**NOTICE of PRIVACY PRACTICES (HIPAA)**

**This Notice (NPP) describes how medical/mental health information about you may be used and disclosed and how you can get access to this information.**

**Please review this Notice carefully.**

**This Notice is effective per the mandated compliance date of April 14, 2003.**

This counseling office, SOS: Seeking Out Solutions, Ltd., is committed to protecting your personal and private information. You may have heard of HIPAA, the *Health Insurance Portability and Accountability Act of 1996*. It is a federal law that governs how any medical or mental health entity manages a patient’s/client’s healthcare records, information and confidentiality. Your health record contains personal information about you and your health. Every time you visit the office of or see a doctor or other medical, mental health, or related healthcare professional, Protected Healthcare Information (PHI) is gathered about you.

Typically, this information may include: identifying information, social (family and personal) history, academic history, substance use, legal issues, financial issues, assessment information, reasons for seeking services, symptoms, diagnosis, treatment history, medications, case notes, records from other providers, a plan for future treatment, etc.

Collection of this information is necessary in order to decide what treatment is best and to provide that treatment. It is also necessary for the operations of a healthcare business that provides quality care.

**This Notice of Privacy Practices describes how**:

--We may use and disclose your PHI in accordance with applicable state and federal laws and the counseling profession’s code of ethics, and

--Your rights regarding how you may gain access to and control your PHI.

**The law requires this counseling office to abide by the following responsibilities**:

--Maintain the privacy of your Protected Health Information (PHI)

--Provide you with a Notice as to our legal duties and privacy practices with respect to the information we collect and maintain about you

--Abide by the terms of this Notice

--Notify you if we are unable to agree to a requested restriction as to release of PHI

--Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations

**In addition**:

--We reserve the right to deny services to anyone who refuses to receive or consent to this NPP

--We reserve the right to change our privacy practices and/or to make new provisions effective for all PHI we maintain

--Should we change our privacy practices, we will make the revised Notice available via posting, to you at your next appointment, and/or per your request via mail

--We will not use or disclose your PHI without your express written consent, except as described in this Notice

--We will discontinue use or disclosure of your PHI upon receipt of your written revocation, although this could not cover any PHI already used or disclosed per the previous consent

**For more information**:

--Please feel free to contact this counseling office, SOS: Seeking Out Solutions, Ltd., specifically Ms. Jeanne Trigueros-Millar, MSW, LCSW, DCSW, NCGC II at 847-239-5815.

**For concerns or to report a problem**:

-- If you feel that there has been a violation of your privacy or PHI, please feel free to contact

1) This counseling office, SOS: Seeking Out Solutions, Ltd., specifically Ms. Jeanne Trigueros-Millar, MSW, LCSW, DCSW, NCGC II at 847-239-5815.

2) You may also send a complaint in writing to our main office at SOS: Seeking Out Solutions, Ltd., 960 Rand Road, Suite 221, Des Plaines, IL 60016.

3) Or, with the Secretary of Health & Human Services, 200 Independence Ave, SW, Washington, DC, 20201 or by telephone at 202-619-0257.

--There cannot be nor will there be any retaliation against you for filing a complaint.

**How We May Use or Disclose Personal Health Information about You for the Purposes of Providing Counseling Services**:

(Note that this counseling office’s policy is to request a separate signed Consent and Authorization to Release, Use, and Disclose Protected Health Information (PHI) before any contact with any of the below, or to have you sign the related and applicable, e.g. Financial, Consent form.)

**For Treatment**:

--To provide, manage and coordinate care, treatment and related services

--To consult with professional colleagues, supervisors, or other treatment team members

--To access and make referrals to other related healthcare professionals

*For example, we may share information about you with your doctor who is providing you medication services.*

**For Payment**:

--To verify insurance or other related funding benefits

--To process claims and billing for the purpose of collecting fees

--To respond to requests related to insurance utilization of services or benefits

*For example, an insurance company may need additional information about your diagnosis in order to pay a claim.*

**For Healthcare Operations**:

--To support our business/office activities and functions

--To review treatment services effectiveness and quality control

--To maintain licensing and certification compliance

--To support continuing education and training

*For example, any third-party medical billing company, which would be considered a Business Associate, that is utilized, would need to comply with our office’s written contract in which they agree to also protect our clients’ PHI.*

**Other Uses and Disclosures**:

--**Required by Law**:

+we must provide to *you a copy* of your PHI upon your request (see Practice Policies for more information.)

+we must provide to the Secretary of Health and Human Services any relevant PHI for the purpose of *any investigation* regarding our compliance with HIPAA.

+ *Health Oversight* might involve disclosure to government agencies such as for audits, investigations, inspections, etc. or by organizations that provide funding.

+*Public Health* interests may require disclosure of PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

--**With Your Authorization and Consent**:

+*Family Involvement in Care* may be necessary or encouraged in order to support treatment progress.

+*Law Enforcement* may be involved in accessing your PHI during the course of compliance with a subpoena, a court or related administrative order, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, or in connection with the reporting of a crime on the premises.

+*Judicial and Administrative proceedings* may require compliance with a subpoena.

+*Specialized Government Functions* may require disclosure of PHI to military command authorities if you served as a member of the armed forces, to authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations.

+*Deceased Patients’* PHI may be disclosed as mandated by state law. However, a release of information regarding deceased patients may be limited to an executor or administrator of a deceased person’s estate.

+*Research* PHI may only be disclosed after and with a special approval process.

+Any other uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, and may be revoked.

--**Without Your Authorization or Consent**:

(Note that the following are examples of those limited and exceptional situations in which uses and disclosures of your PHI may be made *without your consent*, per Illinois state law, Counselor Licensure requirements, and counseling ethical standards, otherwise referred to as “Mandated Reporter” requirements.)

+*Child Abuse or Neglect*, whether suspected or known, falls under mandated reporting requirements in the State of Illinois, and as such would be reported to either our local Department of Children and Family Services (DCFS) or local Law Enforcement.

+*Elder Abuse or Neglect*, whether suspected or known, falls under mandated reporting requirements in the State of Illinois, and as such would be reported to either our local Department of Aging or local Law Enforcement.

+*Risk of Harm to Self or Others* may require use and disclosure of your PHI in a Medical Emergency to medical personnel in order to ensure your well-being and prevent serious harm; and PHI may be used and disclosed if necessary, to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. Such use and disclosure will be with a person or persons reasonably able to prevent or lesson the threat, including the target of the threat.

+In certain circumstances, and in the absence of the client’s or client’s representative’s consent, and only per a *Judge’s signed order*, PHI may have to be used or released for the purpose of compliance with such a Judge’s signed order. A general or attorney’s subpoena would not qualify for such a response.

**Your Client Rights Regarding Your Personal Health Information (PHI):**

You have the following rights regarding the PHI we maintain about you, and this office is required to inform you of these rights. If you need to ask to use or put into effect any of these rights, please do so in writing, and mail or provide to SOS: Seeking Out Solutions, Ltd., specifically Ms. Jeanne Trigueros-Millar, MSW, LCSW, DCSW, NCGC II, at 960 Rand Road, Suite 221, Des Plaines, IL 60016.

You have the:

* **Right to Request Where and How We Contact You**:

Please refer to and complete the information on the Informed Consent Agreement: Treatment & Financial, that allows you to tell us where and how we can contact you.

* **Right to Inspect and Copy Your Records**:

While the records are contained in the files of this counseling office and remain the physical property of this counseling office, you have the right to inspect and copy your mental health and billing records.

There may be certain specific exceptions in which this access may be restricted, under circumstances showing compelling evidence that the access would cause serious harm to you. In some cases, it may be more appropriate to release your PHI only to other qualified professionals.

We may charge a reasonable, cost-based fee for making and mailing/delivering copies.

* **Right to Add or Amend Information in Your Records**:

If you feel that the PHI we have about you is incorrect or incomplete, you may ask to amend the information, although we are not required to agree to or with the amendment. If we deny your request for amendment, you have the right to file a written “statement of disagreement” with us. We then may prepare a “rebuttal” to your statement and will provide you with a copy of this. All of this will become part of the record.

* **Right to Release Your Records**:

You may authorize release of your records to others, upon a signed Consent and Authorization to Release, Use and Disclose Protected Health Information (PHI) Form.

You may revoke this authorization and consent at any time, upon receipt of a written revocation. Information that has already been used and disclosed under the previous consent cannot then be revoked.

* **Right to Request Restrictions on Use and Disclosure of your PHI**

You have the right to request restrictions or set limits on the use or disclosure of your PHI for treatment, payment or healthcare operations. However, we are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or healthcare operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

Your request must be in writing.

* **Right to an Accounting of Uses and Disclosures of Your PHI**

You have the right to request an accounting, or list, of certain disclosures that we make of your PHI. There may be certain exceptions.

We may charge you a reasonable fee if you request more than one accounting in any twelve month period.

* **Right to Be Informed of Any Breach**

You have the right to be informed of any breach or unauthorized use or disclosure of your PHI, including what happened and what you can do to protect yourself.

* **Right to a Copy of This Notice and Any Revisions**

You have the right to a copy of this Notice, to be kept informed of any changes to this Notice, and to receive the most updated/current version.

* **Right to Complain**

If you feel that there has been a violation of your privacy or PHI, please feel free to contact:

1) This counseling office, SOS: Seeking Out Solutions, Ltd., specifically Ms. Jeanne Trigueros-Millar, MSW, LCSW, DCSW, NCGC II, at 847-239-5815.

2) You may also send a complaint in writing to our main office at SOS: Seeking Out Solutions, Ltd., 960 Rand Road, Suite 221, Des Plaines, IL 60016.

3) Or, with the Secretary of Health & Human Services, 200 Independence Ave, SW, Washington, DC, 20201 or by telephone at 202-619-0257.

There cannot be nor will there be any limits placed upon the care you receive here or retaliation against you for filing a complaint.

*Rev 06/2020*