

NOTICE OF PRIVACY PRACTICES

Please read this entire document carefully.

In 1996, the federal government passed the Health Insurance Portability and Accountability Act (HIPAA), which regulates patient/client protections by defining the rights of individuals, the administrative obligations of covered entities (including but not limited to social workers, psychologists, and psychiatrists), and the permitted uses and disclosures of protected health information (PHI). HIPAA regulations define health information as "any information, whether oral or recorded in any form or medium" that

- "[i]s created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse"; and
- "[r]elates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual."

As a social worker, I am required by law to provide you the details of my privacy practices, by specifically informing you how I can and cannot use and disclosure your mental health information (MHI), and how you can obtain access to this information.

Examples of Some Mental Health Information (MHI) that is covered by HIPAA:

(please note that this is not an exhaustive list)

- Notes that I take based on my sessions with you
- Information provided by you from your client information sheet
- Insurance forms
- Billing invoices
- Appointment receipts
- Diagnostic information
- Any written information voluntarily shared by you within the context of your treatment, such as diary or journal entries

Use and Disclosures of Mental Health Information

I am allowed to use or disclose your mental health information (MHI) for the following purposes:

TREATMENT: If your treatment requires facilitation between multiple disciplines or professionals, I may give information about your psychological condition to other health care providers to facilitate your treatment, referrals, or consultations.

PAYMENT: If using insurance to pay for my services, I may contact your insurer to verify benefits, obtain authorization, and to receive payment from your insurance carrier.

HEALTHCARE OPERATIONS: I may use and disclose your protected MHI for internal administrative purposes, such as record keeping, billing, appointment setting/reminders, voicemail message, or mailings to your home.

RELEASE TO LEGAL GUARDIANS: If you are a minor (under the age of 18), I may release your MHI to individuals involved in your care, such as parents or legal guardians. If you are over 18

years old but have a legal guardian or conservator, I may disclose your MHI to your guardian or conservator.

Written Authorization:

In addition to my use of your MHI for treatment, payment, healthcare operations, or release to legal guardians, you may also give me written authorization to use your MHI or disclose it to anyone for any purpose. If you give me authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. If the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, your MHI may be disclosed to other individuals or institutions and is no longer protected by these regulations.

Use of Mental Health Information that does NOT require your authorization:

REQUIRED BY LAW: disclosure as required or authorized by law, such as laws requiring the reporting of child abuse, elder abuse, or dependant adult abuse.

JUDICIAL PROCEEDINGS: disclosure in response to court or administrative orders, subpoenas, discovery requests, or other legal processes.

HEALTH OVERSIGHT ACTIVITIES: disclosure to government, licensing, auditing, and accrediting agencies as authorized or required by law including audits; civil administrative or criminal investigations; licensure or disciplinary actions, and/or monitoring of compliance with the law.

PUBLIC HEALTH AUTHORITIES: disclosure to public health authorities for the purpose of preventing or controlling communicable disease, injury, or disability, or ensuring the safety of drugs and medical devices.

LAW ENFORCEMENT: disclosure to law enforcement as required by law. For example, disclosure might be mandated to assist in an involuntary hospitalization process.

PREVENT SERIOUS THREAT TO HEALTH OR SAFETY: If necessary to prevent a serious threat to you or another individual or to the safety of the public at large, I may notify the appropriate individual in danger, tell someone who can prevent the harm, or tell law enforcement officials.

You have the following rights:

1. **Access** – You have the right to inspect your MHI and request a copy. If you need more than ten (10) copies within one calendar year, you will be charged 40¢ per page. If you need a copy mailed, you will be responsible for postage charges.
2. **Amend Your Records** - You have the right to request an amendment and/or addendum if you believe your MHI is incorrect or incomplete. Your request must be in writing and explain what you would like amended and why. Your request will be denied under the following circumstances:
 - a. the information was not created by me, i.e. the information to be altered was generated or collected by another professional or entity

- b. it is not part of the information which you would be permitted to inspect and copy
- c. the information is already accurate and complete

If your request is denied, both your request and my written denial will become part of your MHI.

3. **Request Restrictions** – You have the right to request additional restrictions on my disclosure of your MHI for treatment, payment, or health care operations. You must put your request in writing. I am not required to agree with your request. If I do agree, your additional restrictions will not affect information that has been previously disclosed, or information that needs to be disclosed to provide you with emergency treatment.
4. **Request Alternate Contact Methods:** You have the right to request that I contact you by alternate methods of communication, by using different phone numbers, email addresses, or mailing addresses then you provided on your information sheet. Your request must be in writing, and I will honor all reasonable requests.
5. **Accounting of Disclosures** – You have the right to receive a list of instances when I have used or disclosed your MHI for purposes other than treatment, payments, or healthcare operations.

Changes to this notice:

I reserve the right to change this notice. If this notice is changed, the new notice will apply to your MHI that has already been collected, and additional information that I may receive in the future. You will be notified of any changes to this notice, and will be required to re-read and re-sign your understanding of this notice.

Questions and Complaints:

If you believe I have violated your privacy rights through inappropriate use or disclosure of your mental health information, or if you disagree with a decision I have made regarding an request to amend or restrict your MHI, or comply with alternative contact methods, you can write a formal complaint to me at 3850 W. Sunnyside Ave. #1, Chicago, IL 60625. In addition, you may also write a complaint to the U.S. Department of Health and Human Services (DHHS) regarding your concerns. Visit <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> to learn how to file a complaint.

I understand that this privacy policy outlines my rights to protect my mental health information as dictated by federal law. In accordance with HIPAA regulation, a copy of this notice has been made available to me today, and I may request additional copies at no charge.

By signing and dating this document below, I have read and understood these privacy policies.

print full name

date

signature