



## **NOTICE OF PRIVACY PRACTICES**

### **Policies and Practices to Protect the Privacy of Your Health Information**

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

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

Claret Center or your therapist may *use* or *disclose* your *protected health information* for *treatment, payment, and health care operations* purposes, with your *written authorization*. To help clarify these terms, here are some definitions:

- *"PROTECTED HEALTH INFORMATION"* refers to information in your health record that could identify you.
- *"Treatment, Payment, and Health Care Operations"*
  - *Treatment* is when your therapist provides, coordinates, or manages your health care and services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
  - *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your protected health information to your health insurer to 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 our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- *"Use"* applies only to activities within Claret Center, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *"Disclosure"* applies to activities outside of Claret Center, 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**

Your therapist may use or disclose protected health information for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when your therapist is asked for information for purposes outside of treatment, payment, or health care operations, she/he will obtain an authorization from you before releasing this information. She/he will also need to obtain an authorization before releasing your Psychotherapy Notes. *"Psychotherapy Notes"* are notes your therapist has made about conversations during a private, group, joint, or family counseling session, which have been kept separate from the rest of your record. These notes are given a greater degree of protection than protected health information.

You may revoke all such authorizations (of protected health information or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Claret Center has already acted 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

Your therapist may use or disclose protected health information without your consent or authorization in the following circumstances:

- *Child Abuse*- If your therapist has reasonable cause to believe a child known in her/his professional capacity may be an abused child or a neglected child, your therapist must report this belief to the appropriate authorities.
- *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, she/he must report this belief to the appropriate authorities.
- *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.
- *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 your therapist must not release such information without a court order. The information can be released 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 by a third party or where the evaluation is court ordered. You must be informed in advance if this is the case.
- *Serious Threat to Health or Safety* - If you communicate to your therapist a specific threat of imminent harm against another individual or if she/he believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, your therapist may make disclosures that she/he believes are necessary to protect that individual from harm. If your therapist believes that you present an imminent, serious risk of physical or mental injury or death to yourself, she/he may make disclosures your therapist considers necessary to protect you from harm.
- *Worker's Compensation* – Your therapist 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.

### IV. Patient's Rights and Psychologist's Duties

#### Patient's Rights:

- *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of protected health information. However, your therapist is 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 protected health information by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing your therapist. On your request, bills will be sent to another address.)
- *Right to Inspect and Copy* - You have the right to inspect or obtain a copy (or both) of protected health information in mental health and billing records used to make decisions about you for as long as the protected health information is maintained in the record and Psychotherapy Notes. If your records are maintained in a protected electronic health record system, you may obtain an electronic copy of your medical records. You may also instruct your therapist in writing to send an electronic copy of

your medical records to a third party. On your request, your therapist will discuss with you the details of the request for access process.

- *Right to Amend* - You have the right to request an amendment of protected health information for as long as the protected health information is maintained in the record. Your therapist may deny your request. On your request, your therapist will discuss with you the details of the amendment process.
- *Right to an Accounting* - You generally have the right to receive an accounting of disclosures of protected health information made in the past six (6) years. The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. If we maintain your medical records in an electronic health record, you may request that we include disclosures for treatment, payment or health care operations. In any case, any accounting will not include disclosures made prior to April 14, 2003. On your request, your therapist will discuss with you the details of the accounting process.
- *Right to a Paper Copy* - You have the right to obtain a paper copy of the notice from your therapist upon request, even if you have agreed to receive the notice electronically.

#### **Psychologist's Duties:**

- Your therapist is required by law to maintain the privacy of protected health information and to provide you with a notice of her/his legal duties and privacy practices with respect to protected health information.
- Your therapist reserves the right to change the privacy policies and practices described in this notice. Unless your therapist notifies you of such changes, however, your therapist is required to abide by the terms currently in effect.
- If Claret Center revises its policies and procedures, your therapist will notify you if you will be affected.

#### **V. Complaints**

If you are concerned that Claret Center or your therapist has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact your therapist by telephone at (773) 643-6259 or in writing at 5536 S. Everett Avenue, Chicago, IL 60637.

You may also send a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, DC 20201.

#### **VI. Effective Date of the Privacy Policy and Changes to the Privacy Policy**

This notice is effective October 31, 2011.

Your therapist and Claret Center will limit the uses or disclosures that she/he will make as defined by Illinois law and as advised by the American Psychological Association.

Claret Center reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that your therapist maintains. Your therapist will provide you with a revised notice by personally handing you information if you visit her/his office or by mail if you telephone or write Claret Center and request this information.



5536 S. Everett Avenue, Chicago, IL 60637

Phone: (773) 643-6259

[www.claretcenter.org](http://www.claretcenter.org)

**Notice of Privacy Practices Acknowledgement and Consent Form**

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information will be used to:

\*Conduct, plan and direct my treatment and follow-up care among the multiple healthcare providers who may be involved in that treatment directly or indirectly.

\*Obtain payment from designated third-party payers.

\*Conduct normal health care operations such as quality assessments or evaluations, and physician certifications.

I have received a copy of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I have been given the opportunity to review such Notice of Privacy Practices prior to signing this consent. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notices of Privacy Practices.

I understand that I may request in writing that this organization restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand the organization is not required to agree to my requested restrictions, but if the organization does agree, then it is bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that the organization has taken action relying on this consent.

\_\_\_\_\_  
Signature  
(Parent/Guardian Signature if client is minor)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date Signed