

New Approach Mental Health

OFFICE: 6601 North Avenue, Oak Park, IL 60302

MAILING: 7061 W. North Avenue, Oak Park, IL 60302

(312) 278-7997

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on January 11, 2021.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION: I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private and secure.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request and on my website.

II. YOUR RIGHTS:

You have the right to:

- Get a copy of your paper or electronic medical record and other health information I have about you. Ask me how to do this. I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee that is not billable to insurance.
- Correct your paper or electronic medical record. You may ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this. I may say “no” to your request, and will tell you why in writing within 60 days.
- Request confidential communication. You may ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will say “yes” to all reasonable requests.
- Ask me to limit the information I share. You may ask me not to use or share certain health information for treatment, payment, or my business operations. I am not required to agree with your request, and I may say “no” if it would affect your care. If you pay for a service out-of-pocket in full, you may ask me not to share that information for the purpose of payment or my

operations with your health insurer. I will say “yes” unless a law requires me to share that information.

- Get a list of those with whom I’ve shared your information. You may ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why. I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I will provide one accounting a year for free and will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Get a copy of this privacy notice. You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.
- Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will ensure the person has this authority and can act for you before I take any action.
- File a complaint if you believe your privacy rights have been violated. You may complain if you feel I have violated your rights by contacting me using the information on page 1. You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington DC, 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint.

III. YOUR CHOICES:

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions. In the below cases, you have both the right and the choice to tell me to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are unable to tell me your preferences, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the below cases, I will never share your information unless you give me written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

IV. MY USES AND DISCLOSURES:

I may use and/or share your information as I:

- Treat you. I may use your health information and may share it with other professionals who are treating you to coordinate care. I will always ask you for permission and have you complete and sign a release of information.

Example: I may contact your primary care doctor or psychiatrist to collaborate in your care.

- Run my practice. I may use your health information to run my practice, improve your care and contact you when necessary.
Example: I use health information about you to inform and manage your treatment and services.
- Bill for my services. I may use and share your health information to bill and receive payment from health plans or other entities.
Example: I share information about you to your health insurance plan so it will pay for your treatment.

I am allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- Help with public health and safety issues, such as preventing disease, helping with product recalls, reporting suspected abuse, neglect or domestic violence, or preventing or reducing a serious threat to anyone's health or safety.
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation (claims), law enforcement and other government requests, such as military, national security and presidential protective services.
- Respond to lawsuits and legal actions. I can share health information about you in response to a court or administrative order.