

ILLINOIS HIPPA PRIVACY NOTICE FORM

Notice of John D. Moore's Policies and Practices to Protect the Privacy of Your Health Information

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

I. 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 written authorization. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "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 care provider, such as your family physician or another mental health professional.
- "Payment" is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility for 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, and case management and care coordination.
- "Use" applies to activities within my office, clinic, practice group, etc, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of my office, clinic, practice group, etc, such as releasing, transferring, or providing access to information about you to other parties.
- "Authorization" is your written permission to disclose confidential mental health or medical information. All authorizations to disclose must be on a specific legally required form.

II. Other Uses and Disclosures Requiring Authorization

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

You may revoke all such authorizations (of PHI and Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied 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

I may use or disclose PHI without your consent or authorization in the following circumstances:

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

- *Adult and Domestic Abuse:* If I have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, I must report this belief to the appropriate authorities.
- *Health Oversight Activities:* I 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 I must not release such information without a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court order. You must be informed in advance if this is the case.
- *Serious Threat to Safety or Health:* If you communicate to me a specific threat or imminent harm against another individual or I believe that there is a clear, imminent risk of physical or mental injury being inflicted against another individual, I may make disclosures that are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.
- *Worker's Compensation:* I 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 Counselor's Duties

Patient Rights:

- *Right to Request Restrictions:* You have the right to request restrictions on certain uses and disclosures of protected information. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and 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 you are seeing me. On your request, I will send your bill to another address.)
- *Right to Inspect and Copy:* You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record and Psychotherapy Notes. On your request, I will discuss with you the details of the request for access process.
- *Right to Amend:* You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I 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. On your request, I 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 me upon request, even if you have agreed to receive the notice electronically.

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
 - I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
 - If I revise my policies, I will notify you in person or by mail.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, please contact me at (773) 704 –5300 or via email at john@johndmoore.net. You may also contact the Illinois Department of Insurance Consumer Assistance Hotline at 1-866-445-5364, or their Consumer Services Section at (312) 814-2427.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The contacts listed above can provide you with the appropriate address upon request. If you file a complaint about my privacy practices, I will not retaliate against you.

VI: Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on April 14, 2003. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice in writing.

I acknowledge receipt of this notice:

Client Name: _____

Signature: _____

Date: _____

Client Name: _____

Signature: _____

Date: _____

Client Name: _____

Signature: _____

Date: _____

