

HIPAA Notice of Privacy Practices

Before beginning treatment or assessment, therapists MUST present this form to every patient Patients' acknowledgement of receipt of this Notice is required

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HIPAA NOTICE OF PRIVACY PRACTICES

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

II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law I am required to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of Pill means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your Pill than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI already on file with me. Before I make any material changes to my policies, I will immediately change this Notice and post a new copy of it in my office and on my website. You may also request a copy of this Notice from me, or you can view a copy of it in my office or on my website, which is located at (www.robsmitblcsw.com).

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III. HOW I WILL USE AND DISCLOSE YOUR PHI.

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

A. Under Federal Law, Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Authorization. Under Illinois Law, Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Require Your Prior Written Authorization.

I may use and disclose your PHI in items 1-3 with your authorization for the following reasons:

1. For treatment: I may disclose your PHI to physicians, psychiatrists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist, primary care physician, or other health care provider is treating you, I may disclose your PHI to her/him in order to coordinate your care.
2. For health care operations: I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: Quality control - I might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate my performance of the health care services that I provided you. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.
3. To obtain payment for treatment: I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. Example: I might send your PHI to your insurance company, government insurance, managed care company, or health plan in order to get payment for the health care services that I have provided to you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my practice.
4. Other disclosures: Examples: Your authorization isn't required if you need emergency treatment provided, that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain), but I think that you would consent to such treatment if you could, I may disclose your PHI.

B. Certain Other Uses and Disclosures Do Not Require Your Authorization. I may use and/or disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by federal or state laws; judicial or administrative proceedings; or, law enforcement. Example: I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
2. **To avoid harm.** I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public. Examples: If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger. If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.

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3. If disclosure is mandated by the Illinois Child Abuse and Neglect Reporting law, or by the Illinois Elder/Dependent Adult Abuse Reporting law. For example, if I have a reasonable suspicion of child abuse or neglect, or if I have a reasonable suspicion of elder abuse or dependent adult abuse.
4. **If disclosure is mandated.** For example, for public health activities. Example: In the event of your death if a disclosure is permitted or compelled, I may need to give the county coroner information about you.
5. **For specific government functions.** Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
6. **For research purposes.** In certain circumstances, I may provide PHI in de-identifiable form in order to conduct medical/psychotherapeutic research.
7. **For Workers' Compensation purposes.** I may provide PHI in order to comply with Workers' Compensation laws.
8. **I am permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.**
9. **If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.** Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.
10. **If disclosure is otherwise specifically required by law.**

C. Certain Uses and Disclosures Require You to Provide Written Authorization.

1. **Disclosures to family, friends, or others.** I am required to obtain your written authorization under Illinois Law prior to disclosing your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

IV. WHAT RIGHTS YOU HAVE. REGARDING YOUR PHI

These are your rights with respect to your PHI:

A. The Right to See, Inspect and Copy Your PHI. In general, you have the right to see your PHI that is in my possession, or to get copies of it by requesting it in writing. You will receive a response from me within 10 days of my receiving your written request. Under certain circumstances, I may deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed. If you ask for copies of your PHI, I will charge you \$.25 per page. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance. I ask that you come to the office to pick up your confidential documents. If you prefer that I mail the documents to you, there will be a postage charge to mail the documents.

B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

C. The Right to Choose how I transmit or communicate Your PHI to You. It is your right to request in writing that your PHI be sent to you at an alternate address (for example, sending information to your work

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address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). I will grant such requests if I believe that they are reasonable providing that I can give you the pm, in the format you requested, without undue inconvenience.

D. The Right to Get a List of the Disclosures I Have Made. You are entitled to a list of disclosures of your pm that I have made with some limitations. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 14, 2003. After April 14, 2003, disclosure records will be held for six years.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous six years prior to the date of request unless you indicate a shorter period. The list will include the date of the disclosure, to whom pm was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

E. The Right to Amend Your PHI. If you believe that there is some error in your pm or that important information has been omitted, it is your right to request that I correct the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the pm is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. The response must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your pm. If I approve your request, I will make the change(s) to your pm. Additionally, I have a right to file a written statement telling you and anyone else who needs to know about the change(s) to your pm.

F. The Right to Receive this Notice by Email or on Paper Copy: You have the option to obtain this notice by email or paper copy.

V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If, in your opinion, I may have violated your notice rights, or if you object to a decision I made about access to your pm, you are entitled to file a complaint with the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at: Robert I. Smith, LCSW
241 Golf Mill Center, Suite 708 Niles, Illinois 60714, (847) 824-8366. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

VI. EFFECTIVE DATE OF THIS NOTICE

This notice becomes effective April 14, 2003.