



HIPPA Privacy Notice--Notice of Privacy Practices

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

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

MHS may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. 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 MHS provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be consulting with another health care provider, such as your family physician or another psychologist.
 - Payment* is when MHS obtains reimbursement for your healthcare. Examples of payment are when 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 this 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 this practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my this practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

MHS may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when information is requested for purposes outside of treatment, payment and health care operations, your authorization will be obtained before releasing this information. Authorization will also be required before releasing your psychotherapy notes.

“*Psychotherapy notes*” are notes made about conversation during a private, group, joint, or family counseling session, which have been kept separate from the rest of your medical 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) MHS has already relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- *Child Abuse*: If, in the professional capacity of an MHS provider, a child comes forward with reasonable cause to suspect is an abused or maltreated child, or there is reasonable cause to suspect a child is abused or maltreated where the parent, guardian, custodian or other person legally responsible for such child comes before an MHS provider in his/her professional or official capacity and states from personal knowledge facts, conditions or circumstances which, if correct, would render the child an abused or maltreated child, such abuse or maltreatment must be reported to the statewide central register of child abuse and maltreatment, and/or the local child protective services agency.
- *Health Oversight*: If there is an inquiry or complaint about a provider’s professional conduct to the Illinois State Board for Psychology, confidential mental health records relevant to this inquiry must be furnished.
- *Judicial or Administrative Proceedings*: If you are involved in a court proceeding and a request is made for information about the professional services provided to you and/or the records thereof, such information is privileged under state law, and must not be released without your written authorization, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You must be informed in advance if this is the case.
- *Serious Threat to Health or Safety*: Your confidential information may be disclosed to protect you or others from a serious threat of harm by you.
- *Worker’s Compensation*: If you file a worker’s compensation claim while undergoing treatment for the issues involved with that complaint, then records which contain information regarding your psychological condition and treatment must be furnished to the chairman of the Worker’s Compensation Board records.

IV. Patient's Rights and Provider'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, your provider is 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.
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record, though such requests may be denied under certain circumstances. Upon your request, the details of the denial will be discussed with you.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record, though such requests may be denied under certain circumstances. Upon your request, the details of the denial will be discussed with you.
- *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).
- *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice

Provider’s Duties:

- Provider is legally required to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- MHS reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, Provider is required to abide by the terms currently in effect.
- If policies and procedures are revised, you may request a revised copy

Questions and Complaints

If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact Dr. Bright Fellowes, MHS President and Licensed Clinical Psychologist at (847) 566 – 0164 x 619.

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to Mental Health Solutions, P.O. Box 684; Mundelein, IL 60060-0684. 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. You will not be retaliated against for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice is effective as of April 14, 2003

Patient Signature

Date