

HIPAA Notice of Policies and Practices

This notice describes how therapy 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.

1. We may use or disclose your protected health information (PHI) for treatment, payment and health care operations purposes with your written authorization and under certain circumstances, without your consent.

2. To help clarify these terms, here are some definitions:

A. PHI-refers to information in your health record that could identify you.

B. Treatment, payment and health care operations

1. Treatment-when we provide, coordinate or manage your health care and other services related to your health care. For example, when we consult with another health care provider like your family physician.

2. Payment-when we obtain reimbursement for your health care. For example, when we disclose your PHI to your health insurance carrier to obtain reimbursement for your health care or to determine eligibility or coverage.

3. Health Care Operations-are activities that relate to the performance and operation of this practice. For example, quality assessment and improvement activities, business related matters like insurance audits and administrative services and case management and care.

4. Use-applies only to activities within this practice.

5. Disclosure-applies to activities outside of this practice such as releasing, transferring or providing access to information about you to other parties like your insurance company or primary care physician.

6. 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.

A. We may use or disclose PHI for purposes outside of treatment, payment or health care operations. In those instances when we are asked for information for purposes outside of treatment, payment or health care operations, we will obtain an authorization from you before releasing this information or when we may be mandated

by a court order or as otherwise provided by law. We will also need to obtain an authorization before releasing your psychotherapy notes. Psychotherapy notes are notes we make about your conversation during a private, group, joint or family counseling sessions which we have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

- B. 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 your therapist has relied on that authorization or if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.
- C. Or otherwise provided for under the Illinois Mental Health and Developmental Disabilities Confidentiality Act.
- D. Pursuant to valid Business Associate Agreements.

III. Uses and disclosures without authorization.

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

- A. **Child abuse**-if your therapist has reasonable cause to believe a child known to them in their professional capacity may be an abused child or a neglected child, they must report this belief to the appropriate authorities
- B. **Adult and domestic abuse**-if your therapist has reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, they must report this to the appropriate authorities.
- C. **Health oversight activities**-your therapist may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- D. **Judicial and administrative proceedings**-If you are involved in a court 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 court order or a signed release of information. We can release the information

directly to you on your request. Information about all other therapy services is also privileged and cannot be released without your authorization or court order. The privilege may 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.

E. **Serious threat to health or safety**-If you communicate to us or if it appears to us that there is a clear imminent risk of physical, mental injury or disease or death being inflicted on you or by you or by a third party, we may make disclosures that we believe are necessary to protect yourself from harm or another individual from harm.

F. **Pursuant to Illinois Mental Health and Developmental Disabilities Confidentiality Act.**

IV. Client's rights:

A. Client's Rights

1. **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 requested.
2. **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 a therapist. On your request, we will send your correspondence to another address.
3. **Right to inspect and copy**-You have the right to inspect or obtain a copy (or both) of PHI in the therapist's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record and psychotherapy notes. On your request, we will discuss with you the details of the request for access process.
4. **Right to amend**-You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
5. **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.
6. **Right to a paper copy**-You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.
7. **Right to pay privately/Not use insurance**-As a client, you have a right to not have your services with us disclosed to any insurance provider if you pay privately. We will deny any insurance provider access to your information and records and will not even identify you as a recipient of services.

Julie Johnson, MA, LCPC

2656 W. Montrose Ave Suite 105 Chicago, IL 60618

Licensed Clinical Professional Counselor

773-383-7033 www.juliejohnsonlcpc.com

V. Complaints.

If you are concerned that we have violated your privacy rights or you disagree with a decision we have made about access to your records, you can contact Julie Johnson, MA, LCPC at 773-383-7033.

You may also send a written complaint to the Secretary of the US Department of Health and Human Services.

VI. Effective date, restrictions and changes to privacy policy.

This notice went into effect on May 1, 2012 and was revised on September 23, 2013. We reserve the right to change the terms of this notice and to make the new notice provisions effective for the entire PHI that we maintain. We will provide you with a revised notice in writing or in person.