

## **Notice of the Center's Policies and Practices to Protect the Privacy of Your Health Information**

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

### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

The Center for Contextual Change and your therapist(s) at the Center (“we”) may use or disclose your Protected Health Information (“PHI”), for treatment, payment, and health care operations purposes with your written Authorization. To help clarify these terms, here are some definitions:

- "*PHI*" refers to information in your health record that could identify you.
- "*Treatment, Payment, and Health Care Operations*"
  - *Treatment* is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another therapist.
  - *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - *Health Care Operations* are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business related matters such as audits and administrative services, and case management and care coordination.
- "*Use*" applies only to activities within our office and within our practice group such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of our office and practice group, such as releasing, transferring, or providing access to information about you to other parties.
- "*Authorization*" is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific, legally required form.

### **II. Other Uses and Disclosures Requiring Authorization**

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate Authorization is obtained. In those instances when we ask for information for purposes outside of treatment, payment, or health care operations, we will obtain an Authorization from you before releasing this information. We will also need to obtain a separate Authorization before releasing your Psychotherapy Notes. "*Psychotherapy Notes*" are notes we have made about our conversations with you during a private group, joint, or family counseling session, which we have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

You may revoke all such Authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an Authorization to the extent that (1) we have relied on that Authorization; or (2) if the Authorization was obtained as a condition of obtaining insurance coverage, the law gives the insurer the right to contest the claim under this policy.

### **III. Uses and Disclosures without Authorization**

We may use or disclose PHI *without* your consent or Authorization in the following circumstances:

- *Child Abuse* – If we have reasonable cause to believe a child known to us in our professional capacity may be an abused, dependent, or neglected child, we *must* report this belief to the appropriate authorities, together with all relevant information.
- *Adult and Domestic Abuse* – If we have reason to believe that an adult (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.
- *Health Oversight Activities* – We may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- *Judicial and Administrative Proceedings* – If you are involved in a court or administrative proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and we must not release such information without a court order. We can release the information directly to you on your request. Information about all other therapeutic services is also privileged and cannot be released without your authorization or a court order. The privilege does not apply, and no court order is required, when –
  - you are being evaluated for a third party;
  - where the evaluation is court ordered (you must be informed in advance if this is the case).

In cases where no court order is required, we must either receive satisfactory assurance from the party seeking the information that reasonable efforts have been made to notify you of their request for your PHI or that reasonable efforts have been made to secure a qualified protective order ensuring that the PHI will not be disclosed outside the litigation or proceeding and that the PHI will be destroyed or returned us at the conclusion of the litigation or administrative process.

*Serious Threat to Health or Safety* – If you communicate to us a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.

*Worker's Compensation* – We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work related injuries or illness without regard to fault.

*Emergency Situations* – We may disclose PHI when and to the extent disclosure is necessary to the provision of emergency medical care if you are unable to assert or waive your rights to withhold consent or authorization to release your PHI, as long we attempt to obtain your consent or Authorization as soon as possible.

*De-identified Information* – We may disclose information that does not identify you and, even without your name, which cannot be used to identify you.

*Business Associates* – We may disclose your PHI to a business associate if we obtain their written assurance, in accordance with applicable law, that the business associate will properly safeguard your PHI. A business associate is an entity that assists us in undertaking an essential function, such as an attorney or accountant.

*Personal Representative* – We may disclose your PHI to a person who has authority to represent you in making decisions related to your treatment.

*Law Enforcement Purposes* – In certain instances, your PHI may have to be disclosed to law enforcement officials for law enforcement purposes. For example, (1) your PHI may be the

subject or a grand jury subpoena, or (2) we may disclose your PHI if we believe your death was the result of a homicide, and the communication relates directly to the fact or circumstances of the homicide.

*Collection & 3<sup>rd</sup> Party Payment* – Your PHI may be disclosed to collect payment from you or receive third party payments from insurers.

*Correctional Institutions and Law Enforcement Custody Situations* – We may disclose PHI concerning you to correctional institutions or law enforcement officials having lawful custody of you pursuant to statute or an order of commitment.

*National Security and Intelligence Activities* – We may disclose your PHI in order to provide authorized governmental officials with necessary intelligence information for national security activities and purposes authorized by law.

*Research Purposes* – If the Center or its therapists are involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI.

*Sexually Violent Persons Commitment Act or Sex Offender Registration Act* – We may disclose your PHI without consent under either of the above Illinois laws, should you or your PHI fall under the purview of either of these laws.

#### **IV. Patient's Rights and Therapist's Duties**

##### **Patient's Rights**

*Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.

*Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are a client of the Center. On your request, we will send your bills, correspondence and other documents containing PHI to another address.

*Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records used to make decisions about you for as long as the PHI is maintained in our records, and to inspect and copy your Psychotherapy Notes. On your request, we will discuss with you the details of the process for requesting access.

*Right to Amend* – You have the right to request an amendment of your PHI for as long as the PHI is maintained in your record. We may deny your request. Requests for amendment must be made in writing and you must provide a reason for the requested amendment. On your request, we will discuss with you the details of the amendment process.

*Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.

*Right to a Paper Copy* – You have the right to obtain a paper copy of this Notice from us upon request, even if you have agreed to receive the Notice electronically.

## Therapist's Duties:

*Maintaining Privacy* – We are required by law to maintain the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI.

*Changes in Privacy Policy* – We reserve the right to change the privacy policies and practices described in this Notice and to make the new notice provisions effective for all PHI that we maintain. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

*Notification of Changes* – If we revise our policies and procedures, we will provide a written copy of these changes to you by giving you a copy at your next appointment after the revisions are printed and posted.

## **V. Appointment Reminders**

We may from time to time contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. The following appointment reminders are used by the Center: a telephone call to your home or cell phone and leaving a message on your answering machine, voice mail, or with the person answering the phone.

## **VI. Questions and Complaints**

If you have questions about this Notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact our privacy officer, Mike Just, at (847) 676-4447, # 301.

If you believe that your privacy rights have been violated and wish to file a complaint with your therapist or the Center, you may send your written complaint to Mike Just, 9239 Gross Point Rd. Suite 300, Skokie, IL 60077. Please note that the complaint must be in writing and must be sent to the above address only.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

## **VI. Effective Date, Restrictions, and Changes to Privacy Policy**

We are required by federal law to maintain the privacy of your PHI and to abide by and provide you with a copy of this Privacy Notice detailing the Center's legal duties and privacy practices with respect to your PHI.

We are also required by Illinois law to maintain a higher level of confidentiality with respect to certain portions of your PHI than is provided for under federal law. This Notice will go into effect on May 31, 2004