition, access, use, or disclosure of PHI in violation of the HIPPA Privacy Rule. Examples of a breach: PHI that is stolen, improperly accessed, inadvertently sent to the wrong place/person, or not encrypted to government standards.

Changes to the Terms of this Notice: Applicable federal and state law requires us to maintain the privacy of your medical information. We are required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We reserve the right to

change our privacy practices and the terms of this notice, provided such changes are permitted by law. Those changes will apply to all medical information that we maintain about you. If we make changes in our privacy practices, we will change this notice, post the updated version on our website, have copies available at our office, and the notice can be given or mailed to you upon request. Our Chief Privacy Officer is Gina Raza, Ph.D., who can be reached at our PLLC at 773-245-6105. This notice takes effect 07/03/20.

I acknowledge receipt of this notice.

Patient Name: _____ Date: _____ Signature: _____

Therapist Name: _____ Date: _____ Signature: _____