



LONG GROVE CENTER FOR
Emotional Health

HIPAA PRIVACY NOTICE

This notice describes how medical information about you may be used and/or disclosed and how you can get access to this information.

MY PLEDGE REGARDING PROTECTED HEALTH INFORMATION

I understand that Protected Health Information about you is personal. I am committed to protecting information about you. I create a record of the services that you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements.

This notice will tell you about the ways in which I may use and disclose information about you. I also describe your rights and certain obligations I have regarding the use and disclosures of information.

I will, to the best of my ability, work to mitigate the negative effects of any disclosure I make.

I am required by law to:

- Make sure that Protected Health Information that identifies you is kept private;
- Give you this notice of my legal duties and privacy practices with respect to information about you;
- Follow the terms of the notice that is currently in effect.

HOW I MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that I use and disclose information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of these ways that I am permitted to use and disclose information will fall within one of these categories.

For Treatment

I may use Protected Health Information about you to provide you with mental health treatment or services. Additionally, I may use information about you to develop an effective treatment plan, for purposes of assessment, and to enhance all services rendered. I may disclose this information to clinical consultants for the purposes of coordinating your treatment.

I may ask you for authorization to disclose information about you to people involved in your treatment, such as clergy, medical professionals, family members, educators, or others. However, information would be disclosed only with your authorization and only for the purposes that you authorized. For example, a clinician treating a client for depression may need to know if the client is in need of, or currently taking, medication. Therefore, the clinician will need to share information with the client's doctor (psychiatrist) in order to coordinate treatment.

For Payment

I may use and disclose Protected Health Information about you so that the treatment and services that you receive from me may be billed and collected from you, an insurance company, or a third party. For example, I may need to give your Protected Health Information about treatment you received from me so your health plan can pay me or reimburse you for treatment.

Treatment Options

I may use and disclose Protected Health Information to tell you about recommended possible treatment options or alternatives that may be of interest to you.

As Required By Law

I will disclose Protected Health Information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety

I may use and disclose Protected Health Information about you when necessary to prevent a serious threat to you or another person. Any disclosure would only be to someone able to prevent the threat.

Workers' Compensation

In situations when workers' compensation pays for services or treatment, I may release Protected Health Information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Risks

I may disclose Protected Health Information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability
- To report child abuse or neglect
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if I believe a client has been the victim of abuse, neglect, or domestic violence. I will only make this disclosure if you agree or when required by law.

Lawsuits or Disputes

If you are involved in a lawsuit or dispute, I may disclose Protected Health Information about you in response to a court or administrative order. I may also disclose Protected Health Information about you in response to an order by a court, but only if good faith efforts have been made to notify you of the request.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right to Inspect and Copy

You have the right to inspect and copy Protected Health Information that may be used to make decisions about your treatment. This includes billing and case records, but does not include my personal notes. To inspect and copy Protected Health Information, you must submit your request in writing. If you request a copy of the information, I may charge a fee for costs incurred for copying, mailing, or other supplies associated with your request.

Right to an Accounting of Disclosures

You have the right to an “accounting of disclosures.” This is a list of the disclosures I made of Protected Health Information about you. To request this list of accounting of disclosures, you must submit your request in writing. The time period of your request may not be longer than 6 years. Your request should indicate in what form you want the list (electronic or paper copy).

Right to Request Restrictions

You have the right to request a restriction or limitation on the Protected Health Information I use about you for treatment or payment. I am not required to agree to your request. If I do agree, I will comply with your request unless the information is needed to provide you with emergency services.

To request restrictions, you must make your request in writing. In your request, you must tell me what information you want to limit; whether you want to limit my use, disclosure, or both; and to whom you want the limits to apply.

Right to Request Confidential Communications

You have the right to request that I communicate with you about treatment matters in a certain way or at a certain location. For example, you can ask that I contact you at work or by mail. To request confidential communication, you must make your request in writing. I will not ask the reason for your request. I will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

CHANGES TO THIS NOTICE

I reserve the right to change this notice. I reserve the right to make the revised or changed notice effective for Protected Health Information that I already have about you, as well as any information I receive in the future.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of Protected Health Information not covered by this notice or the laws that apply to me will be made only with your written permission. If you provide me with permission to use or disclose Protected Health Information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, I will no longer use or disclose Protected Health Information about you for the reasons covered by your written authorization. You understand that I am unable to take back any disclosures that may have already been made with your permission, and that I am required to retain records of the treatment that has been provided to you.