



## PRIVACY: YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITY

This notice describes how Protected Health Information (PHI) about you may be used and disclosed and how you can get access to this information, as regulated by HIPAA and Illinois state mental health laws. PHI is defined as *information that relates to the past, present or future physical or mental health condition of a client; providing health care to a patient; or the past, present or future payment for the client's health care; that identifies the client or could reasonably be used to identify the client; and that is transmitted or maintained in any form or medium.* PHI might relate to insurance, payment, treatment, or contact information. **Please review carefully.**

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### YOUR RIGHTS

You have the right to (see pages 2-3 for more detail about these rights):

- Get a copy of your PHI contained in either paper or electronic health record.
- Correct your paper or electronic health record.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

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### YOUR CHOICES

You have some choices in the way that we use and share information as we (see page 3 for more detail):

- Tell family, physicians, and others about your condition.
- Provide mental health care (note that Illinois mental health law can be more protective than HIPAA).

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### OUR USES AND DISCLOSURES

We may use and share your information as we (see pages 3-4 for more detail):

- Treat you.
- Run our organization.
- Bill for your services.
- Help with public health and safety issues.
- Do research.
- Comply with the law and address workers' compensation, law enforcement, and other government requests.



## YOUR RIGHTS EXPLAINED

When it comes to your PHI, you have certain rights. This section explains your rights and some of our responsibilities to help you. You have the right to:

### Get an electronic or paper copy of your health record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. You should know that there are circumstances in which we strongly advise clients to review their records in the presence of their therapist.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Dispute the Content of Your Record

- After reviewing your record, you can dispute the content of the information that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Ask us to limit what we use or share

- You can ask us not to use or share 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. We do obtain authorization from you to share your PHI with other physicians, hospitals, or other entities.
- If you pay for a health care service out-of-pocket in full (without going through insurance), you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- 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).

### Get a copy of this privacy 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.

### Be informed in the event of a breach of your unsecured PHI

- You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.
- Be assured that we take seriously our responsibility to secure your PHI in physical and electronic forms.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us as listed on page 4.
- You can 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

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## YOUR CHOICES EXPLAINED

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to share information with your family, close friends, or others involved in your care.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes (to let you know about upcoming services such as groups or classes, for example)



## OUR USES AND DISCLOSURES

How do we typically use or share your health information?

*We typically use or share your health information in the following ways:*

### Treat you

We can use your health information and share it with other professionals who are treating you. We are required to obtain an authorization from you before using or disclosing PHI in a way that is not described in this notice.

### Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

### Bill for your services

We can disclose certain information to pursue collections and obtain payment from insurance plans and other entities.

*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.

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

### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

### Do research

We can use or share your information for health research.

### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## Address workers' compensation, law enforcement, and other government requests



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## PRIVACY: YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITY

We can use or share health information about you:

- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

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### OUR 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 may compromise the privacy or security of PHI.
- 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. If you tell us we can, you may change your mind at any time.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

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### ADDITIONAL INFORMATION

- Effective Date of this Notice is June 7, 2017. 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, and on our web site.
- The Privacy Officer for the Center for Vitality and Balance is Dr. Sandra Carey. She can be reached by phone at (630) 286-0993 or by mail at 1280 Iroquois Avenue Suite 404, Naperville, IL 60563.