



NOTICE of PRIVACY PRACTICES

This notice describes how Medical Information about you may be used and disclosed and how you get access to this information.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This personal information which relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”). These regulations are promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website. A mailed copy will be available upon request or provided at next appointment.

How Modify May Use and Disclose your PHI - WITH Your Authorization:

-For Treatment: At Modify, therapists consult with each other regularly as a means of providing the highest quality of care to their clients. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. All other professionals are also legally bound to keep the information confidential. All consultations will be noted in your clinical record.

-Within Modify: Modify may also use administrative staff for insurance benefits, billing and payments. All of the mental health professionals here at Modify are bound by the same rules of confidentiality. All of the staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the oversight of a professional staff member.

-For Payment/Billing: We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are, but are not limited to: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose a minimum amount of PHI necessary for purposes of collection.

-If you are involved in a court proceeding. Your therapist cannot disclose any protected information to the courts without a court order. If you are involved in or contemplating litigation, you should consult your attorney to determine whether a court would be likely to order your therapist to disclose information. In some cases, including but not limited to: child custody proceedings and situations in which your emotional condition is an issue, a judge may require your therapist to testify in court. If it is your decision to open your protected information to the courts. Unfortunately, once you offer your record for the court, you may not choose what is disclosed. It is advisable that you review records with your therapist and your attorney before such a decision.

How Modify May use and Disclose your PHI – WITHOUT your Authorization:

***The following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.**

- Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

-Government. We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent harm. If a government agency is requesting information for health oversight activities, your therapist may be required to provide it for them.

-Malpractice Suits. If you file a law suit against your therapist, he/she may disclose all of your records (including PHI and Psychotherapy Notes) regarding you to defend himself/herself.

-Workman's Compensation. If you file a worker's compensation claim and your therapist is rendering treatment or services in accordance with the provisions of Illinois Workers' Compensation law, your therapist must, upon appropriate request, provide a copy of your record to your employer or his/her appropriate designee.

-Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death.

Therapists are mandated reporters, and, as such, we have the legal obligation of notifying appropriate authorities in the following situations. Please note, these situations are handled with the utmost care to protect those at risk for harm and with respect to the client's broken confidentiality.

-Medical Emergencies: If your therapist believes that you present a clear, imminent risk of serious physical or mental injury or death to yourself, your therapist is required to take protective actions that can include notifying the police, seeking hospitalization or releasing relevant information to friends or family in order to keep you safe.

-Public Safety: If you have made a specific threat of violence against another or if your therapist believes you present a clear, imminent risk of serious physical harm to another, your therapist may be required to disclose information in order to take protective actions such as notifying the potential victim, contacting the police or seeking hospitalization.

-Child abuse or Neglect: If your therapist has reasonable cause to believe that a child under 18 years of age may be abused or neglected by a parent, caretaker or other person responsible for a child's welfare, the law requires the therapist, (mandate reporter) file a report with the local office of the Department of Children and Family Services. Once a report is filed, your therapist may be required to provide additional information.

If your therapist has reason to believe that an adult over 59 years old, or under 60 years and disabled, has been abused, neglected or financially exploited in the preceding 12 months, the law requires him/her to file a report with the agency designed to receive such reports by the Department of Aging. Once a report is filed, your therapist may be required to provide additional information.

*If such situations arise, your therapist will make every effort to discuss these disclosures with you and include you in the process if at all possible.

*For confidentiality issues regarding minors, please see section entitled "Records of Minors" in the Modify Consent Form which was given to you at that same time you were given this Notice of Privacy Practices.

Patient's Rights:

-Right to Request Restrictions-You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.

-Right to Receive Confidential Communications by Alternative Means and at Alternative Locations-You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may request all written communication be sent to an address other than your home address.)

-Right to Inspect and Copy- You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained. On your request, your psychologist or therapist will discuss with you the details of the request for access process.

-Right to Amend- You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request may be denied. On your request, your psychologist or therapist will discuss with you the details of the amendment process.

-Right to an Accounting- You have the right to receive an accounting of disclosures of PHI. On your request, your psychologist or therapist will discuss with you the details of the accounting process and when it applies.

-Right to a Paper Copy of Notice or Privacy Practices- You have the right to obtain a paper copy of this notice from Modify upon request.

Psychologist's/ Therapist'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.

Questions and Complaints:

If you have questions about this notice, disagree with a decision made about access to your records, or have any other concerns about your privacy rights, please talk to your psychologist or therapist. If you need further assistance, or you are uncomfortable discussing your concerns with your therapist, please contact Dr. Lisa Busch at (630)-753-9800.

If you believe that your privacy rights have been violated and wish to file a complaint with Modify, you may send your written complaint to Dr. Lisa Busch at 2272 95th Street Unit 305, Naperville, IL 60564. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Dr. Busch can provide you with the appropriate address upon request. No one at Modify will retaliate against you for exercising your right to file a complaint.

Effective Date, Restrictions, and Changes to Privacy Policy:

The terms of this notice have been in effect since April 14, 2003. We reserve the right to change the privacy policies and practices described in this notice, and make those changes effective for all protected information that we maintain. You will be notified if such changes occur. We will post a new notice in the waiting area and have paper copies available. If substantial changes are made to this agreement and you are no longer in treatment with us, you will receive notification via mail by 60 days of the revision. If we fail to contact you, then we are required to abide by the terms currently in effect.