



Notice of Privacy Practices

This notice describes how your protected health information may be used and disclosed and how you can gain access to your protected health information. Please review with care.

A. Our Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present or future health or condition, the provision of health care to you, or payment for health care is considered “Protected Health Information” (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

We are required to follow the privacy practices described in the Notice though we reserve the right to change our privacy practices and the terms of this notice at any time.

If we change this notice, a copy of the revised notice will be available to you by your therapist or calling our organization at (312) 265-0288.

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

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment, and for our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of your PHI.

Generally, we may use your PHI as follows:

For treatment: We may use/disclose your PHI when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your pediatrician or another psychologist. In the case of an emergency, PHI may be disclosed to assist with your care.

To obtain payment: We may use/disclose your PHI in order to bill or collect payment for your health care services. An example of obtaining payment would be when I consult with your insurance to obtain reimbursement for health care or to determine eligibility and coverage.

For health care operations: We may use/disclose your PHI in the course of operating our agency. For example, we may use your PHI in evaluating the quality of services provided, case management or case care. We may disclose your PHI to our accountant or our attorney for audit purposes.

C. Other Uses and Disclosures Requiring Authorization

We may use/disclose your PHI for purposes beyond treatment, payment and operations purposes and are required to obtain your written authorization, unless the use or disclosure falls within one of the exceptions listed below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken action in reliance upon your authorization; or 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.

D. Uses and Disclosures without Authorization

We may use/disclose your PHI without your consent or authorization in the following situations:

Serious Threat to Health or Safety-If you communicate a specific threat or imminent harm against another individual or if we believe that there is a clear imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect the individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.

Child Abuse-If we have reasonable cause to believe a child known to us in a professional capacity may be an abused or neglected child, we must report this belief to the appropriate authorities.

Adult and Domestic Abuse-If we have reason to believe that an individual has been neglected, abused, or financially exploited, and they are protected by state law, we must report this belief to the appropriate authorities.

Health Oversight Activities-We may disclose PHI 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 upon 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.

Worker's Compensation-We may use/disclose PHI 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 benefit for work-related injuries or illness without regard to fault.

E. Patient's Rights and Psychologist's Duties

You have the following rights relating to your protected health information:

Right to Request Restrictions-You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. We cannot agree to limit uses/disclosures that are required by law.

Choose How We Contact You-You have the right to ask that we send you information at an alternative address or by alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

Right to Inspect and Copy-Unless your access to your records is restricted for clear and documented treatment purposes, you have a right to see your PHI upon your written request. We will respond to your written request within 30 days. If we deny you access, we will give you written reasons for the denial.

Right to Amend-If you believe that there is a mistake or missing information in our record you have the right to request an amendment of PHI as long as the PHI is maintained in the record. Your request must be in writing. We will respond to your request within 30 days. Your request may be denied.

Right to an Accounting-You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for treatment, payment and operations

Right to a Copy of this Notice-You have the right to obtain a paper copy of this Notice from us upon request and/or an electronic copy by email upon request.

Right to be notified if there is a breach of unsecured PHI: You have a right to be notified if:

(a) there is a breach (a use or disclosure of you PHI in violation of the HIPAA Privacy Rule) involving your PHI;

(b) that PHI has not been encrypted to government standards; and ;

(c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

F. Complaints

If you think we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may contact Dr. Thomas F. Barrett at Inner Life Psychological Services at (312) 265-0288. You may also file a written complaint with the Office of Civil Rights, Secretary of the U.S. Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240. Chicago, Illinois 60601. We will take no retaliatory action against you if you make such complaints.

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

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by providing you with a copy of the changes. This policy is effective at Inner Life Psychological Services effective September, 2013.