

Counseling Offices of Lisa Collins LCSW, Jennifer Nichols LCPC and Kristen Hultgren LCPC

801 E. Main Street - St. Charles, IL 60174
Fax: (630)444-0631

Notice of Policies and Practices to Protect the Privacy of your Health Information

This notice describes how psychological and medical information about you may be used, disclosed and how you can get access to this information. Please review it carefully.

The Counseling Offices of Lisa Collins, LCSW, Jennifer Nichols LCPC and Kristin Hultgren LCPC only release information about you in accordance with state and federal laws. This notice describes our policies related to the use of our records regarding your treatment.

Uses and Disclosure to Treatment, Payment and HealthCare Operations:

The Counseling Offices of Lisa Collins LCSW, Jennifer Nichols LCPC and Kristin Hultgren LCPC may use or disclose your protected health information (PHI) for treatment, payment and health care operation purposes with your written authorization. To help clarify concepts in this notice, here are some useful terms.

–“PHI” pertains to the information in your treatment record that could identify you.

–“Use” refers to activities within our counseling offices such as sharing, utilizing, examining and analyzing information that identifies you.

–“Disclosure” applies to activities outside of the practice, such as releasing, transferring or providing access to information about you to other parties.

–“Authorization” refers to your written permission to disclose confidential mental health information. All authorizations must be on a specific legally required form.

We may use or disclose PHI in the following instances:

–Treatment: in order to coordinate, provide or manage your healthcare needs. Examples may include your psychiatrist, family physician, another therapist etc.

–Payment: in order to obtain insurance reimbursement for your healthcare. Examples may include prior approval for treatment services, determining eligibility of coverage and/or reimbursement needs.

–Healthcare Operations: in order to coordinate and improve the performance and operations of the practice.

Other Uses and Disclosures Requiring Authorizations:

The Counseling Offices of Lisa Collins LCSW, Jennifer Nichols LCPC and Kristin Hultgren LCPC may also use or disclose PHI for outside purposes of treatment, payment or healthcare operations when your appropriate authorization is obtained. In those instances when we are asked for information outside of the purposes of treatment, payment or healthcare operations, we will obtain an authorization or ROI from you before releasing any information.

Right to Revoke Authorizations:

You may revoke all such authorizations at anytime, providing each revocation in writing. You may not revoke an authorization to the extent that (1) your therapist has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage. Laws provide the insurer the right to contest the claim under HIPAA policies.

Uses and Disclosures without Authorization:

Lisa Collins LCSW, Jennifer Nichols LCPC and Kristin Hultgren LCPC may use or disclose PHI without your consent or authorization under the following conditions:

–**Child Abuse** - If we have reasonable cause to believe a child known thus in our professional capacity may have been an abused or neglected child, we must report this information to DCFS and/or the police.

–**Adult and Domestic Abuse** - If we have reasonable cause to believe that an individual has been abused, neglected or financially exploited we must report this cause to the appropriate authorities.

–**Health Oversight Activities** - We may use/disclose PHI about you to health oversight agencies for the appropriate oversight of the health care system, governmental benefit programs and regulatory/statutory compliance. This includes audits, investigations, licensing determinations and disciplinary actions.

–**Judicial and Administrative Proceedings** - involvement with court proceedings and requests made for information by any party about any part of your record, including your evaluation, diagnosis and treatment records are privileged under state law. We must not release that information without a court order or without your written consent. We can release to information directly to you per your request. The privilege does not apply when you are being evaluated for a 3rd party or where the evaluation is court ordered. In this case, you must be informed in advance.

–**Serious Threat to Health or Safety** - If you communicate a specific threat of imminent harm against another or if we believe there is a clear imminent risk or physical and/or mental injury being inflicted against another person, 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 physical and/or mental 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 similar programs that provides work-related injuries or illness without regard to fault.

Patient’s Rights:

–**Right to request restrictions** - You have the right to request restrictions on certain uses and disclosures of PHI in your medical record. The request must be in writing and we are not required to agree to the restriction(s) in your request.

–**Right to receive confidential communication by alternative means and at alternative locations** - You have the right to request and receive confidential communications of PHI by alternative means and/or locations. Upon your written request, we will honor all reasonable requests for alternative communications. Please note that we cannot control the actions of other parties regarding their communications, including but not limited to your insurance company.

–**Right to inspect and copy** - You have a right to inspect and/or obtain a copy of your medical record. We may charge you a reasonable fee for record keeping.

–**Right to amend** - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. Your therapist will discuss with you the details of the amendment process.

–**Right to accounting** - You have the right to receive an accounting of disclosures of your PHI with the exception of information used for treatment, ROI, payment or healthcare operations, or where we are required by law to release such information.

–**Notification of changes in policy** - You have the right to receive notification of any changes in the privacy policies and practices described in this notice. We reserve the right to make such changes as deemed by Federal/State law or the needs of the practice. We will provide you with written notice, either within session or by mail of any changes in policy.

–**Questions and complaints** - You have the right to direct any questions about your privacy rights or any concerns to our Privacy Officer, Jennifer Nichols, in written form. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The Privacy officer can provide you with the appropriate address upon request.