



NOTICE OF PRIVACY PRACTICES

Your privacy is of the utmost importance. This document contains important information about how your health information may be used and disclosed, and how you can get access to this information. Please review it carefully.

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

- Make sure that your PHI is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the Notice of Privacy Practices that is currently in effect. We can change the terms, and such changes will apply to all information we have about you. If changes were to occur, we would notify you and obtain your signature on a revised Notice, and provide you access to the document.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: All information discussed within sessions, and the written records of those sessions, are confidential and may not be revealed to anyone without your written authorization, or as required by law. Other than the exceptions below, we can only release information about your treatment if you sign a written authorization form. There are some situations where we are permitted or required to disclose information without your consent. If such a situation arises, your provider will limit the disclosure to the minimum amount necessary. There may be other limits to the privilege of confidentiality, such as if protected documents become exposed due to a natural disaster.

The following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Healthcare Operations: Federal privacy regulations allow health care providers who have direct treatment relationship with the patient/client to use

or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. We may also disclose your PHI for the treatment activities of any health care provider. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard, because therapists and other health care providers need access to full and complete information in order to provide quality care. The word "treatment" includes the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for healthcare from one healthcare provider to another.

We may use and disclose your PHI to obtain payment for services provided to you, including to submit and process insurance claims, justify medical necessity and respond to audits, process and pursue payments.

Operations functions include administrative, financial, legal, and quality improvement activities, including government oversight, necessary to run a business and support the core functions of treatment and payment.

Legal actions and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy notes: We may keep "psychotherapy notes," as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is:
 - For my use in treating you.
 - For my use in training or supervising mental health practitioners to help them improve their therapy skills.
 - For my use in defending myself in legal proceedings initiated by you.
 - For use of the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - Required by law and the use or disclosure is limited to the requirements of such law.
 - Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - Required by a coroner who is performing duties authorized by law.
 - Required to help avert a serious threat to the health and safety of others.

2. Marketing purposes: We will not use or disclose your PHI for marketing purposes.
3. Sale of PHI: We will not sell your PHI in the regular course of business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION: Subject to certain limitations in the law, we can use and disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although we prefer to obtain an authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on our premises or against our personnel or in the provision of our services; identifying or locating a suspect, fugitive, material witness, or missing person.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions regarding public health or national security, including controlling or preventing contagious diseases, health oversight activities such as HIPAA-compliance investigations, protecting the President of the United States, conducting intelligence or counter-intelligence operations, or helping ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes: Although we prefer to obtain authorization from you, we may provide your PHI to comply with workers' compensation laws.
10. Appointment reminders and health-related benefits or services: We may use and disclose your PHI to contact you and remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.
11. Death or incapacitation of the therapist: Professional executor(s) will gain access to provider's protected files in order to notify and refer clients and finish all business.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others: We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

2. Right to release information with written consent: Other uses and disclosures of your health information will be made only with your written authorization, unless otherwise permitted or required by law. With your written consent, any part of your record can be released to any person or agency you designate. Your therapist will discuss with you the possible ramifications of releasing the information in question, including whether it may be harmful to you.
-Right to withdraw consent to release: You may withdraw or cancel the permission you have provided to release information at any time by submitting a request in writing. You understand that we are unable to take back any disclosures that were made before you withdrew your permission.
3. Your records stay confidential upon your death, unless there is a consent or it is allowed under the law.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.
2. The right to request limits on uses and disclosures of your PHI: You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes by submitting a request in writing. We are not required to agree to your request if we believe it is in our best interest to allow the use and sharing of the information.
3. The right to request restrictions for out-of-pocket expenses paid for in full: You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or health care service that you have paid for out-of-pocket and in full. We will agree, unless a law requires us to share that information.
4. The right to choose how we send PHI to you: You have the right to decide how we should contact you (for example, home or cell phone, or to send mail to a different address). Put your request in writing and submit to your treatment provider, or update your contact information in the client portal. We can turn down a request, but will always agree to it if it is reasonable.
5. Right to see and get copies of your record: Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, without unreasonable delay after receiving your request form. If we deny your request for access to your records, you have a right of review, which we will discuss with you upon request.
6. Right to correct or update your record: If you believe that there is a mistake in your PHI, or that a piece of important information is missing, you may ask us to correct the existing information or add the missing information. You must make the request in writing, and include the reasons you want to make these changes. We will decide

whether to make the change and tell you why, within 60 days. Your request may be denied if the health information record in question was not created by Connections Mental Health PLLC, is not part of our records, or if the records containing your health information are determined to be accurate and complete. Your written request to change the record becomes part of your record.

7. The right to get a copy of this notice: You have the right to get a paper copy of this Notice, and you have the right to get a copy of this Notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.
8. Right to an accounting of disclosures: You generally have the right to receive a list of instances when we have disclosed your confidential information, except for information used for treatment, payment, or health care operations, that we shared with you, or for information that you gave us specific consent to release. It also excludes information we are required to release. You can request a list of disclosures made from your first date of service with Connections Mental Health PLLC, and during a specific amount of time, but not more than six years. Send your request in writing, and we will respond within 60 days of receiving it.
9. Right to choose someone to act for you: If someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will require documentation of guardianship or power of attorney before complying with a request from anyone claiming this authority.
10. Right to be notified of a breach: You have the right to be notified in the event that we discover your health information was unlawfully accessed or disclosed.

VII. QUESTIONS AND COMPLAINTS: We encourage you to ask any questions and express any concerns you may have regarding the privacy of your information; please contact your provider. If you are concerned that your privacy rights have been violated, or you disagree with a decision made about your records, you may contact Connections Mental Health PLLC at 708-580-7026, the Illinois Department of Professional Regulation at 312-814-6910, or the United States Secretary of Health and Human Services at www.hhs.gov/ocr or by calling 800-368-1019. We will not retaliate against you for filing a complaint.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of this HIPAA Notice of Privacy Practices.

Further, you consent to use an electronic signature to acknowledge this agreement.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.