

Keep for your reference.

SMART LOVE[®]

FAMILY SERVICES

Counseling Program

Notice of Illinois HIPAA Privacy

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW THIS CAREFULLY

Who Will Follow This Notice

This notice describes Smart Love Family Services (SLFS) practices and that of:

- All SLFS employees, staff, interns, and other professionals
- All departments and programs of SLFS
- Business Associates and Consultants

Statement Regarding Protected Health Information

We are committed to protecting your personal and private information. We create a record of the services that you receive at SLFS. We 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 we may use and disclose information about you. We also describe your rights and certain obligations we have regarding the use and disclosures of information.

We are required by law to:

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

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

We may disclose protected health information (PHI) for payment purposes with your written consent (i.e., when you sign the Therapy Contract and Agreement) when disclosure is necessary to receive third party payment for services rendered on your behalf, and for other treatment, payment and health care operations. We may also use your PHI internally for treatment, payment, and health care operations purposes. 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 we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to help you 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 practice. Examples of health care operations are quality assessment and improvement activities (including collecting and evaluating information related to client treatment progress), business-related matters such as audits and administrative services, and care coordination.
- “Use” applies only to activities within the clinic such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of the clinic, such as releasing, transferring, or providing access to information about you to other parties.
- “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

The following uses and disclosures of PHI will only be made with your written authorization from you or your personal representative for the following purposes:

- Any other uses and disclosures not described in this Notice.
- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of PHI.
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- Uses and disclosures for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment, or health care

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operations, we will obtain a written authorization from you before releasing this information (including if an Institutional Review Board (IRB) determines consent is needed for research purposes).

- 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) we have relied on that authorization; or (2) 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.

III. Uses and Disclosures without Authorization

SMART LOVE FAMILY SERVICES engages in quality improvement and evaluation activities to ensure we are providing effective care to our clients. Clients/Parents of Minor Clients may be asked to provide information about client characteristics and treatment progress through evaluation forms. In a format that preserves your anonymity and confidentiality, we may use this information for external purposes including for research purposes; in reports for presentations to other professionals or to funding sources; and we may seek to publish such information. All information will always be de-identified.

We will use and disclose PHI about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose PHI. We will comply with those state laws and with all other applicable laws including the following:

- *Child Abuse* – If we have reasonable cause to believe a child known to me in my professional capacity may be an abused child or a neglected child, we must report this belief to the appropriate authorities.
- *Adult and Domestic Abuse* – If we have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.
- *Health Oversight Activities* – We may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- *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 a court order. We can release the information directly to you on your request. Information about all other psychological services is also privileged and cannot be released without your authorization or a court order. The 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.

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- *Serious Threat to Health or Safety* – We may use and disclose Personal Health Information about you when necessary if you communicate a specific threat of imminent harm against another individual or if there is clear, imminent risk of physical or mental injury being inflicted against another individual or if you present an imminent, serious risk of physical or mental injury or death to yourself. Any disclosure would only be to protect you or another individual from harm.
- *Worker's Compensation* – We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- There may be additional disclosures of PHI that I am required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.
- When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or 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 as fitness for military duties, eligibility for VA benefits, and national security and intelligence.
- Illinois law provides additional protection of some specific PHI. For example, these laws may prohibit us from disclosing or using information related to HIV/AIDS, mental health, and alcohol or substance abuse treatment, and genetic information without your authorization. In these situations, we will follow the requirements of the state law.

IV. Patient Rights and Therapist Duties

Patient Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am 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. To request confidential communications, you must make your request to your treating therapist. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We reserve the right to deny a request if it imposes an unreasonable burden on the practice. Reasonable requests will be granted. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)

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- *Right to Inspect and Copy* – Right to Inspect and Copy. You have the right to inspect and copy PHI that may be used to make decisions about your care. Usually this includes medical and billing records but does not include psychotherapy notes, information compiled for use in a civil, criminal, or administrative action or proceeding, and PHI to which access is prohibited by law. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to your treating therapist. If you request a copy of the information, we reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by this practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- *Right to Amend* – You have the right to request an amendment of PHI from your treating therapist for as long as the PHI is maintained in the record. Your request may be denied. On your request, the details of the amendment process will be discussed with you.
- *Right to an Accounting of Disclosures* – You generally have the right to receive an accounting of disclosures of PHI made for the previous six (6) years. On your request, the details of the accounting process will be discussed with you.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of this privacy notice from us upon request, even if you have agreed to receive the notice electronically.
- *Right to Restrict Disclosures When You Have Paid for Your Care Out of Pocket*. You have the right to restrict certain disclosures of PHI to a health plan when you pay out of pocket in full for our services.
- *Right to be Notified if There is a Breach of Your 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 PHI has not be encrypted to government standards; and c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised. We will notify you promptly with the following information: a brief description of what happened; a description of the PHI that was involved; recommended steps you can take to protect yourself from harm; what steps we are taking in response to the breach; and, contact procedures so you can obtain further information.

Therapist and Smart Love Family Services Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes; however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will notify you by providing a revised notice.

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VI. Complaints

If you are concerned that your privacy rights have been violated, or you disagree with a decision made about access to your records, you may contact Dr. Carla Beatrici, HIPAA Privacy Officer, Smart Love Family Services, at (773) 665-8052, ext. 200.

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 will not be retaliated against for filing a complaint.

VII. Effective Date, Restrictions, and Changes to Privacy Policy

This notice was initially effective November 1st, and was revised effective September 23, 2013.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that is maintained by the agency. We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. We will post any revised notice in our office reception area. You will also be able to obtain your own copy of the revised notice. The effective date of the notice will always be noted. We are required to abide by the terms of the notice that is currently in effect.

Revised Effective February 1, 2014