



**Boules Clinical
Psychology Group, PLLC**

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Health Insurance Portability and Accountability Act Provisions (HIPAA)

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

Introduction:

The Federal Health Insurance Portability and Accountability Act (HIPAA) requires mental health professionals to issue this official Notice of Privacy Practices. This notice describes how information about you is protected, the circumstances under which it may be used or disclosed and how you may gain access to this information.

For Psychotherapy to be beneficial, it is important that you feel free to speak about personal matters, secure in the knowledge that the information you share will remain confidential. You have the right to the confidentiality of your medical and psychological information, and this practice is required by law to maintain the privacy of that information.

This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health and psychological information.

Who Will Observe this Notice?

Any healthcare professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g., a billing service), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described by this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

Uses and Disclosures for Treatment, Payment, and Health Care Operations:

We may use or disclose your Protected Health Information (PHI) for treatment, payment, and health care operations purposes. The following terms are clarified:

- **PHI** – refers to information in your health record that could identify you.
- **Use** – applies only to activities within our office and practice group, such as sharing, employing, applying, utilizing, and analyzing information that identifies you.
- **Disclosure** – applies to activities outside of our office or group practice, such as releasing, transferring, or providing access to information about you to other parties.
- **Authorization** – is your written permission to disclose confidential health information. All authorizations to disclose must be made on a specific and required form.

- **Treatment** – is when we provide, coordinate, or manage your health care and other services related to your healthcare. For example, with your written authorization we may provide your information to your physician to ensure the physician has the necessary information to diagnose or treat you.
- **Payment** – Your PHI may be used, as needed, in activities related to obtaining payment for your healthcare services. This may include the use of a billing service or providing you documentation of your care so that you may obtain reimbursement from your insurer.
- **Health Care Operations** – are activities that relate to the performance and operation of our practice. We may use or disclose, as needed, your protected health information in support of business activities. Examples of health care operations are quality assessment and improvement activities, business related matters such as audits and administrative services, and care coordination.

Written Authorizations to Release PHI:

Any other uses and disclosures of your PHI beyond those listed above will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization at any time, in writing.

Uses and Disclosures without Authorization

The ethics code of the American Psychological Association, Illinois State Law, and the Federal HIPAA regulations all protect the privacy of all communications between a patient and a mental health professional. In most situations, we can only release information about your treatment to others if you sign a written authorization. This Authorization will remain in effect for a length of time that you and we determine. You may revoke the authorization at any time, unless we have taken action in reliance on it. However, there are some disclosures that do not require your Authorization. We may use or disclose PHI without your consent in the following circumstances:

- **Child Abuse** – If we have reasonable cause to believe a child may be abused or neglected, we must report this belief to the appropriate authorities.
- **Adult and Domestic Abuse** – If we have reason to believe that an individual such as an elderly or disabled person protected by state law has been abused, neglected, or financially exploited, we must report this to the appropriate authorities.
- **Health Oversight Activities** – We may disclose your PHI to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions. If a complaint is filed against any therapists in our group with the Illinois State Board of Examiners of Psychologists, they have the authority to subpoena confidential mental health information from us relevant to that complaint.
- **Judicial and Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information by any party about your treatment and the records thereof, such information is privileged under state law, and is not to be released without a court order. Information about all other psychological services (e.g., psychological evaluation) is also privileged and cannot be released without your authorization or a court order. The privilege does not apply when you are being evaluated for a third party of where the evaluation is court ordered. You must be informed in advance if this is the case.
- **Serious Threat to Health or Safety** – If you communicate to us a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that

individual from harm. If we believe that you present an imminent, serious risk of injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.

- **Worker's Compensation** – We may disclose PHI 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.

PATIENT'S RIGHTS AND PSYCHOLOGISTS DUTIES

Patient's rights:

- **Right to Request Restrictions** – you have the right to request restrictions on certain uses and disclosures of PHI. However, we are not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means** – You have the right to request and receive confidential communications by alternative means and locations. (For example, you may not want a family member to know that you are seeing us. On your request, we will send your bills to another address.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy of PHI in our records as these records are maintained. In such cases, we will discuss with you the process.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as it is maintained in the record. We may deny your request. If so, we will discuss with you the details of the amendment process.
- **Right to Accounting** – You generally have the right to receive an accounting of all disclosures of PHI. We can discuss with you the details of the accounting process.
- **Right to Paper copy** – You have the right to obtain a paper copy of the Notice of Privacy Practices from us upon request.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-Of-Pocket** – You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.
- **Right to Be Notified if There is a Breach of Your Unsecured PHI** – You have a right to be notified if: there is a breach (defined as a use of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; that PHI has not been encrypted to government standards; and risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Psychologist's Duties

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will notify you at our next session, or by posting the revised documents in our office and on our website and provide you with a copy upon request.

Questions and Complaints:

If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact us directly. We are always available to discuss these matters with you and will assist in resolving them.

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

This notice remains in effect until replaced. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain.

I HAVE READ AND UNDERSTOOD THIS PRIVACY NOTICE AND MY RIGHTS CONCERNING USE AND DISCLOSURE OF PROTECTED HEALTH CARE INFORMATION.

Patient (print) **Date**

Patient (signature) **Date**