



## **Notice of HIPAA 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.

### **I. Responsibilities**

Under Illinois and federal law, I am required to maintain the privacy of your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health-care services. I am also required to give you this notice about my privacy practices, legal duties, and your rights concerning your PHI. I must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 1, 2014, and will remain in effect until I replace it.

I reserve the right to change my privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. I reserve the right to make the changes in my privacy practices and the new terms of my notice effective for all PHI that I maintain, including PHI I created or received before I made the changes. Before I make a significant change in my privacy practices, I will amend this notice and make the new notice available upon request.

For more information about my privacy practices, or for additional copies of this notice, please contact me using the information listed at the end of this notice.

### **II. Uses and Disclosures of Protected Health Information**

I may use and disclose your PHI for many reasons, such as for treatment, payment, and health-care operations. Some of the uses or disclosures will require your prior authorization; however, others will not. The different categories of my uses and disclosures are listed below, with some examples.

#### **A. Uses and Disclosures related to treatment, payment, or health care operations that do not require your prior written consent**

1. **Treatment:** I may use or disclose your PHI to a physician, psychiatrist, psychologist, or other licensed health-care professional providing treatment to you. I may use or disclose your PHI to a health-care provider so that I can make prior authorization decisions under your benefit plan. I can use your PHI within my practice to provide you with treatment, including discussing or sharing your PHI with my trainees or interns.

Example: I may discuss your PHI with your psychiatrist in order to coordinate care.

2. **Payment:** I may use and disclose your PHI to bill and collect payment for the treatment and services I provide you. I may disclose your PHI to another health plan, a health-care provider, or another entity subject to the Federal Privacy Rules for their payment purposes. Payment activities may include processing claims, determining eligibility or coverage for claims, issuing premium billings, reviewing services for medical necessity, and performing utilization review of claims.

Example: I may provide your PHI to your insurance provider so that they may pay me for my services or to determine your eligibility or coverage.

3. **Health Care Operations:** I may use and disclose your PHI in connection with my health-care operations. Health-care operations include the business functions conducted by me. These activities may include

- providing you services, responding to complaints and appeals from you,
- providing case management and care coordination under the benefit plans,
- conducting a medical review of claims and other quality-assessment and improvement activities,
- establishing premium rates, underwriting and eligibility criteria, and
- detecting or preventing health-care fraud and abuse.

In my health-care operations I may also disclose PHI to business associates with whom I have written agreements containing terms to protect the privacy of your PHI.

Example: I may provide your PHI to attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.

4. **Other disclosures:** I may use and disclose your PHI if you need emergency treatment, provided that I attempt to get your consent after treatment is rendered.

Example: If you are unconscious or in severe pain and I try to get your consent but you are unable to communicate with me but I think that you would consent to such treatment if you could, I may disclose your PHI to emergency personnel when calling 911.

#### **B. Certain other uses and disclosures that do not require your consent**

Under Illinois and federal law, information about you may be disclosed without your consent for the following reasons:

1. **Child Abuse.** If I have reasonable suspicion of child abuse, neglect, or financial exploitation, I must report it to appropriate authorities.
2. **Elder/Dependent Adult Abuse.** If I have reasonable suspicion of elder or dependent adult abuse, neglect, or financial exploitation, I must report it to appropriate authorities.
3. **Emergencies.** I may share your PHI to address an immediate emergency you are facing.
4. **Threat to Health or Safety.** If you communicate a specific threat or imminent harm to another individual, and if I have a reasonable belief that there is an imminent risk of injury against another individual, I may disclose your PHI to protect that individual from harm. If I have a reasonable belief that you are at an imminent risk of harming yourself, I may disclose your PHI to protect your safety.
5. **Criminal Activity.** I may share your PHI if a crime is committed on my premises or against me, or if I believe there is someone who is in immediate danger.
6. **National Security.** I may share your PHI to authorized federal authorities in order to protect the president, other national figures, veterans, or in cases of national security, such as assisting with intelligence operations.
7. **Required by State, Local, or Federal Law.** I may disclose your PHI to the appropriate officials when a law requires me to report to government agencies or law enforcement personnel.
8. **Judicial and Administrative Proceedings.** I may disclose your PHI when you are involved in a court proceeding and there is a court order to disclose information about you, such as is required by a search warrant/subpoena lawfully issued to a government law enforcement agency.
9. **Arbitration.** I may disclose your PHI when arbitration is lawfully requested in a proceeding before an arbitration or arbitration panel.
10. **Worker's Compensation.** I may disclose your PHI in order to comply with Worker's Compensation laws.
11. **Public Health Activities.** I may disclose your PHI to the county coroner in the event of your death, if a disclosure is permitted or compelled.
12. **Health Oversight Agencies.** I may disclose your PHI to a health oversight agency for oversight activities authorized by law (e.g., when compelled by the U.S. Secretary of HHS to investigate or assess my compliance with HIPAA regulations or for licensure or disciplinary actions).
13. **Disaster Relief.** I may disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.
14. **Research.** I may disclose your PHI in order to conduct medical research.
15. **Appointments.** I may disclose your PHI to provide appointment reminders. I may use your PHI to give you information about alternative treatment options, other health care services, or benefits I offer.

#### **C. Other Uses and Disclosures Requiring Authorization**

In any other uses and disclosures not described above, I will request your written authorization before using or disclosing any of your PHI. You may withdraw your authorization at any time in writing. Your withdrawal will not affect any use or disclosures permitted by your authorization while it was in effect. I will disclose your PHI to your personal representative when that personal representative has been properly designated by you.

#### **D. Use and Disclosure of Certain Types of Medical Information**

For certain types of PHI I may be required to protect your privacy in ways more strict than I have discussed in this notice. I must abide by the following rules for my use or disclosure of certain types of your PHI:



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 THERAPY**

1. HIV Test Information. I may not disclose the result of any HIV test, or the fact that you have been the subject of an HIV test, unless required by law or if the disclosure is to you or other persons under limited circumstances, or if you have given me written permission to disclose.
2. Genetic Information. I may not disclose your genetic information unless the disclosure is required by law or you provide me with written permission to disclose such information.
3. Mental Health Information Records. I may not disclose your mental health information records except to you and anyone else authorized by law to inspect and copy your mental health information records, or if you provide me with written permission to disclose.
4. Alcoholism or Drug-Abuse Information. I may not disclose any alcoholism or drug-abuse information related to your treatment in an alcohol or drug-abuse program unless the disclosure is allowed or required by law, or if you provide me with written permission to disclose.

**III. Rights Regarding Your PHI**

You may contact me using the information at the end of this notice to obtain the forms described here, explanations on how to submit a request, or other additional information.

1. Right to Inspect and Get Copies of PHI. You have the right, with limited exceptions, to review or obtain copies of your PHI. Your request must be in writing. You will receive a response from me within 60 days of my receiving your written request. If I deny your request, I will provide a written explanation and will tell you whether the reasons for the denial can be reviewed and how to ask for such a review, or whether the denial cannot be reviewed. If you request a copy of your PHI, I will charge you \$1.11 per page (pages 1 through 25), \$0.74 per page (pages 26 through 50), \$0.37 (pages 50 and more) plus a handling charge of \$29.48.
2. Right to Amendment. You have the right, with limited exceptions, to request that I amend your PHI. Your request must be in writing, and it must explain why the information should be amended. You will receive a response within 60 days of my receipt of your request. I may deny your request if I did not create the information you want amended and the originator of the information remains available, or for certain other reasons. If I deny your request, I will provide you a written explanation. You may respond with a statement of disagreement to be attached to the information you wanted amended. If I accept your request to amend the information, I will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
3. Right to an Accounting Disclosure. You have the right to receive a list of instances since April 1, 2014 in which I or my business associates disclosed your PHI for purposes other than treatment, payment, health-care operations, as authorized by you, or for certain other activities. After April 1, 2014, disclosure records will be held for six years. You must submit your request in writing. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, to whom PHI was disclosed, a description of the information disclosed, and the reason for disclosure. If you request this accounting more than once in a 12-month period, I may charge you a reasonable, cost-based fee for responding to these additional requests. I will provide you with more information on my fee structure at your request.
4. Right to Request Restrictions. You have the right to request that I place additional restrictions on my disclosure of your PHI. Any agreement I may make to a request for additional restrictions must be in writing and must be signed by you or a person authorized to make such an agreement on your behalf. I will not be bound unless our agreement is in writing. While I will consider your request, I am not legally bound to agree. If I do agree to these additional restrictions, I will abide by our agreement (except in emergency situations described above). You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
5. Right to Request Confidential Communication. You have the right to request that I communicate with you about your PHI by alternative means or at alternative locations (e.g., sending your information to your work address rather than your home address or via email instead of by regular mail). You must make your request in writing. This right applies only if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. It is not necessary for you to explain the basis for your request, but you must state that the information could endanger you if the communication means or location is not changed. I will accommodate your request if it is reasonable, specifies the alternative means or location, and provides a satisfactory explanation of how payments will be handled under the alternative means or location you request.
6. Right to Receive a Copy of the Notice. You may request a copy of this notice and any amended notice at any time. If you receive this notice on my website or by electronic mail (email), you are also entitled to request a paper copy of this notice.

**IV. Complaints**

If you are concerned that I may have violated your privacy rights, you may submit a complaint to me, using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201 ([www.hhs.gov](http://www.hhs.gov)). I support your right to the privacy of your PHI. I will not retaliate in any way if you choose to file a complaint with me or with the U.S. Department of Health and Human Services.

**V. Effective date of this notice**

This notice is in effect as of April 1, 2014.

**VI. Questions and Contact Information**

If you would like more information about my privacy practices or have questions or concerns, please contact me using the contact information:

Beautiful Mind Therapy, Inc  
 975 East Nerge Road, Suite W40, Roselle, IL 60172-4809  
 Phone: 708-695-4808  
 E-mail: [beautifulmindtherapy@gmail.com](mailto:beautifulmindtherapy@gmail.com)

By signing below, I acknowledge that I have received the HIPAA Notice of Privacy Practices. This notice provides information about how I may use and disclose your PHI.

Patient Name: \_\_\_\_\_ Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (age 18 and older)

Patient Name: \_\_\_\_\_ Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (age 12 and older)

Parent/Guardian name: \_\_\_\_\_ Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (for client under age of 18)

Therapist Name: \_\_\_\_\_ Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is your right to refuse to sign this document.