



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (PHI)

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

1. This is a formal notice as required by the Health Insurance Portability and Accountability Act (HIPAA) concerning my privacy practices. This notice is effective as of April 14, 2003.
2. I am required by law to maintain the privacy of Protected Health Information (PHI). PHI refers to information in your health record that could identify you. I am required to provide individuals with notice of my legal duties and privacy practices with respect to PHI.
3. I may use, obtain or disclose PHI for the following purposes:
 - A. *Treatment*: E.g., I will record session dates, service code, diagnosis and progress in the chart.
 - B. *Payment*: E.g, I may disclose the minimum information necessary to your insurance company for the purpose of processing a claim and/or authorizing treatment. I may also disclose the minimum information necessary to a collection agency for the purpose of getting paid.
 - C. *Health Operations*: E.g., I work with consultants for computer and bookkeeping services. They may access PHI including: name, address, service date/type, and account status. They agree to maintain the confidentiality of PHI.
4. If PHI is to be used, obtained or disclosed for any purpose other than for treatment, payment or health operations (as described in this notice), then I must have you sign an *Authorization Form*. I will not use, obtain or disclose PHI without your written authorization, except as described in this notice.
5. **Limits to Confidentiality and Consent**: I am permitted or required, in some situations, to disclose information without either your consent or authorization. These situations include:
 - A. If I have reason to suspect that a person has suffered or faces a threat of suffering abuse or neglect, the law requires that I file a report with the appropriate government agency. Once I file such a report, I may be required to provide additional information.
 - B. If I believe a client presents clear risk of imminent harm to self or others, then I must disclose that information to appropriate public authorities, the potential victim, involved professionals, and/or the family of the client.
 - C. If a client is involved in a legal proceeding and I receive a request for PHI, then I may disclose the requested information if I am required by court order.
 - D. If I have reasonable cause to believe that a client has been the victim of domestic violence, I may note that knowledge and the basis for it in the clinical record.
 - E. If a government agency requests information for health oversight activities, I am required to provide it.
 - F. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
 - G. I am not required to obtain client consent for emergency care and treatment.
6. I am required to abide by the terms of the current Notice of Privacy Practices for PHI. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI I maintain. I will provide you with a revised notice at your first session following a revision or upon request.
7. You have the right to receive confidential communications of PHI.
8. You have the right to ask me not to disclose certain information to family members, other relatives, or other persons identified by you. I am not required to agree with the restriction, but if I do, then I must follow it.
9. You may revoke your authorization for me use, obtain or disclose information except to the extent that action has already been taken.
10. You have the right to see your chart. You have the right to obtain a copy of your chart, but there may be fees for postage and copying. You also have the right to choose how this information is sent to you.
11. You have the right to request (in writing) that changes be made in your chart, if you feel that information is not correct.
12. You have the right to receive an accounting of disclosures of PHI about you.
13. You have a right to receive a paper copy of the notice.
14. If you have a concern or complaint about how your health care information is used, please let me know. I may ask you to put your complaint in writing.
15. If you are not satisfied with my response, you may file a report with: Office of Civil Rights, Regional Manager, Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, IL, 60601; Telephone #: (312) 886-1807.