

Notice of Privacy Practices and Clients Rights Statement

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

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Information Disclosed With Your Consent

In order to provide effective care, there are times when confidential information will need to be shared with others.

- **Treatment:**
Treatment information about you may be disclosed to provide, coordinate, or manage your care or any related services, including sharing information with others who are being consulted or to whom you are being referred.
- **Payment:**
Information will be used to obtain payment for treatment and services provided. This might include contacting your insurance company for prior approval of planned treatment or for billing purposes.
- **Healthcare Operations:**
Information about you may be used to coordinate business activities. This may include setting up your appointments or reviewing your care.

Information Disclosed Without Your Consent

Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

- **Emergencies:**
Sufficient information may be shared to address the emergency you are facing.
- **Follow-up Appointments/Care:**
You may be contacted to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Unless instructed not to do so, information may be left on voice mail or an answering machine.
- **As Required By Law:**
This would include situations where there is a subpoena, court order, or a mandate to provide public health information. This would also include situations of suspected child abuse, elder abuse, or institutional abuse.
- **Governmental Requirements:**
Information may be disclosed to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. There might also be a need to share information with the Food and Drug Administration related to adverse events or product defects. I might also, if requested, be required to share information with the U.S. Department of Health and Human Services to determine compliance with federal and state laws related to health care.

➤ **Criminal Activity or Danger to Others:**

If a crime is committed on our premises or against our personnel, I may share information with law enforcement to apprehend the criminal. I also have the right to involve law enforcement when I believe an immediate danger may occur to someone.

Information disclosed without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and that state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

CLIENT RIGHTS

Under Illinois and federal law, you have the right to not be denied services on the basis of age, gender, race, religious beliefs, ethnic origin, marital status, physical or mental disability, sexual orientation, HIV status, or criminal record. You are entitled to receive services in the least restrictive environment and in accordance with the Americans with Disabilities Act. You have the right to confidentiality of your records provided under Illinois Law, and you have the right to refuse treatment and be informed of any consequences of such refusal. In accordance with Illinois and federal law, and under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you also have the following rights:

➤ **Copy of Record:**

You are entitled to inspect information in your record that your clinician has generated about you. You may be charged a reasonable fee for copying and mailing your record if this is requested.

➤ **Release of Records:**

You may consent in writing to release your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

➤ **Right to Restrict Disclosures:**

You have the right to restrict certain disclosures of Personal Health Information (PHI) to a health plan when you pay out-of-pocket in full for our services.

➤ **Restriction on Record:**

You may request that part of your medical information not be disclosed. This request must be in writing and given directly to your clinician. Your clinician is not required to agree to your request if he/she believes it is in your best interest to permit use and disclosure of the information.

➤ **Contacting You:**

You may request that information be sent to another address or by alternative means. Your request will be honored as long as it is reasonable and your clinician is assured it is correct. Your clinician has the right to verify that the payment information is correct.

- **Amending Record:**
If you believe that something in your record is incorrect or incomplete, you may request that your clinician amend it. To do this, ask your clinician for the Request to Amend Health Information form. In certain cases, your request may be denied. If your request for an amendment is denied, you have the right to file a statement that you disagree with your clinician. Your clinician's response and your statement will be added to your record.
- **Accounting for Disclosures:**
You may request an accounting of any disclosures which your clinician has made related to your medical information, except for information used for treatment, payment, or health care operations purposes that was shared with you or your family. It also excludes information that your clinician has been required to release or information for which specific consent to release has been given. To receive information regarding disclosure made for a specific time period no longer than six years, please submit your request in writing to your clinician. You may be charged a fee for the time involved in preparing this list.
- **Breach of Unsecured PHI:**
You have a right to be notified if:
 - a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule involving your PHI
 - b) that your PHI has not been encrypted to government standards
 - c) your clinician's risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Questions and Complaints

If you have any questions, want a copy of this Policy, or have any complaints, you may contact Dr. Ann Srodulski via email at dr.ann@srodulskipsychservices.com or call (224) 286-4229. You may also contact the Secretary of Health and Human Services if you believe your clinician has violated your privacy rights. You will not be retaliated against for filing a complaint.

Changes in Policy

Dr. Ann Srodulski reserves the right to change the Privacy Policy based on the needs of the Practice and changes in state and federal law.

CLIENT AGREEMENTS AND AUTHORIZATIONS

I acknowledge having received the "Notice of Privacy Practices" and "Client Rights" statement. My rights, including the right to see and copy my record, to limit disclosure of information, and to request an amendment to my record, is explained in the Policy. I understand that I may revoke, in writing, my consent for release of my health care information, except to the extent that disclosure has already occurred with my prior consent.

Parent/Guardian Signature or
Adult Client Signature

Date