



## Flourishing Lives Counseling Center

1260 Iroquois Ave #200 Naperville IL 60563  
P 331-229-3123 / F 630-618-3770

## **Your Privacy Information. Your Privacy Rights.**

### ***Our Privacy Responsibilities.***

This notice is a summary how mental health records and information about you may be used and disclosed and how you can get access to this information. Your rights are established pursuant to HIPAA, the Illinois Mental Health and Developmental Disabilities Confidentiality Act, state and federal alcohol and substance abuse privacy laws and the exceptions provided therein. Please review it carefully.

### **Summary of Your Rights**

#### **You have the right to:**

- Get a copy of your paper or electronic mental health record
- Correct your paper or electronic mental health record
- Request confidential or limited communication
- 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

#### **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 have compromised 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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We may not disclose any mental health records or information except as provided under HIPAA, the Illinois Mental Health and Developmental Disabilities Confidentiality Act, state and federal alcohol and substance abuse privacy laws and the exceptions provided therein.
- We may not tell any third party family and friends about your condition except as provided for in the above identified laws. For example: only pursuant to a valid subpoena, release of information, pursuant to the Abused and Neglected Child Reporting Act, and under certain other circumstances of immanent risk of harm, notably suicide, homicide, and elder abuse.

## **Our Uses and Disclosures**

According to these laws, we may use and share your information as we routinely:

- Treat you (Example: your therapist speaks with a colleague about your treatment plan)
- Run our organization (Example: your therapist shares your diagnosis with our billing person so she can submit your claim to insurance)
- Bill for your services (Example: we tell the insurance company your diagnostic code so they will pay us for your treatment)
- Help with public health and safety issues (Example: We make a mandated report of child abuse)
- Do research (Example: We analyze statistics on our clients' diagnosis, length of stay, referral source, etc. for our own internal purposes)
- Comply with the law (Example: Address certain workers' compensation situations or respond to a lawsuit)

If we contract with business associates to do work directly for us related to your treatment, that associate will be subject to a Business Associates Agreement which obligates them to maintain your privacy just as we do, consistent with the state and federal requirements outlined herein.

### **Details on how to exercise your rights:**

- To get an electronic or paper copy of your mental health record, ask your therapist or the privacy officer. 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.
- To correct your health information about you that you think is incorrect or incomplete, ask your therapist. We might say "no" to your request, but we'll tell you why in writing within 60 days.
- To specify how we communicate with you, please inform your therapist of your preferences (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- To request that we not share certain health information even in the course of routine treatment, payment, or operations, ask your therapist. We are not required to agree to your request, and we may say "no" if it would affect your care.
- To request that we share information with a your doctor, pastor, family member, or other support person, you can speak to your therapist and sign a written release of information specifying the nature of the information you wish to have shared and the timeframe we have permission to share it. We will abide by the guidelines you specify.

- To get a list (accounting) of the times we've shared your health information, please submit a request in writing to the privacy officer listed at the end and beginning of this form. We will provide that for up to six years prior to the date you ask, including who we shared it with, and why. We will include all the disclosures except for those about routine treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- To get a paper copy of this notice at any time, even if you have agreed to receive the notice electronically, take one from the waiting room, or call us and request to receive it by email or regular mail. We will provide it promptly.
- To have someone else exercise your rights and make choices about your health information, let us know that you have given someone mental health power of attorney or that someone is your legal guardian. We will make sure the person has this authority and can act for you before we take any action.
- To request that we not share information with your health insurer, you can pay for a service or health care item out-of-pocket in full, and let us know that is your wish. We will say "yes" unless a law requires us to share that information.
- To make a complaint about us violating your rights according to this policy, please contact the privacy officer noted at the bottom of the page. You can also 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.

**Also be aware...**

- We never market or sell personal information.
- To obtain more information about the United States privacy laws see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).
- If we make a change to this privacy policy, 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 Effective Date of this Notice is April 1, 2015.
- The privacy official for Flourishing Lives Counseling Center is Dr. Nancy M. Rivas and can be reached at 1260 Iroquois Ave, Suite 200, Naperville, IL 60563; phone 331-229-3123; fax 630-618-3770; email [drivas@flourishinglivescounseling.com](mailto:drivas@flourishinglivescounseling.com)