

River North Counseling Group LLC

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

As of April, 2003, a new federal law (“HIPAA”) went into effect. This law requires that health care practitioners create a notice of privacy practices for you to read. This notice tells you how Chicago Integrative Health will protect your health information, how your health information may be used or disclosed, and describes your rights. If you have any questions about this notice, please contact your provider.

Understanding Your Health Information During each appointment, your provider records clinical information and stores it in your chart. Typically, this record includes a description of your symptoms, your recent stressors, your medical problems, a mental status exam, relevant lab test results, diagnoses, treatment and a plan for future care. This information, often referred to as your medical record, serves as:

- a basis for planning your care and treatment;
- means of communication among the health professionals who contribute to your care;
- legal document of the care you receive;
- means by which you or a third-party payer (e.g., health insurance company) can verify services you received; and
- a tool with which your provider can assess and work to improve the care we provide.

Your Health Information Rights You have the following rights related to your medical record:

- Obtain a copy of this notice. You can request your own copy of this notice if you would like.
- Authorization to use your health information. Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.
- Access to your health information. You may request a copy of your medical record from us at any time.
- Change your health information. If you believe the information in your record is inaccurate or incomplete, you may request that we correct or add information.
- Request confidential communications. You may request that we communicate with you in a specific way (e.g., at a certain mail address or phone number). We will make every reasonable effort to agree to your request.
- Accounting of disclosures. You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or healthcare operations.

My Responsibilities

We are required by law to protect the privacy of your health information, to provide this notice about our privacy practices, and to abide by the terms of this notice. We reserve the right to change our policies and procedures for protecting health information. If we make a significant change in how we use or disclose your health information, we will change this notice and inform you.

Except for the purposes outlined in the next section, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time to stop future use or disclosure.

When Can We Legally Disclose Your Health Information Without Your Specific Consent?

While the new law allows certain disclosures without your consent, we typically do not release your health information without your consent, except as described below.

In order to facilitate your medical treatment. For example, your primary care physician or your psychiatrist may wish to discuss your treatment with your provider, who would disclose information about your diagnosis, treatment sessions and so on. In most cases, however, we will require your written authorization before releasing information, even to another health care provider.

In order to collect payment for health care services that we provide. We will likely send a bill to you if you haven't paid at the time of service, or your insurance company may request information to facilitate reimbursement in response to a claim you submitted. These bills to you or requests from your insurance company may include diagnosis and procedure codes, dates of service, etc. If your insurance company requests a copy of more extensive information from your medical record, we will ask for your authorization.

In order to facilitate routine office operations. For example, office staff may be asked to prepare letters, notes or information for another one of your clinicians, or office staff may be asked to copy your medical record when needed. This means that office staff may have access to your health information.

Will We Disclose Your Health Information to Family and Friends? Our office policy is that your clinical information is never shared with another party (except as noted above) without written authorization from you. The EXCEPTION to this policy is if I believe you pose an immediate danger to yourself or someone else, in which case I will do whatever is necessary, even if that means breaching confidentiality.

Less Common Situations in Which We Might Disclose Your Health Information

Workers Compensation: We may disclose your health information to comply with laws relating to worker's compensation or other similar programs.

Law enforcement: We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena or court or administrative order. This includes any information requested by authorities related to cases of neglect or abuse of children or the elderly.

Food and Drug Administration (FDA): We may disclose to the FDA your health information relating to adverse events due to medications.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

Our practice uses and discloses PHI for the following purposes.

- **Treatment:** We may need to share information about you in order to provide medical care to you (for example, with other physicians, nurses, or employees who are part of this practice or who may be providing coverage in your physician's absence). Any other disclosure of your records for treatment-related purposes will require your signed authorization.
- **Payment:** We may need to disclose information about the treatment, procedures or care our practice provided to you in order to bill and receive payment for the services we provided. We may share this information with you, an insurance company or a third party responsible for payment.
- **Healthcare Operations:** We may need to use and disclose your personal health information to business associates who need to use or disclose your information to provide a service for our practice, such as our billing company and collection agency.

OTHER USES AND DISCLOSURES NOT REQUIRING YOUR AUTHORIZATION

Appointment Reminders/Treatment Alternatives/Incidental Uses and Disclosures: We may contact you regarding appointments or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may contact you by telephone, fax or email. We will make every effort to protect your privacy when leaving a message for you.

Others Involved in Your Healthcare: We may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Emergency Situations: The practice uses and discloses protected health information as appropriate to provide treatment in emergency situations. You will be allowed to object to future disclosures as soon as reasonably practicable after the delivery of treatment.

Required by Law: We may disclose your protected health information if required to do so by state, federal or local law, such as disclosure to a public health agency or official that is authorized by law to collect or receive such information, such as (but not limited to) communicable or sexually transmitted diseases; mandated reports of injury, illness, abuse, neglect or domestic violence; or to avert a serious threat to health or safety. This may also include notifying you of product recalls.

Research: Under certain circumstances, our practice may use or disclose your personal health information for research purposes when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved such research.

Health Oversight Activities/Practice Management Issues: The practice uses and discloses PHI as required by law for health oversight activities and in other practice management issues. The information

may be used and disclosed for audits, investigations, licensure issues, and other health oversight activities, including, but not limited to hospital peer review, managed care peer review, or Medicaid or Medicare peer review. The practice may communicate and disclose PHI to its professional liability insurance carrier and to counsel representing the physician and/or practice in legal matters concerning any care or treatment provided.

Judicial and Administrative Proceedings: If required by law, the practice may disclose information for judicial and administrative proceedings in response to a court order, subpoena, discovery request or other lawful process.

Disclosures for Law Enforcement Purposes: The practice may disclose the minimum necessary PHI for law enforcement purposes to law enforcement officials only as allowed by law.

Decedents: The practice uses and discloses the minimum necessary PHI to a coroner or medical examiner and funeral directors as required by law. The attending physician is required to sign the death certificate and provide the coroner with a copy of the decedent's PHI.

Specialized Government Functions: The practice uses and discloses protected health information for military and veterans activities, national security and intelligence activities, and other activities as required by law.

Marketing Purposes: The practice does not use or disclose any protected health information for marketing purposes. The practice may engage in communications about products and services that encourages recipients of the communication to purchase or use the product or service for treatment, to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual. These activities are not considered marketing.

PATIENT RIGHTS

You have the following rights with respect to your personal health information:

Right to Request Restrictions on Uses and Disclosures - You have the right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. Such requests must be made in writing. We are not required to agree to a restriction; however, if we do agree, we must abide by it unless you agree in writing to remove it (except when the restricted information is needed to provide emergency treatment).

Right to Request Confidential Communications - You have the right to reasonable requests to receive confidential communications of PHI from us by alternative means or at alternative locations. You must complete such a request in writing on the practice's Request for Confidential Communication form.

Right to Inspect and Copy - You have the right to inspect and obtain a copy of your medical record that has been created to treat you and is used to make decisions about your care, including medical and billing records. You must submit your request in writing. The practice may charge you for the cost of copying records, the cost of mailing, or other minimal costs associated with your request.

Charges for copying records are as follows:

- \$20.00 handling fee
- plus
- .75 cents each for pages 1-25
- .50 cents each for pages 26-50
- .26 cents each for pages 51 to end

Right to Amend - You have the right to request that the practice amend your protected health information maintained in your medical record or billing record. We will document all requests, respond to your requests in a timely fashion, and inform you of your appeal rights if a request is denied in whole or in part. Your request must be in writing.

Right to an Accounting of Disclosures of Protected Health Information - You have the right to receive an accounting of the disclosures of your personal health information that our practice makes other than for purposes allowed under the Privacy Rule. Requests must be in writing, can only be for disclosures made after April 14, 2003, and can go back no more than 6 years. This practice charges \$20.00 for more than one accounting within a 12-month period.

AUTHORIZATIONS

Our practice is committed to protecting your privacy and to the proper use and disclosure of your personal health information. In Illinois, a specific written authorization is required to disclose or release

records of mental health treatment, alcoholism treatment, drug abuse treatment or HIV/Acquired Immune Deficiency Syndrome (AIDS) information.

The practice will obtain your written authorization for any other use or disclosure of protected health information.

The practice does not condition treatment of a patient on the signing of an authorization. You may revoke an authorization by submitting a request in writing. We are required to honor and abide by that written request, except to the extent that we have already taken actions based on your authorization.

WAIVER OF RIGHTS

The practice never requires an individual to waive any of his or her individual rights as a condition for the provision of treatment, except under very limited circumstances allowed under law.

RIGHT TO A COPY OF THIS NOTICE

This notice is effective as of April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. If our privacy practices are revised, you will receive a copy in advance of the effective date of the change. You may request a current Notice when you visit our office. A copy of the current notice may be emailed to you upon your request.

PRACTICE CONTACT

If you would like more information about this notice, please contact Matt at (773) 490-4885. You have the right to file a written complaint with our office or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll-Free: 1-877-696-6775