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HIPAA NOTICE OF PRIVACY PRACTICES

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Use and disclosure of protected health information (PHI) is for the purpose of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. I will only release information in accordance with state and federal laws and the ethics of the counseling profession. State and federal laws allow us to use and disclose your health information for these purposes.

I.) Understanding Your Protected Health Information (PHI):

When you visit my office, a record is made of your symptoms, assessments, test results, diagnoses, treatment plan, and other mental health or medical information. Your record is my physical property, the information within which belongs to you. Being aware of what is in your record will help you to make more informed decisions when authorizing disclosure to others. In using and disclosing your protected health information (PHI), it is our objective to follow the Privacy Standards of the Federal Health Insurance Portability and Accountability Act (HIPAA) and requirements of Illinois law.

Your mental health and/or medical record serves as

- a basis for planning your care and treatment
- a means of communication among the health professionals who may contribute to your care
- a legal document describing the care you received
- a means by which you or a third-party payer can verify that services billed were actually provided
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

II. Uses and Disclosures for Treatment, Payment, and Health Care Operations:

I may use, or disclose, your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- PHI (Protected Health Information) refers to individually identifiable health information. PHI includes any identifiable health information received or created by this office or myself.
- Health information is information in any form that relates to any past, present, or future health of an individual.
- Treatment is when I 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 or another psychologist.
- Payment is when I obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI 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 my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters, such as audits and administrative services, case management and care coordination. This information will then be used in an effort to continually improve the quality and effectiveness of the mental health care and services provided.
- Use applies only to activities within our practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- Disclosure applies to activities outside of our practice, such as releasing, transferring, or providing access to information about you to other parties. If you give us a written authorization, you may revoke it in writing at any time, but that revocation will not affect any use or disclosures permitted by your authorization while it was in effect. We will not use or disclose your health information without your authorization, except as described below to report serious threat to health or safety or child and adult abuse or neglect.

III.) Uses and Disclosures Requiring Authorization:

I may use or disclose confidential information (including but not limited to PHI) for purposes of treatment, payment, and healthcare operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

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, and the law provides the insurer the right to contest the claim under the policy.

IV.) Use of PHI, without your consent or authorization:

There are some situations where I am permitted, or required, to disclose information either with, or without, your consent or authorization. These situations are as follows:

- Judicial or administrative proceedings: If you are involved in a court proceeding and a request is made for information concerning your diagnosis and/or treatment, we cannot provide such information without your (or your legal representative's) written authorization, or a court order, as such information is protected by the psychologist-patient privilege law. If you are involved in, or are contemplating, litigation, you should consult with your attorney to determine whether a court would be likely to order your therapist to disclose information.
- As required by law for national security and law enforcement: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose health information for law enforcement purposes as required by law or in response to a valid court order.
- Law/Health Oversight: As required by law for purposes of public health: e.g. as required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

- Worker's Compensation: We may disclose health information to the extent authorized by you and to the extent necessary to comply with laws relating to workers compensation, or other similar programs established by law; we may be required to testify.
- If a client files a complaint, or lawsuit, against me, I may disclose relevant information regarding that client in order to defend myself.
- Disclosures required by health insurers, or to collect overdue fees, are discussed elsewhere in this Agreement.

V.) Legal Exceptions to Authorization:

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about a client's treatment. These situations are unusual in my practice, but if such a situation arises, I will make every effort to fully discuss it with you before taking any action and will limit disclosure to what is necessary. These situations are as follows:

- Child Abuse: If I have reasonable cause to suspect that a child known to us in the course of professional duties has been abused or neglected, or threatened with abuse or neglect, and that abuse or neglect of the child will occur, the law requires that I report this and turn over relevant patient records to the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information.
- Adult and Domestic Abuse: If I have reason to believe that a vulnerable adult (ex. incapacitated or facility resident) is being neglected or abused, or if there is an elder abuse, or domestic violence, investigation, the law requires that I turn over relevant patient records to the appropriate governmental agency. Once such a report is filed, we may be required to provide additional information.
- Serious Threat to Health or Safety to Another: If I believe you present a clear and substantial risk of harm to another person, I may be required to take protective actions. These actions may include contacting family members, notifying any potential victim(s) to warn them of your intentions, seeking hospitalization for you, and notifying the police in an effort to protect the intended victim.
- Serious Threat to Health or Safety to Yourself: If I believe you present a clear and substantial risk of imminent, serious harm to yourself, I may be obligated to seek hospitalization for you, or to contact family members, or others who can help provide protection.

VI.) Uses and Disclosures Not Requiring Authorization:

There are also some situations where I am permitted, or required, to disclose information without either your consent or Authorization, such as services provided to myself through contracts with business associates. Examples include sharing PHI with clerical staff for both clinical and administrative purposes, such as scheduling, billing, and quality assurance, or in receiving computer support for our scheduling system and scoring of tests. When these services are contracted, I may disclose your health information to our business associate so they can perform the job we've asked them to do. Business associates are required to safeguard your information.

VII.) Exceptions in Couples Counseling:

The next is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you elect to participate in *couples therapy* with me. If you and your partner decide to have some individual sessions as part of the couples' therapy, what you say in those individual sessions will be

considered to be a part of the couples therapy, and can, and probably will, be discussed in our joint sessions. *Do not tell me anything you wish kept secret from your partner.* I will remind you of this policy before beginning such individual sessions.

VIII.) Read Notice of Privacy Practices:

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important you read the SUMMARY OF THE HIPAA PRIVACY RULE for more detailed explanations. It is also important that we discuss any questions, or concerns, you may have now, or in the future. I will be happy to examine any of these issues with you. If a situation arises where specific advice is required, formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

IX.) Patient's Rights and Psychologist's Duties:

Therapy also works, in part, because of clearly defined rights and responsibilities held by each of the parties involved. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of as well.

Patient's Rights:

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you, but we are not required to agree to the restriction request. I ask that you address your restriction request in writing. I will notify you within 10 business days if I cannot agree to the restriction.
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process. Charges may apply for copying, mailing, etc.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. You may do so by submitting a written request with the reasons supporting the request. I will respond to your request within 10 business days and may deny it. If your request is denied, you have a right to file a disagreement statement. This disagreement statement and my response will be filed in your record. Upon your request, we 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 PHI for purposes other than treatment, payment, health care operations and certain other activities for the last seven years but not before April 14, 2003. On your request, we will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to review and obtain a paper copy of the notice of privacy practices upon request and of your health information, except that you are not entitled to access, or to obtain a copy of, psychotherapy notes and a few other exceptions may apply. Copy charges may apply.
- **Right to Provide Written Authorization to Release Information** – The Federal Health Insurance Portability and Accountability Act (HIPAA) protects the privacy of all communications between a client and a psychotherapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form. In all instances, except in those

specific instances listed above, you have the absolute right to the confidentiality of your therapy. I cannot, and will not, tell anyone else what you have told me, or even that you are in therapy with me, without your prior written permission. On the other hand, you may, in writing, direct me to share information with whomever you choose, and can change your mind and revoke that permission in writing at any time. Revocation is not valid to the extent that I have acted in reliance on such previous authorization. You may also request that someone attend a therapy session with you. I will always act so as to protect your privacy, even if you do release me, in writing, to share information about you.

- **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. (For example, you may not want a family member to know that you are seeing me. Upon your request, we will send your bills to another address.) Please indicate where it would be best to contact you below.

	Circle one	Contact Information
Home	Yes/No	_____
Work	Yes/No	_____
Cell Phone	Yes/No	_____
E-Mail	Yes/No	_____
If not, what would be the best way to contact you?		_____

Psychologist’s Duties:

- We are required by law to maintain the privacy of PHI as required by law and to provide you with a notice of our legal duties and privacy practices with respect to PHI that we collect and maintain about you. We have the right to change our notice of privacy practices and to make the new provisions effective for all protected health information that we maintain, including that obtained prior to the change. 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 post these in our office and mail you a copy if reasonably possible when information is requested from your file.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests to communicate with you about protected health information by alternative means or at alternative locations, e.g. you may not want a family member to know that you are being seen at my offices. At your request, we will communicate with you, if needed, at a different location.
- Use or disclose your health information only with your authorization except as described in this notice.

X.) Questions and Complaints:

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you are free to discuss your

complaints about me with anyone you wish, and do not have any responsibility to maintain confidentiality about what I do that you don't like, since you are the person who has the right to decide what you want kept confidential. If you have questions about this notice, disagree with a decision we make about access to your records, have other concerns about your privacy rights, or wish to file a written complaint, you may contact:

The Illinois Department of Financial and
Professional Regulation
Division of Professional Regulation
Complaint Intake Unit
100 West Randolph Street - Suite 9-300
Chicago, IL 60601
(312) 814-6910

Office for Civil Rights
U.S. Department of Health & Human Services
150 S. Independence Mall West - Suite 372
Philadelphia, PA 19106-3499
(215) 861-4441
www.hhs.gov/ocr/privacyhowtofile.htm

The offices listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

XI.) Effective Date, Restrictions and Changes to Privacy Policy:

This notice will go into effect on November 1, 2005. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. I will provide you with a revised notice when information is requested.

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**PATIENT'S ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY
PRACTICES**

I have been provided a copy of the "HIPAA NOTICE OF PRIVACY PRACTICES" from James Chmielewski (LCPC, NCC, CADC). We have discussed these policies, and I understand that I may ask questions about them at any time in the future. I consent to accept these policies as a condition of receiving mental health services.

Signature: _____

Printed Name: _____

Date: _____