



## NOTICE OF POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

As a therapist I am committed to protecting your privacy and confidentiality to the full extent of the law and the APA or ACA Code of Ethics. This notice describes how psychological and medical information about you may be used and disclosed, and how you can get access to this information. This notice conforms to the Federal Health Insurance Portability and Accountability Act (HIPAA), effective April 14, 2003. It also conforms to the health care privacy laws of Illinois. Please review it carefully.

---

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

I may use or disclose your protected health information (PHI), for certain treatment, payment, and health care operations purposes without your authorization. In certain circumstances I can only do so when the person or business requesting your PHI gives me a written request that includes certain promises regarding protecting the confidentiality of your PHI. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment and Payment Operations”
  - Treatment is when I provide or another healthcare provider diagnoses or treats you. An example of treatment would be when I consult with another health care provider, such as your family physician or another therapist, regarding your treatment.
  - Payment is when I obtain payment for your healthcare.
  - Health Care Operations is when I disclose your PHI to your health care service plan (for example your health insurer), or to your other health care providers contracting with your plan, for administering the plan, such as case management and care coordination.
- “Use” applies only to activities within my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.
- “Authorization” means written permission for specific uses or disclosures.

### II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment and payment operations, I will obtain an authorization from you before

releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes.

- "Psychotherapy notes" are notes I have made about our conversation during a private, group, joint, or family counseling session. These notes are given a greater degree of protection than PHI.

You may revoke or modify all such authorizations (of PHI or psychotherapy notes) at any time; however, the revocation or modification is not effective until I receive it.

### III. Uses and Disclosures without Consent or Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

**Child Abuse:** Whenever I have knowledge of, or reasonably suspect, that a child has been the victim of abuse or neglect, I must immediately report such to a police department or sheriff's department, county probation department, or county welfare department. Also, if I have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, I may report such to the above agencies.

**Elder or Dependent Adult Abuse:** If I have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that he or she has experienced these or if I reasonably suspect such, I must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency.

I do not have to report such an incident if:

- I am not aware of any independent evidence that corroborates the statement that the abuse has occurred;
- The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia; and
- In the exercise of clinical judgment, I reasonably believe that the abuse did not occur.

**Health Oversight:** If a complaint is filed against me with the Illinois Department of Professional Regulations, the Department has the authority to subpoena confidential mental health information from me relevant to that complaint.

**Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services that I have provided you, I must not release your information without 1) your written authorization or the authorization of your attorney or personal representative; 2) a court order; or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides me with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified me that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. I will inform you in advance if this is the case.

**Serious Threat to Health or Safety:** If you communicate to me a serious threat of physical violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential victim and the police. If I have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, I may release relevant information as necessary to prevent the threatened danger.

Worker's Compensation: If you file a worker's compensation claim, I must furnish a report to your employer, incorporating my findings about your injury and treatment, within five working days from the date of the your initial examination, and at subsequent intervals as may be required by the administrative director of the Worker's Compensation Commission in order to determine your eligibility for worker's compensation.

#### 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 about you. However, I am 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 seeing me. Upon your request, I will send your bills to another address.)

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I 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 for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I 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 the notice from me upon request, even if you have agreed to receive the notice electronically.

##### Therapist's Duties:

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will notify you immediately by telephone or by our next scheduled appointment and provide you with the revisions in writing. If necessary I will provide the revisions to you by mail.

## V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact Dr. Amanda Holly, by calling (847) 966-9343.

If you believe that your privacy rights have been violated and wish to file a complaint, you may vocalize or state in writing your complaint to Dr. Amanda Holly, Therapist, by calling (847) 966-9343, by mail at 4711 Golf Road, Suite 920, Skokie, IL 60076.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201

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

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

This notice will go into effect on September 1, 2008.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail, telephone, or during our next scheduled session.



**HIPAA NOTICE FORM  
PATIENT ACKNOWLEDGMENT OF RECEIPT**

I, \_\_\_\_\_ (print name), have received a paper copy of the Notice Form, which informs me of my rights under the Health Insurance Portability and Accountability Act (HIPAA).

The Notice describes how psychological and medical information about me may be used and disclosed and how I can get access to this information. Rights covered in the Notice Form included my right to:

- Notice of the uses and disclosures of Protected Health Information (PHI)
- Request restrictions on the uses of PHI
- Request and receive PHI
- Inspect and copy PHI
- Amend PHI
- Receive an accounting of disclosures of PHI
- Receive a paper copy of Notice

Patient's Signature \_\_\_\_\_

Today's Date \_\_\_\_\_