



**Health Insurance and Portability Accountability Act (HIPAA Notice)  
 PRIVACY POLICIES TO PROTECT YOUR HEALTH INFORMATION**

Your health record contains personal information about you and your health. Protected Health Information (PHI) is information about you that may identify you and relates to your past, present or future physical or mental health and related healthcare services. This notice describes how psychological and medical information about you may be used and disclosed, and your rights and choices regarding how you can get access to this information.

As your therapist, I am committed to protecting your privacy and confidentiality to the full extent of the law and the American Psychological Association (APA) Code of Ethics. This notice conforms to the Federal Health Insurance and Portability and Accountability Act (HIPAA), effective September 23, 2013. It also conforms to the health care privacy laws of Illinois. Please review it carefully.

**YOUR RIGHTS.** When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

<p><b><i>Get a copy of your health and claims records.</i></b></p>	<ul style="list-style-type: none"> <li>• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.</li> <li>• We will provide a copy or a summary of your health and claims records usually within 30 days of the request. We may charge a reasonable, cost-based fee.</li> </ul>
<p><b><i>Ask us to correct health and claims records</i></b></p>	<ul style="list-style-type: none"> <li>• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.</li> <li>• We may say “no” to your request. We’ll tell you why in writing within 60 days.</li> </ul>
<p><b><i>Request confidential communications</i></b></p>	<ul style="list-style-type: none"> <li>• You can ask us to contact you in a specific way or to send mail to a different address.</li> <li>• We will say “yes” to all reasonable requests.</li> </ul>
<p><b><i>Ask us to limit what we use or share</i></b></p>	<ul style="list-style-type: none"> <li>• You can ask us <b>not</b> to share or use certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.</li> <li>• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.</li> </ul>
<p><b><i>Get a list of those with whom we’ve shared information</i></b></p>	<ul style="list-style-type: none"> <li>• You can ask for a list (accounting) for six years prior to your request date of when we shared your information, who we shared it with and why.</li> <li>• We will include all the disclosures except for those about treatment, payment, and our operations, and certain other disclosures (such as any you</li> </ul>



	asked us to make). We will provide one accounting a year for free but we may charge a reasonable, cost-based fee if you ask for another one within 12 months.
<b>Get a copy of this Privacy Notice</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>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 for you.</li> <li>We confirm this information before we release them any of your information.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>You can complain if you feel we have violated your privacy rights by using the contact information provided on this document.</li> <li>You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775; or by visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a> or by sending a letter to them at: 200 Independence Ave., SW, Washington, D.C. 20201.</li> <li>We will not retaliate against you for filing a complaint.</li> </ul>

**YOUR CHOICES.** For certain health information, you can tell us your choices about what we share. If you have a clear preference on how you want us to share your information in the situations described below, tell us and we will follow your instructions.

<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"> <li>Share information with your family, close friends, or others involved in payment for your care</li> <li>Share information in a disaster or relief situation</li> <li>Include your information in a hospital directory</li> </ul> <p><i>If there is a reason you can't tell us who we can share information with, we may share it if we believe it is in your best interest to do so. We may also share information to lessen a serious or imminent threat to health or safety.</i></p>
<b>We never share your information in these situations unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>Marketing purposes</li> <li>Sale of your information</li> <li>Most sharing of psychotherapy notes</li> </ul>
<b>In the case of fundraising.</b>	<ul style="list-style-type: none"> <li>We may contact you for fundraising efforts, but you can tell us not to contact you again.</li> </ul>

**USES AND DISCLOSURES.** How do we use or share your health information? We typically use or share your health information in the following ways.



<b>Treat you</b>	<ul style="list-style-type: none"> <li>We can use your health information and share it with professionals who are treating you.</li> </ul>	<b>Example:</b> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
<b>Run our organization</b>	<ul style="list-style-type: none"> <li>We can use and disclose your information to run our organization and contact you when necessary.</li> </ul>	<b>Example:</b> We use health information about you to manage your treatment and services.
<b>Bill for your services</b>	<ul style="list-style-type: none"> <li>We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>	<b>Example:</b> We use health information about you to manage your treatment and services.

**How else can we use or share your health information?** We are 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. We have to meet many conditions in the law before we can share your information for these purposes. For more information go to:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"> <li>We can share your health information for certain situations such as:             <ul style="list-style-type: none"> <li>Preventing disease</li> <li>Helping with product recalls</li> <li>Reporting adverse reactions to medications</li> <li>Reporting suspected abuse, neglect or domestic violence</li> <li>Preventing or reducing a serious threat to anyone's health or safety</li> </ul> </li> </ul>
<b>Do research</b>	<ul style="list-style-type: none"> <li>We can use or share your information for health research.</li> </ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>We will share information about you when state or federal law requires it, including the Department of Health and Human Services if they want to determine that we are complying with federal privacy laws.</li> </ul>
<b>Respond to organ/tissue donation requests and work with certain professionals</b>	<ul style="list-style-type: none"> <li>We can share health information about you with an organ procurement organization.</li> <li>We can share information with a medical examiner, coroner or funeral director.</li> </ul>
<b>Address workers compensation, law enforcement, and Other government requests</b>	<ul style="list-style-type: none"> <li>We can use or share health information about you:             <ul style="list-style-type: none"> <li>For workers compensation claims</li> <li>For law enforcement purposes or with a law enforcement official</li> <li>With health oversight agencies for activities authorized by law</li> <li>For special government functions such as military, national security, and presidential protective services or with prisons regarding</li> </ul> </li> </ul>



	inmates.
<b>Respond to lawsuits And legal actions</b>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to an administrative or court order, or in response to a subpoena.</li> </ul>
<b>Certain health information</b>	<ul style="list-style-type: none"> <li>• State law may provide additional protection on some specific medical conditions or health information. For example, these laws may prohibit us from disclosing or using information related to HIV/AIDS, mental health, alcohol or substance abuse and genetic information without your authorization. In these situations, we will follow the requirements of the state law.</li> </ul>

**Special Notes:**

*We do not engage in fundraising.*

*We do not create or manage a hospital directory.*

*We do not use or share your information for health research.*

*We do not communicate with organ procurement organizations.*

*We will not share substance abuse treatment records or HIV status without your written permission.*

**OUR RESPONSIBILITIES.** When it comes to your information, we have certain responsibilities.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that compromises the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time. Let us know in writing if you change your mind.

For more information: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Change to the Terms of this Notice:** I can change the terms of this notice, and changes will apply to all information we have about you. The new notice will be available upon request, in my office, and on my web site.

**Questions and Complaints:** If you have questions about this notice or concerns about your privacy rights, please contact Dr. Azi Ghaffari at (773) 850-0294.

**Effective Date: January 15, 2017**