

NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS

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

Effective Date: Updated February 15, 2019

We respect patient/client confidentiality and only release confidential information about you in accordance with Illinois and federal law. This notice describes the policies regarding the use of the records of your care created by this Agency.

Privacy Contact: If you have any questions about this policy or your rights, contact **Dr. Leanna Fortunato**, 980 North Michigan Avenue Suite 1400, Chicago, IL 60611. (T): 312-214-3994 (F): 844-835-3986.

YOUR RIGHTS:

You have the following rights under Illinois and federal law:

Copy of Record: You are entitled to view or request a copy of your client record with our Agency. We will provide a copy or summary of your health and claims records, usually within 30 days. We may charge you a reasonable (\$25) fee for copying and mailing your record.

Amending Record: If you believe that something in your record is incorrect or incomplete, you may request that we amend it. To do this, submit your written request to the **Privacy Contact**. We may deny your request, but we will provide you with a written explanation within 60 days. Your statements and our response will be added to your record.

Contacting You: You may request to be contacted in a specific way (e.g., home or office phone) or to have mail sent to an alternate address. We will consider all reasonable requests and must agree if you tell us that you would be in danger if we did not agree.

Restriction on Record: You may ask us not to use or disclose certain health information for treatment, payment, or our operations. This request must be made in writing to the **Privacy Contact**. The Agency is not required to agree to your request if we believe it would affect your care.

Accounting for Disclosures: You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. Please submit your request in writing to the **Privacy Contact**. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a Copy of this Notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We 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. We will make sure the person has this authority and can act for you before we take any action.

Complaints: If you feel that we have violated your rights, you can submit a complaint in writing to Dr. Leanna Fortunato at the office address listed at the top of the page. You also 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, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share.

Release of Records: You may consent in writing to the release of your records to others, for any purpose you choose. This could include a family member, friend, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent that no action has been taken in reliance on your prior authorization. *Except as described in this Notice or as required by Illinois or Federal law, we cannot release your protected health information without your written consent.*

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide you care, there are times when we will need to share your confidential information with others beyond our Agency. We typically use or share your information in the following ways:

Treatment: We may use or disclose treatment information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside our Agency that we are consulting with or referring you to.

Payment: Information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes. *You have a right to restrict certain disclosures of your protected health information if you pay out of pocket in full for the services provided to you.*

Healthcare Operations: We may use information about you to coordinate our business activities, to run our organization, and to contact you when necessary. This may include setting up your appointments, reviewing your care, and/or training staff. We will send appointment reminders in the form of voicemail messages and/or emails unless you decline these reminders.

Information Disclosed Without Your Consent: Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with Public Health & Safety: We can share health information about you for certain situations such as preventing disease, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.

Emergencies: Sufficient information may be shared to address the immediate emergency you are facing, such as if you pose a life-threatening danger to yourself or someone else. Additionally, in the event that you are not able to tell us your preference for disclosure, for example if you are unconscious, we may share your information if we believe it is in your best interest.

Comply with the Law: We will share information about you if Illinois or federal laws require it, including, if requested, with the U.S. Department of Health and Human Services to determine our compliance with the federal privacy laws.

Coroners: We can share health information with a coroner, medical examiner, or funeral director in the event of your death.

Workers Compensation, Law Enforcement, Governmental Requests: We can use or share health information about you for: workers' compensation claims, law enforcement purposes or with a law enforcement official & with health oversight agencies for activities authorized by law, special government functions such as military, national security, and presidential protective services.

Criminal Activity or Danger to Others: If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

Lawsuits & Legal Actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information (PHI). We must follow the duties and privacy practices described in this notice and give you a copy of it.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Notification of Breach: You have a right to be notified if there is a breach of your unsecured protected health information. This would include information that could lead to identity theft. You will be notified if there is a breach or a violation of the HIPAA Privacy Rule and there is an assessment that your protected information may be compromised.

Except as described in this Notice or as required by Illinois or Federal law, we cannot release your protected health information without your written consent. You may revoke this consent at any time through written request.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, on our web site, and/or we will mail a copy to you.