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NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. *Please review the following carefully.*

OUR RESPONSIBILITIES

Your health record contains personal information about you and your health. “Protected Health Information” (PHI) is information about you including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPPA) and regulations promulgated under HIPPA including the HIPPA Privacy and Security Rules.

I am required by applicable federal and state law to maintain the privacy of your protected health information. I am also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. I must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect November 1, 2020 and will remain in effect until I replace it.

I reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. I reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all PHI that I maintain, including PHI I created or received before I made the changes. Before I make a significant change in our privacy practices, I will change this notice and make the new notice available upon request.

For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

I use and disclose PHI about you for treatment, payment, and health care operations. Following are examples of the types of uses and disclosures that I am permitted to make.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

- *For Treatment*—When I provide, coordinate, or manage your mental healthcare and other services related to your healthcare. Examples include in-office appointments, consultation with a primary health care doctor, or consultation with another mental healthcare provider. I may disclose PHI to any other entity only with your authorization.

- *For Payment*—I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: 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, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

- *Health Care Operations*—I may use your PHI in activities that relate to the performance and operations of our practice. Examples of health care operations are billing or typing services, quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

- *Required By Law*—Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

II. Uses and Disclosures Without Authorization

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

As licensed clinicians in the state of Illinois and as members of the American Psychological Association, it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *APA Code of Ethics* and HIPAA.

- *Child/Elder Abuse or Neglect* – If there is reasonable cause to believe that you are abusing or neglecting a child or vulnerable elder, or if you provide information about someone else doing this, I am mandated to report this to the appropriate agencies.
- *Serious Threat to Health or Safety of Another Individual* – If you provide statements or there is reason to believe that you plan to harm another person, I have a duty to warn him or her. I will attempt to inform that person of your intentions and contact the police so they may intervene and protect that individual.
- *Serious Threat to Health or Safety of Self* – If you provide statements or there is reason to believe that you are in imminent danger of harming yourself, I have a duty to keep you safe. I will explore all options with you regarding securing your safety but may be required to contact support services for your protection.
- *Judicial and Administrative Proceedings*—I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.
- *Deceased Patients*—I 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, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

- *Medical Emergencies*—I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
- *Family Involvement in Care*—I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.
- *Health Oversight*—If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.
- *Law Enforcement*—I 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.
- *Specialized Government Functions*—I 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 serious harm.
- *Public Health*—If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.
- *Public Safety*—I may disclose your PHI if necessary, to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- *Research*—PHI may only be disclosed after a special approval process or with your authorization.

- *Verbal Permission*—I may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI I maintain about you. You may contact us using the information at the end of this notice to obtain the forms described here, explanations on how to submit a request, or other additional information.

- *Right of Access to Inspect and Copy*— You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. A “designated record set” contains records I maintain such as contact and billing information, attendance record, and intake paperwork. You must make a request in writing to obtain access to your PHI and may obtain a request form from us. If I deny your request, I will provide you a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed. For example, I may determine that giving access to records is reasonably likely to endanger your life or physical safety, or that of another person. I may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- *Right to an Accounting of Disclosures* — You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- *Right to Request Restrictions* —You have the right to request that I place additional restrictions on our use or disclosure of your PHI. I am not required to agree to these additional unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction. Any agreement I may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. I will not be bound unless our agreement is in writing.
- *Right to Request Confidential Communication* — You have the right to request that I communicate with you about your PHI by alternative means or to alternative locations. You must make your request in writing. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the basis for your request, but you must state that the information could endanger you if the communication means or location is not changed. I must accommodate your request if it is reasonable, specifies the alternative means or location, and provides satisfactory explanation how payments will be handled under the alternative means or location you request.
- *Right to Request Amendments* — You have the right, with limited exceptions, to request that I

amend your PHI. You may only request that information be added, you cannot request to have information deleted. Your request must be in writing, and it must explain why the information should be amended. I may deny your request if I did not create the information you want amended and the originator remains available or for certain other reasons. If I deny your request, I will provide you a written explanation. You may respond with a statement of disagreement to be attached to the information you wanted amended. If I accept your request to amend the information, I will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

- *Right to Breach Notification*—If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself and your PHI.

- *Right to Receive a Copy of the Notice* — You may request a copy of our notice at any time by contacting the Privacy Officer.

COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at Kate Hinkle PsyD LLC or with the Illinois Department of Health and Human Services. **I will not retaliate against you for filing a complaint.**

Kate Hinkle
Manager of Kate Hinkle, PsyD LLC, an Illinois
Limited Liability Company

**Illinois Department of Health and Human
Services**

Springfield Office
100 South Grand Avenue East
Springfield, IL 62762
1.800.843.6154

Chicago Office
401 South Clinton Street
Chicago, IL 60607
1.800.843.6154