Notice of Privacy Practices

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

This facility has a legal duty to safeguard your Protected Health Information.

All employees and other personnel are legally required to and must abide by the policies set forth in this notice and to protect the privacy of your health information. This "protected health information", or PHI for short, includes information that can be used to identify you. We collect or receive this information about your past, present, or future health condition to provide health care for you or to receive payment for this health care. We must provide you with this notice about our privacy practices that explain how, when, and why we use and disclose (release) your PHI. With some exceptions, we may not use or release any more of your PHI than is necessary to accomplish the need for the information. We reserve the right to change the terms of this notice and post a new notice in our lobby. You are also receiving a copy of this notice.

We may use and release your PHI for many different reasons. For most of these, we will need your permission on a specific, signed authorization known as a Release of Confidential Information form. Below, we describe the different instances of when we use and release your PHI and give you some examples of each category.

A. WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS
    1. For treatment coordination. We may release your PHI to physicians, nurses, or other health care personnel who are involved in your health care only with your signed consent. For instance, we may request from you a Release of Confidential Information to discuss treatment issues with your physician, who is treating you medically for the same condition.

2. To obtain payment for treatment. We may use and release your PHI in order to bill and collect payment for services provided to you. For example, we may release portions of your PHI to your health plan to get paid for the counseling services we provided to you. Our welcome form asks for your written permission to release information necessary to bill insurance. We may also release your PHI to our business associates, such as our billing department and collections agency.

B. WE DO NOT REQUIRE YOUR CONSENT TO USE OR RELEASE YOUR PHI:

1. When federal, state, or local law; judicial or administrative hearings; or law enforcement agencies request your PHI. We release your PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; in cases of client's voiced intent to harm self or others; or when ordered in judicial or administrative proceedings.
2. For Worker's Compensation or appointment scheduling or health related benefits and services. We may use your demographic PHI to contact you to arrange appointments or to recommend possible treatment options or alternatives that may be of interest to you.

C. YOUR PRIOR WRITTEN AUTHORIZATION IS REQUIRED FOR ANY USES OF YOUR PHI NOT INCLUDED ABOVE

We will ask for written authorization before using or releasing any of your PHI. If you choose to sign a Release of Confidential Information form to release your PHI, you may later cancel that authorization in writing. This will stop any further release of your PHI for the purpose you had previously authorized. You may also refuse in writing to consent to release your PHI.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

A. YOU HAVE THE RIGHT TO REQUEST LIMITS ON HOW WE USE AND RELEASE YOUR PHI. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit PHI that we are legally required to or allowed to release.
B. YOU HAVE THE RIGHT TO CHOOSE HOW WE COMMUNICATE YOUR PHI TO YOU. All of our communications with you are considered confidential. You have the right to ask that we send information to you at an alternative address (for example, sending information to your work address rather than your home address) or by alternative means (for example, email instead of regular mail). We are obligated to agree to your request so long as we can easily provide it in the format you requested.
C. YOU HAVE THE RIGHT TO SEE AND GET COPIES OF YOUR PHI. You must make this request in writing. We will respond to you within 30 days of receiving your written request. In certain situations we may deny your request. If we do, we will tell you in writing why it was denied. You have the right to have the denial reviewed. We will choose another licensed health care professional to review your request and the denial. The person conducting the review will not be the person who denied your first request. You may request a summary or a copy of the entire client record as long as you agree to the cost in advance. If your request to see the record is approved, we will arrange this in accordance with established policy.
D. YOU HAVE A RIGHT TO GET A LIST DETAILING INSTANCES OF WHEN AND TO WHOM WE HAVE DISCLOSED YOUR PHI. This list will not include uses you have already authorized, or those for treatment, payment, or operations. This list will not include uses made for

national security purposes or to corrections or law enforcement personnel. We will respond within 60 days of receiving your request. The list we provide will include the last six years of activity unless you request a shorter time. The list will include dates when your PHI was released and why, to whom your PHi was released (including their address if known) and a description of the information released.

E. YOU HAVE THE RIGHT TO CORRECT OR UPDATE YOUR PHI. If you believe there is a mistake or that an important piece of information is missing, you have the right to request that we correct the existing or add the missing information. We can do this for as long as the information is retained by our facility. You must provide the request and the reason for the request in writing. We will respond within 60 days of receiving your request. If we deny your request,our written denial will state our reasons and explain your right to file a written statement of disagreement. If you do not file a written statement of disagreement, you have the right to ask that your request and our denial be attached to all future uses or releases of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others who need to know about the change or amendment to your PHI.
F. YOU HAVE THE RIGHT TO RECEIVE THIS PRIVACY STATEMENT BY EMAIL.

HOW TO VOICE YOUR CONCERNS ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with the decisions we made about access to your PHI, you may file a complaint with the person listed below:

Privacy Officer for Protected Health Information of Minor and Adult:

Matthew Rogers, LCSW

206 N Randolph St., Suite 432

Champaign, IL

Effective date of this notice: **THIS COPY IS FOR YOUR RECORDS**

Individual Rights to Disclosures of Information

THIS FACILITY, IN ACCORDANCE WITH THE HEALTH INSURANCE AND ACCOUNTABILITY ACT OF 1996 (HIPAA), HAS ADOPTED THE FOLLOWING POLICY WITH REGARD TO THE RIGHTS OF PATIENTS TO RECEIVE AN ACCOUNT OF PROTECTED HEALTH INFORMATION (PHI) DISCLOSURES:

THIS FACILITY WILL ADHERE TO THE FOLLOWING GUIDELINES:

1. An individual will have the right to receive a written account of disclosures of protected health information (PHI) made by our organization during the six years prior to the date on which the accounting is requested (unless the individual requests a shorter time period), EXCEPT for disclosures:
    a. To carry out treatment, payment and health care operations;
    b. To individuals of whom the protected health information belongs;
    c. To other professionals involved in the individuals care or other notification purposes;
    d. For national security or intelligence purposes;
    e. To correctional institutions or law enforcement officials;
    f. For disclosures that occurred prior to the compliance date for our organization;
    g. For which the individual provided written authorization.
2. Our organization may temporarily suspend an individual's right to receive an account of disclosures to a health oversight agency or law enforcement official, for the time specified by such agency or official, if such agency or official provides a written statement that such account to the individual would be reasonably likely to impede the agency's activities and specifying the time for which suspension is required.

Note: If the official statement is made orally, the following procedures will also apply:
Our organization will document the statement, including the identity of the agency or official making the statement.
Our organization will temporarily suspend the individual's right to an account of disclosures subject to this statement.
Our organization will limit the temporary suspension to no longer than 30 days from the date of the oral statement, unless a written statement is submitted during that time.

3. Each written account of disclosures will include any and all disclosures including those made to business associates and by the business associates and will include for each disclosure:
    a. The date of the disclosure;
    b. The name of the entity or person who received the protected health information and, if known, the address of such entity or person;
    c. A brief description of the protected health information disclosed;
    d. A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure.

Note: The accounting for multiple disclosures to the same person or entity for a single purpose will only need to provide the following:

a. The information required above for the first disclosure during the the account period;
b. The frequency, periodicity, or number of the disclosures made during this account period;
c. The date of the last disclosure during the account period.

4. Our organization will process all requests for an account no later than 60 days after the receipt of request by providing the individual with the account requested. This time limit may be extended by no more than 30 days provided that:

a. Our organization provides you with a written statement of the reason for the delay and the date by which our organization will provide the account.
b. It will be the only extension of time for action on the request.

CHARGES AND COST FOR ACCOUNT OF DISCLOSURES: NONE

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My signature below indicates that I have been informed of and have received copies of this office's **Notice of Privacy Practices** and **Individual Rights to Disclosures of Information**, which are also posted in the office.

_____ _____

Signature of Client Date

_____ _____

Signature of Parent/ Power of Attorney Date

_____ _____

Signature of Provider Date